



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

NOTIFICATION TO LOCAL GOVERNING BODY

AGENT CHANGE

☐

ACQUISITION OF CONTROL AND AGENT CHANGE

☐

ACQUISITION OF CONTROL

☒

LIQUOR LICENSE NO: 07110056

APPLICATION ACCEPTED BY: AP

DATE PROCESSED: 12-4-17

60TH DAY: Feb 2, 2018

A.R.S. § 4-203.F

If a person other than those persons originally licensed acquires control over a license or licensee, the person shall file notice of the acquisition with the Director within fifteen business days after such acquisition of control and a list of officers, directors or other controlling persons on a form prescribed by the Director. All officers, directors or other controlling persons shall meet the qualifications for licensure as prescribed by this title. On request, the director shall conduct a pre-investigation prior to the assignment, sale or transfer of control of a license or licensee, the reasonable costs of which, not to exceed one thousand dollars, shall be borne by the applicant. The pre-investigation shall determine whether the qualifications for licensure as prescribed by this title are met. On receipt of notice of an acquisition of control or request of a pre-investigation, the Director shall forward the notice within fifteen days to the local governing body of the city or town, if the licensed premises is in an incorporated area, or the county, if the licensed premises is in an unincorporated area. **The Local Governing Body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control. If the Director does not receive any protests, the Director may protest the acquisition of control or approve the acquisition of control based on the capability, reliability and qualification of the person acquiring control.** Any protest shall be set for a hearing before the Board. Any transfer shall be approved or disapproved within one hundred five days of the filing of the notice of acquisition and control. The person who has acquired control of a license or licensee has the burden of an original application at the hearing, and the board shall make its determination pursuant to section 4-202 and this section with respect to capability, reliability and qualification.



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

DLIC USE ONLY

Date Processed:	12-4-17
CSR:	AP
60 th Day:	Feb, 2, 18

DEC 04 2017
AZ DLIC

APPLICATION FOR AGENT CHANGE – ACQUISITION OF CONTROL – RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- Name: MORSE THERESA JUNE 07110056
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
- Owner Name: HOT PIZZAS, LLC Corp File #: L-16171749
(Exactly as it appears on Liquor License) (If applicable)
- Business Name: PIZZA HUT Email: TJMORSE1208@Q.COM
(Exactly as it appears on Liquor License)
- Business Location Address: 240 S PHELPS DR APACHE JUNCTION GILA 85120
(Do not use P.O. Box Number) City COUNTY Zip
- Is the Business located within the incorporated limits of the above City or Town? ☒ Yes ☐ No
- 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: _____
- Mailing Address: PO BOX 4179 KINGMAN ARIZONA 86403
City State Zip
- Business Phone: 480-982-1155 Daytime Contact Phone 480-353-8035
- Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☒ Yes ☐ No If yes, submit a certified copy of minutes.
- Has there been any change of Controlling Persons? ☒ Yes ☐ No if yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	BURGE	KRYSTAL	KAY	MEMBER	PO BOX 4179	KINGMAN	ARIZONA	86402
<input type="checkbox"/>	PETERSON	MARK	TODD	MEMBER	PO BOX 4179	KINGMAN	ARIZONA	86402
<input checked="" type="checkbox"/>	SEE ATTACHED FLOW CHART			Co-Trustee	PO BOX 4179	KINGMAN	ARIZONA	86402
<input checked="" type="checkbox"/>	SEE ATTACHED FLOW CHART			Co-Trustee	PO BOX 4179	KINGMAN	ARIZONA	86402

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input checked="" type="checkbox"/>	BURGE	KRYSTAL	KAY	10	PO BOX 4179	KINGMAN	ARIZONA	86402
<input checked="" type="checkbox"/>	PETERSON	MARK	TODD	10	PO BOX 4179	KINGMAN	ARIZONA	86402
<input checked="" type="checkbox"/>	SEE ATTACHED FLOW CHART			40	PO BOX 4179	KINGMAN	ARIZONA	86402
<input checked="" type="checkbox"/>	SEE ATTACHED FLOW CHART			40	PO BOX 4179	KINGMAN	ARIZONA	86402

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

Mark Peterson Dynasty
Trust Pizza Hut, dated
December 28, 2012 c/o
Kara E Peterson and
Krystal K Burge, Co-
Trustees Post Office Box
4179 Kingman, Arizona
86402

Mark Todd Peterson -

Kara Elise Peterson -

Krystal Kay Burge -

Co-Trustees holding 40%

Krystal Burge Dynasty
Trust Pizza Hut, dated
December 28, 2012 c/o
Everett L Burge and
Mark T Peterson, Co-
Trustees Post Office Box
4179 Kingman, Arizona
86402

Mark Todd Peterson -

Everett Lawrence Burge
Jr.

Krystal Kay Burge

Co-Trustees holding 40%

Krystal Kay Burge
Member
10%

Mark Todd Peterson
Member
10%

HOT PIZZAS LLC
100%

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? ☐ Yes ☒ No
 If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider **BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.** If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☒ Yes ☐ No
 If yes, Name of current Manager: BURGE KRYSTAL KAY
 Last First Middle

Basic Training ☒ Yes ☐ No

Management Training ☒ Yes ☐ No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

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

1. License # _____

2. Current Agent Name: _____
 (Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____
 (Controlling Person/Existing Agent)

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

My commission expires on: _____

_____ of _____
 Day Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO

If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) **OR NEW** Agent if applying for Agent change as listed in Section 2 Question 1.

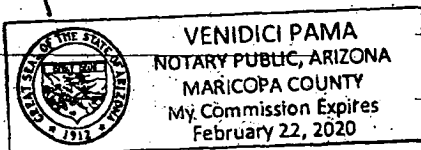
I, (Print full name) THERESA JUNE MORSE, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Signature]
 (Controlling Person/Existing Agent)

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

My commission expires on: _____

1st of DECEMBER, 2017
 Day Month Year



[Signature]
 Signature of NOTARY PUBLIC



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AZ DLLC

DEC 04 2017

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.

Fp current 7/7/17
P1054525

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#: 07110056

(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: MORSE THERESA JUNE Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License#: B13576664 State: ARIZONA
(NOT a public record)

4. Place of birth: DETROIT MICHIGAN USA Height: 501 Weight: 170 Eyes: HZL Hair: BLN
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 07/1981
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 480-353-8035 E-mail address: TJMORSE1208@Q.COM

8. Business Name: PIZZA HUT Business Phone: 480 / 982 / 1155

9. Business Location Address: 240 S PHELPS DR APACHE JUNCTION ARIZONA 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)
02/2007	CURRENT	CONSULTANT/TRAINER	A.G.A.T.E. 530 E MCDOWELL RD 107-241 PHOENIX AZ 84004

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
12/2006	CURRENT	O	19486 N KARI LN	MARICOPA	AZ	85139

(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) THERESA JUNE MORSE, 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: *[Signature]*

NOTARY

State of Arizona)

County of MARICOPA)

On this 1st Day of DECEMBER, 20 17 before me personally appeared THERESA JUNE MORSE
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.



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: _____



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AZ DLLC
DEC 04 2017

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.

Fp current 2-19-16
P1025039

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#: 07110056

1. Check the Appropriate Box

☒ Controlling Person
(complete all questions)

☐ Agent

(If the location is currently licensed)

☐ Manager
(complete all questions except #12)

2. Name: BURGE KRYSTAL KAY Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: B12833051 State: ARIZONA
(NOT a public record)

4. Place of birth: HOLDREGE NE USA Height: 504 Weight: 140 Eyes: GRN Hair: BRO
City State COUNTRY (not county)

5. Name of current/most recent spouse: BURGE EVERETT LAWRENCE 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: 1963
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 928-681-3344 X2224 E-mail address: tjmorse1208@q.com

8. Business Name: PIZZA HUT Business Phone: 480/982/1155

9. Business Location Address: 240 S PHELPS 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)
03/1982	CURRENT	TACO BELL/PIZZA HUT FRANCHISEE	DESERT DE ORO FOODS, INC 3845 STOCKTON HILL RD KINGMAN AZ 86409

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
10/1990	CURRENT	OWN	6430 STOCKTON HILL RD	KINGMAN	AZ	86409

(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 Full Name) KRYSTAL KAY BURGE, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES MANAGER** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: Krystal K. Burge

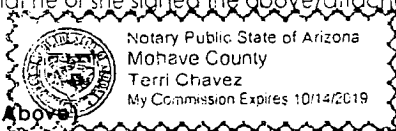
NOTARY

State of Arizona)

County of Mohave)

On this 27th Day of November, 2017 before me personally appeared Krystal K. Burge
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.



(Affix Seal Above)

Terri Chavez
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: _____

17 AUG 31 197, Lic. #1217

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

☒ On-sale
☒ Off-sale
☒ On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Crystal K. Burger

Full Name (please print)

Margaret K. Burger

Signature

Training Completion Date

10/12

Certificate Expiration Date

08/26/19

(two years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

77 East Columbus, Suite 102, Phoenix, Arizona 85012

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Ted Kuhn, certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103
using training course content and materials approved by the Arizona Department of Liquor Licenses and Control.
I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title
4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Signature]

Instructor Signature

26/08/16
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	Liquor Store (series 9)	Private Club (series 14)	Hotel/Motel w/restaurant (series 11)
Restaurant (series 12)	In-state Farm Winery (series 13)		Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a state-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information
DITAT DEUS

Full Name (please print)
Crystal K. George

Signature
Crystal K. George

Training Completion Date
09/25/14

Certificate Expiration Date
(three years from completion date)
09/25/17

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

77 East Columbus, Suite 102, Phoenix, Arizona 85012

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Ted Kuhn**, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Ted Kuhn
Instructor Signature

26 / 09 / 14
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013



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AZ DLLC
DEC 04 2017

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
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Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

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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#: 07110056

(if the location is currently licensed)

1. Check the
Appropriate
Box →

☒ Controlling Person ☐ Agent
(complete all questions)

☐ Manager
(complete all questions except #12)

2. Name: PETERSON MARK TODD Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: D03616410 State: ARIZONA
(NOT a public record)

4. Place of birth: HOLDREGE NE USA Height: 600 Weight: 185 Eyes: BLU Hair: BRO
City State COUNTRY (not county)

5. Name of current/most recent spouse: PETERSON KARA ELISE ROBINSON 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: 1964
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 928-681-3344 x2224 E-mail address: TJMORSE1208@Q.COM

8. Business Name: PIZZA HUT Business Phone: 480 / 982 / 1155

9. Business Location Address: 240 S PHELPS DR APACHE JUNCTION ARIZONA 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)
08/2017	CURRENT	CO-TRUSTEE	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409
02/1982	Current	OWNER	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
03/2013	CURRENT	OWN	5210 E. VIA LOS CABALLOS	PARADISE VALLEY	AZ	85253
08/2011	03/2013	OWN	9414 N 53RD PLACE	PARADISE VALLEY	AZ	85253
05/2004	CURRENT	OWN	1410 S HIGH VALLEY RANCH RD	PRESCOTT	AZ	86303

(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 Full Name) MARK TODD PETERSON, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES**
MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: Mark Todd Peterson

NOTARY

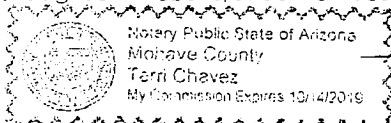
State of Arizona)

County of Mohave)

On this 27th Day of November, 2017 before me personally appeared Mark T. Peterson
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.

(Affix Seal Above)



Terri Chavez
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: _____



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

AZ DLLC
DEC 04 2017

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

804-527

P1025040

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

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#: 07110056

(If the location is currently licensed)

1. Check the
Appropriate
Box →

☒ Controlling Person ☐ Agent
(complete all questions)

☐ Manager
(complete all questions except #12)

2. Name: PETERSON KARA ELISE Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: B13726536 State: ARIZONA
(NOT a public record)

4. Place of birth: WHITTIER CA USA Height: 507 Weight: 130 Eyes: GRN Hair: BRO
City State COUNTRY (not county)

5. Name of current/most recent spouse: PETERSON MARK TODD 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: 1995
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 928-681-3344 x2224 E-mail address: TJMORSE1208@Q.COM

8. Business Name: PIZZA HUT Business Phone: 480 / 982 / 1155

9. Business Location Address: 240 S PHELPS DR APACHE JUNCTION ARIZONA 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)
8/2017	CURRENT	CO-TRUSTEE	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409
12/1997	8/2017	CLERICAL	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
03/2013	CURRENT	OWN	5210 E VIA LOS CABALLOS	PARADISE VALLEY	AZ	85253
08/2011	03/2013	OWN	9414 N 53RD PLACE	PARADISE VALLEY	AZ	85253
05/2004	CURRENT	OWN	1410 S HIGH VALLEY RANCH RD	PRESCOTT	AZ	86303

(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 Full Name) KARA ELISE PETERSON, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES**
MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: 

NOTARY

State of Arizona)

County of Mohave)

On this 22nd Day of November, 20 17 before me personally appeared Kara E. Peterson
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.



Notary Public State of Arizona
Mohave County
Terri Chavez
My Commission Expires 10/14/2019


Signature of NOTARY PUBLIC

(Affix Seal Above)

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: _____



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

AZ DLLC

DEC 04 2017

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.

804-527
P1079322

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#: 07110056

(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: BURGE JR EVERETT LAWRENCE Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: B14580001 State: ARIZONA
(NOT a public record)

4. Place of birth: HASTINGS NEBRASKA USA Height: 600 Weight: 180 Eyes: BRO Hair: BRO
City State COUNTRY (not county)

5. Name of current/most recent spouse: BURGE KRYSTAL KAY PETERSON 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: 1967
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 928-681-3344 x 2224 E-mail address: TJMORSE1208@Q.COM

8. Business Name: PIZZA HUT Business Phone: 480 / 982 / 1155

9. Business Location Address: 240 S PHELPS DR APACHE JUNCTION ARIZONA 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)
8/2017	CURRENT	CO-TRUSTEE	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409
04/2003	8/2017	ASSISTANT	DESERT DE ORO FOODS INC 3845 STOCKTON HILL RD KINGMAN AZ 86409

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
10/1990	CURRENT	OWN	6430 STOCKTON HILL RD	KINGMAN	AZ	86409

(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 Full Name) EVERETT LAWRENCE BURGE JR., hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES**
MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: Everett L. Burge Jr.

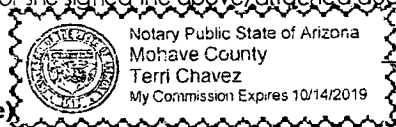
NOTARY

State of Arizona)

County of Mohave)

On this 8th Day of November, 2017 before me personally appeared Everett L. Burge Jr.
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.



(Affix Seal Above)

Terri Chavez
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: _____