ARIZONA

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 CHA ACQUISITION OF CONTROL	<i>у</i> сі —	
LIQUOR LICENSE NO: 07110056 DATE PROCESSED: 12:4-17	APPLICATION ACCEPTED BY:	AP Feb 3, 2018

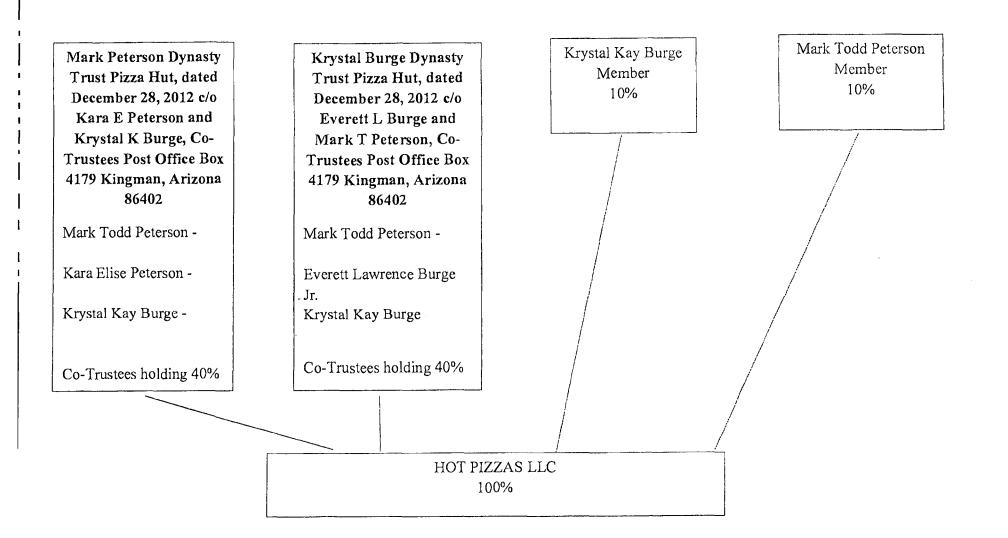
### A.R.S. § 4-203.F

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 audifications 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 aualification 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 Arizono nt of Liquor License 0 W. Washington 5 Phoenix, AZ 8500 (602) 542-5141 CHANGE – ACQUISIT	es and Control <sup>th</sup> Floor 07	Date Proc	<u>2-4-1+</u> <u>AP</u> <u>Feb</u> ,2,	DEC 0 4 2017	
NOTE: 1) The fee additional applic SECTION 1	for an agent change MUST be sub cation, not to exceed \$1,000.00. (A be submitte	mitted with this applicc .R.S. 4-209.H) NOTE 2) t ed with this application	he \$100.00 fee for r	e first applic estructure/c	ation and \$5 acquisition of	0.00 for each control MUST	
Check the appropriate boxes	Agent Change Complete Sections 1,2,3,4,5 & 7		on of Control tions 1,2, 3 & 7	Compl	Restructu	1	
SECTION 2	(COMPLETE THIS SECTION FOR A	GENT CHANGE, ACQU	ISITION OF CONTRO	OL OR RESTRI	UCTURE)		
1. Name:	MORSE	THERESA First		0711	0056 Liquor Licer		
•	me: HOT PIZZAS, LLC	F II SI		#: <u>L-161717</u>	•		
	(Exactly as il a	appears on Liquor License)			(If applicat		
3. Business N	ame: PIZZA HUT	appears on liquor License)	Emo	ail: 1JMORS	E1208@Q.CO	M	
4. Business Lo	cation Address: 240 S PHELPS DR		APACHE JUN	CTION	GILA	85120	
	(	se P.O. Box Number)			COUNTY	Zip	
	ess located within the incorporated i						
	usiness location address have a street o vation? Yes No If Yes, what City,						
7. Mailing Ac	dress: PO BOX	4179	KINGMAN		ARIZONA	86403	
	none: <u>480-982-1155</u>	Douting Cost	City Sect Dhana 480-351	3-8035	State	Lip	
8. Business Pr	ione:	Dayime Con	aci Phone <u></u>				
9. Does this t submit a c	ransaction involve the sale of any po ertified copy of minutes.	ortion of the percentage	of ownership or cor	porate stock	(\$ Vres No	o If yes,	
10. Has there I organizatio	peen any change of Controlling Person and/or amended operating agree	ons?  Yes No if yes, ement showing change	submit a copy of th	e minutes, a	mended artic	cles of	
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. List all Controlling Persons to be disclosed, current and new.							
New Last		Aiddle Title (AY MEMBER	Address PO BOX 4179	<u>City</u> KINGMAN		Zip 86402	
	SON MARK 1	TODD MEMBER	PO BOX 4179	KINGMAN	ARIZONA	86402	
SEE AT	TACHED FLOW CHART	Co-Trustee	e PO BOX 4179	KINGMAN	ARIZONA	86402	
SEE AT	TACHED FLOW CHART	CD-Trustee	PO BOX 4179	KINGMAN	ARIZONA	86402	
		ATTACH ADDITIONAL SHEET(S)	IF NECESSARY)	<u> </u>			
2. List stock New Last	holders, percentage owners and/or First	Controlling Members ow Aiddle % Owned	ning 10% or more Address	City	State	Zip	
		KAY 10	PO BOX 4179	KINGMAN	ARIZONA	86402	
PETER	SON MARK	TODD 10	PO BOX 4179	KINGMAN	ARIZONA	86402	
	TACHED FLOW CHART	40	PO BOX 4179	KINGMAN	ARIZONA	86402	
SEE AT	TACHED 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.



(COMPLETE THIS SECTI	ON FOR AGENT CHANGE)								
SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE) 1. As an Agent, will you be physically present and operating the licensed premise? Yes No 11 you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider <u>BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.</u> If you answered NO, go to question 2.									
	o the Department with the curre	ent Basic and Managem	ent Training						
BURGE	KRYSTAL	KAY							
No	Management Training	√Yes No							
current Basic and Manage	ment Iraining Certificate obtain	ed from a Department o	pproved Liquor						
ed within 30 days after tiling	the application for Agent Char	nge, Acquisition of Cont	rol or Restructure.						
	OR AGENT CHANGE) ENT OR CORPORATE OFFICER OI	R L.L.C. CONTROLLING M	EMBER:						
	£14								
license) Last									
ent in the event that I am ur ive (5) years.	able to discharge the duties of	Agent for this license. I	cense. Tagree have not been						
geni)	State of The toregoin	COUNty of g instrument was acknowledged	before me this						
	of	······································							
· · · · · · · · · · · · · · · · · · ·	Day	Month	Year						
	Sig	nature of NOTARY PUBLIC							
	•								
es involved? YES e filed and fees paid for eac T									
	present and operating the e a copy of your Basic and OUR APPLICATION FOR AGE cense premises disclosed to BURGE Last No current Basic and Manager ed within 30 days after filing (COMPLETE THIS SECTION F NDIVIDUAL OR EXISTING AG Incense) Last ent in the event that I am unive (5) years.	e a copy of your Basic and Management Training Certificat <u>OUR APPLICATION FOR AGENT ACQUISITION OF CONTROL C</u> cense premises disclosed to the Department with the curre <u>BURGE</u> <u>KRYSTAL</u> Last First No Management Training <u>current Basic and Management Training Certificate obtain</u> ed within 30 days after filing the application for Agent Char (COMPLETE THIS SECTION FOR AGENT CHANGE) NDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OF MICENSE) Last first 	present and operating the licensed premise? Yes No e a copy of your Basic and Management Training Certificate obtained from a Dep OUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE cense premises disclosed to the Department with the current Basic and Management BURGE KRYSTAL KAY Last First Middle No Management Training Yes No current Basic and Management Training Certificate obtained from a Department of ed within 30 days after filing the application for Agent Change, Acquisition of Control (COMPLETE THIS SECTION FOR AGENT CHANGE) NDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR LL.C. CONTROLLING M Intense) Last first Middle hereby consent to the appointment of Agent for this license. I we (5) years. gent) State of County of The foregoing Instrument was acknowledged of Opy Month Signature of NOTARY PUBLIC COMPLETE THIS SECTION FOR RESTRUCTURE)						

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### 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) <u>OR NEW</u> Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) THERESA JUNE MORSE, hereby the application and the contents and all statements are true, corre	r declare that I am the APPLICANT filing this application. I have read
X MuconfrollingPerson (whitting Agent)	state of <u>ARIZONA</u> County of MARICOPA
My commission expires on: VENIDICI PAMA NOTARY PUBLIC, ARIZONA MARICOPA COUNTY	( A ana
	Signature of NOTARY PUBLIC ge 2 of 3 modations please call (602)542-9027



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

AZ DUC DEC 0 4 2017

QUESTIONNAIRE

A.R.S.§4-202, 4-210

Type or Print with Black Ink

Fp CUITER + 7/7/17

The fees allowed by A.R.S.§4-6852 will be charged for all dishonored checks. 1054525

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.

1. Check the Appropriate Box       Image: Controlling Person       Agent (complete all questions)       Manager (complete all questions except #12)         2. Name:       MORSE       THERESA       JUNE Last       Birth Date: (Not a public record)         3. Social Security #:       Lost       First       Middle       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA Counter county       Height:       501       Weight:       170       Eyes:       HZL (Not a public record)         5. Name of current/most recent spouse:       Last       First       Middle       Maiden       07/1981         6. Are you a bona fide resident of Arizona?       If yes INo       If yes, what is your date of residency:       07/1981         7. Daytime telephone number:       480-353-8035       E-mail address:       TJMORSE 1208@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					Lic	uor Licens	e#: 07110	056	
Appropriate Box       Controlling Person       Agent (complete all questions)       Manager (complete all questions except #12)         2. Name:       MORSE       THERESA       JUNE       Birth Date:       (Not a public record)         3. Social Security #:       Lost       First       Middle       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA       Height:       501       Weight:       170       Eyes:       HZL       Hair:       BLN         5. Name of current/most recent spouse:       Lost       First       Middle       Maiden       Birth Date:       //       //         6. Are you a bona fide resident of Arizona?       []Yes []No       If yes, what is your date of residency:       07/1981         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	Check the							he location is cur	rently licensed)
MORSE       THERESA       JUNE       Birth Date:         Last       First       Middle       State:       ARIZONA         3. Social Security #:       Driver License#:       B13576664       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA       Height:       501       Weight:       170       Eyes:       HZL       Hair:       BLN         5. Name of current/most recent spouse:			Controlling Pers	son 🗹 Agen	t		Γ	Manager	
2. Name:       Last       First       Middle       BIT Date:       (Not a public record)         3. Social Security #:       Driver License#:       B13576664       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA       Height:       501       Weight:       170       Eyes:       HZL       Hair:       BLN         5. Name of current/most recent spouse:	Box		(complete	all questions)		1 (	(complete all	questions exc	cept #12)
2. Name:       Last       First       Middle       BIT Date:       (Not a public record)         3. Social Security #:       Driver License#:       B13576664       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA       Height:       501       Weight:       170       Eyes:       HZL       Hair:       BLN         5. Name of current/most recent spouse:		L				<u> </u>	·		
Last       First       Middle       (NOT a public record)         3. Social Security #:       Driver License#:       B13576664       State:       ARIZONA         4. Place of birth:       DETROIT       MICHIGAN       USA       Height:       501       Weight:       170       Eyes:       HZL       Hair:       BLN         5. Name of current/most recent spouse:	2 Name:	MORS	SE	THERESA	JU	NE		Birth Date:	
(NOT a public record)         4. Place of birth:       DETROIT       MICHIGAN       USA         city       Stale       COUNTRY (not county)         5. Name of current/most recent spouse:	2. Nume,	Last		First		Middle		(N	(Di a public record)
4. Place of birth: DETROIT MICHIGAN USA City Stale COUNTRY (not county) Height: 501 Weight: 170 Eyes: HZL Hair: BLN 5. Name of current/most recent spouse:	3. Social Securi	ty #:		Driver License	;#: <u>B135</u>	76664		State: ARIZ	ZONA
5. Name of current/most recent spouse:			• •	1154		501	170	H71	BLN
5. Name of current/most recent spouse:	4. Place of birth		Stale	COUNTRY (not county)	Height:	W	eight:	Eyes:	Hair:
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:       07/1981         A.R.S. §4-202(A) and (C)       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									
A.R.S. g4-202(A) and (C)       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	5. Name of CUri	rent/most rece	eni spouse:	Last First	N	Aiddle	Maiden	_ Binn Date: _	(NOT a public record)
A.R.S. g4-202(A) and (C)       480-353-8035       TJMORSE1208@Q.COM         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	6. Are you a bo	na fide reside	nt of Arizona?	Yes No If ye	es, what is	your date of	residency: _	7/1981	
8. Business Name:       PIZZA HUT       Business Phone:       480 / 982 / 1155         9. Business Location Address:       240 S PHELPS DR       APACHE JUNCTION ARIZONA PINAL       85120	A.R.S. §4-202 7. Daytime tele	2(A) and (C) phone numbe	er: 480-353-8	3035 <sub>E</sub> -					
9. Business Location Address: 240 S PHELPS DR APACHE JUNCTION ARIZONA PINAL 85120									0 0 0 1155
							Busin	ess Phone: 40	902 / 1155
	9. Business Loco	ation Address:	240 S PHE	LPS DR AF	ACHE .	JUNCTIO	NARIZON	IA PINAL	85120
			Street (do	not use PO Box )		City	Slate	County	Zip
10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.			ype of business	during the past five	e (5) years.				
FROM         TO         DESCRIBE POSITION OR BUSINESS         EMPLOYERS NAME OR NAME OF BUSINESS           Month/Year         Month/Year         (Street Address, City, State & Zip)			DESCRIBE PO	SITION OR BUSINESS					ss
02/2007 CURRENT CONSULTANT/TRAINER A.G.A.T.E. 530 E MCDOWELL RD 107-241 PHOENIX AZ 84004	02/2007	CURRENT	CONSULT	ANT/TRAINER	A.G.A.				IOENIX AZ 84004
									<u> </u>
									· · · · · · · · · · · · · · · · · · ·

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

Page 1 of 2 Individuals requiring ADA accommodations please call (602)542-9027

FROM Month/Year	TO Rent or RESIDENTIAL Street Address City State					Zip				
12/2006	CURRENT	0	19486 N KARI LN	MARICOPA	AZ	85139				
			(ATTACH ADDITIONAL SHEET IF NECESSARY)							
12. As a Co If you a	ontrolling Personswered YES,	on or Agent then answe	t will you be physically present and operating the lice er #13 below. If NO, skip to #14.	ensed premises?	2	<b>∐</b> Yes <b>∕</b> No				
13. Have yı (Must p	13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? [Yes] N (Must provide the DLLC-approved certificate of completion issued by a course provider.)									
reaardi	ess of the disc	position, eve	indicted or summoned into court for violation of <u>ANY</u> en if dismissed or expunged, within the past five (5) ye at are alcohol and/or drug related.) A.R.S. §4-202	<u>(</u> law or ordinand ears? (For traffic	ce,	[]Yes[]No				
15. Are the summo	re <u>ANY</u> admi nses <u>pendinc</u>	nistrative lav Lagainst yo	w citations, compliance actions or consents, crimina u? Include only criminal traffic tickets and complaint	l arrest, indictme s. A.R.S.§4-202,	ents or 4-210	∏Yes ∕∕No				
16. Has an <u>misrepr</u>	yone <u>EVER</u> ot esentation	otained a ju	dgement against you, the subject of which involved	<u>fraud or</u>		∐Yes√No				
	ou had a liqu §4-202(D)	or applicat	ion or license rejected, denied, revoked, suspended	or fined in Arizo	na in?	∐Yes <b>∕</b> No				
	lf yo∪	answered " <u>Give con</u>	YES" to any Question 14 through 17 <u>YOU MUST</u> attack nplete details including dates, agencies involved and	d dispositions.	<u>ment</u> .					
			CHANGES TO THIS APPLICATION MAY NOT BE ACCEP	'IED		]				
Signature Block         I, (Print Name)       THERESA JUNE MORSE         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 <u>MARVCPR</u> On this <u>1<sup>St</sup></u> Day of <u>DECEMBER</u> , 20 <u>17</u> before me personally appeared <u>THERESA JUNE MORSE</u> (Phint 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 acknowled to the dy ENHIBIGHRAMM above / attached document. NOTARY PUBLIC, ARIZONA MARICOPA COUNTY My Commission Expires February 22, 2020										

### SIGNATURE FOR CONTROLLING PERSON OR AGENTAPPROVING 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.

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SIGNATURE:

2/24/2017

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Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027

			AZ DLLC	
	800 W Washir Phoenix, AZ www.azli	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		
ARIZONA	QUESTIC			
V	A.R.S.§4-2			
	Type or Print v		Epourent 2-101.	
	s allowed by A R.S.§4-6852 will		<u>1 checks.</u> P1025039	
Attention local governments: Soc enforcement agencies for backg		ormation is confidential. This	information may be given to law	
Attention applicant: This is a sworn conducted. False or incomplete o license or permit.	answers could result in criminal	prosecution and the denial o	r the subsequent revocation of a	
A FINGERPRINT CARD. FINGERPRINTS OI	N FBI APPROVED CARDS ARE ACCE FINGERPRINT FEES WILL VARY. IN A	EPTED FROM THE DEPARTMENT OF DDITION TO THE FINGERPRINT FEE	ON COMPLETING THIS FORM MUST SUBMIT LIQUOR, LAW ENFORCEMENT AGENCIES, OF \$13 CHARGED BY THE DEPARTMENT OF D WILL ALSO BE CHARGED.	
		Liquor License#: 07	110056	
1. Check the Appropriate	rolling Person Agent		(If the location is currently licensed)	
•	complete all questions)	(complet	Manager e all questions except #12)	
2. Name:BURGE	KRYSTAL	KAY	Birth Date:	
3. Social Security #:	First Driver License#:	міddie B12833051	(NOT a public record) 	
4. Place of birth: HOLDREGE		Height: 504 weight: 1	40 <sub>Eyes:</sub> <u>GRN</u> <sub>Hair:</sub> <u>BRO</u>	
5. Name of current/most recent spo		ETT LAWRENCE	Birth Date:	
6. Are you a bona fide resident of A	Arizona? ₽Yəs□No If yes, v	what is your date of residenc	1000	
A.R.S. §4-202(A) and (C) 7. Daytime telephone number: 92	8-681-3344 X2224 <sub>E-mc</sub>	<sub>ail address:</sub> tjmorse1208	@q.com	
8. Business Name: PIZZA HL	JT	в	usiness Phone: 480,982,1155	
9. Business Location Address:	OSPHELPSDR A	PACHE JUNCTION	······	
	s⊪≮er (ao no⊺Us∌ rO BOX )	City State	County Zip	
10. List your employment or type of FROM TO Conth/Year Conth/Year	business during the past five (5 DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAN	E OR NAME OF BUSINESS	
	D BELL/PIZZA HUT FRANCHISEE		ess, City, State & Zip) IS 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)

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Page 1 of 2 Individuals requiring ADA accommodations please call (602)542-9027

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		·····		<u> </u>	1	<u></u>
FROM Month/Year	10 Month/Year	Rent or Own	RESIDENTIAL Street Address City State			
10/1990	CURRENT	OWN	6430 STOCKTON HILL RD	KINGMAN	AZ	86409
			(ATTACH ADDITIONAL SHEET IF NECESSARY)			<u> </u>
12. As a Co If you a	ontrolling Personswered YES.	on or Agent v then answer	rill you be physically present and operating the li #13 below. If NO, skip to #14.	censed premises?	2	∐Yes ØNo
13. Have y (Must p	ou attended rovide the DL	a DLLC-appro LC-approvec	ved Liquor Law Training Course within the past 3 certificate of completion issued by a course pro	years? ovider.)		ØYes.⊡No
reaard	ess of the disc	position, even	dicted or summoned into court for violation of <u>Al</u> if dismissed or expunged, within the past five (5) are alcohol and/or drug related.) A.R.S. §4-202	<u>NY</u> law or ordinan years? (For traffic	ce,	[]Yes[]No
15. Are the summo	ere <u>ANY</u> admir Nses <u>pending</u>	nistrative law Lagainst you?	citations, compliance actions or consents, crimin Include only criminal traffic tickets and complai	al arrest, indictme nts. A.R.S.§4-202,	ents or 4-210	∐Yes 🖉 No
	yone <u>EVER</u> ot esentation.	atained a judg	gement against you, the subject of which involve	ed <u>fraud or</u>		[]Yes [∕]No
	ou had a liqu §4-202(D)	or application	n or license rejected, denied, revoked, suspende	ed ar fined in Arizo	na in?	∐Yes []No
	lf you	Give comp	<u>S</u> " to any Question 14 through 17 <u>YOU MUST</u> atta lete details including dates, agencies involved a HANGES TO THIS APPLICATION MAY NOT BE ACC	ind dispositions.	ment.	
Signature B	L lock					
l, (Print Full Nar MANAGER f SIGNATURE:	ne)	TAL KAY B	URGE hereby declare that I am a ( read this document and the contents and all state R Dung?			
			NOTARY			
On this <u>,</u> whose ic acknow	of <u>Mohav</u> 27 <del>4</del> Day of <u>Day</u>	November Month oven to me or e or she signe Notary Motav Terri C	_, 20 <u>17</u> before me personally appeared The basis of satisfactory evidence to be the person the above/attached document. Public State of Arizona e County havez pussion Expires 10/14/2019		claims to I	signer) De and

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

SIGNATURE:

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2/15/2017

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Page 2 of 2 Individuals requiring ADA accommodations piease cail (602)542-9027

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	147	AUG 31 Ligr, L	ic PM12:17	R	On-sale	
	Certificate	of Comple	ţion	E E	Off-sale	
	Construction of the second	For		Ŕ	On- and ol	if-sale
Titļ	e 4 BASIC Lic	UOTALOW	alhing	L		
A Certificate of Completion must be on a forming provider and, when issued. In	vevided by the Ailzon	à Department out	quar. Certific	ates are cor	npleted by a st	ale-
approved training provider and, when issued, inte The State requires BASIC Tille 4 training only as a required to have BASIC Tille 4 training are listed a employment.	RECUSIETCEMANA	GEMENTINE 4 train		ult of a lique uire BASIC Ti	or law violation. Itle 4 Training a	Persons condition of
A replacement Certificate at Completion for the completion date.	4 Iron ing musi be a	olobie in ough the	troining prov	derlortwo	years after the t	Iroining
	-Student.	Information		YOU	N JACK	······································
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ABC – Arizon	a Rusiness	Council for	Alcohol	Educat	tion	
	Suctor Street	on Come			<u> </u>	
	- La martina	Nov /				
77 East C	olumbus, Suite <sup>®</sup>	102, Phoenix,	Arizona 8	5012		
	Mailir	ng Address				
	(602) (	285-1396				
	(002)	200-1090	•			
	Daylime Cont	act Phone Number				
I, Ted Kuhn Instructor Name (please print)	, certify the	it the abave na	med individ	dual did su	accessfully c	omplete
Title 4 BASIC Training in accordance wi	ih A.R.S. §4-112(0	G)(2) and Arizar	na Administ	rative Cad	de (A.A.C.)R	19-1-103
using training course content and mat						
1 understand that misuse of this Certific 4 Training Provider named in this section					re-upprovur	for the line
and the		_		•		
	Signalure		ay Mo	Ile Year		
Persons required to complete BASIC & MANAG	EMENT Title 4 Iroining:	11 owner(s) active	y involved in II		ness operations	ol a liquor-
		licensed busines 2) licensees, agent operations of a f	s of a series list is and manage	ed balow ers oclively l	nvolved in the d	daily business
Conveyance (series 8) Uquor Star Restaurant (series 12) In state Fa	ent (series 5) e (series 9) Im Winery (series 13)	Bar (series 6) Privale Club		Holel/Mole Beer & Wine	e Bair (series 7) 1 w/restaurant ( e Store (series 3)	D) .
Liquor license applications (initial and renewal) submitted to the Department of Liquor.	are not complete un	lil valid Certificates	of Comptelior	n lor al requ	ired Persons ha	ve been
The questionnaire (which designates a monage icenses) are not complete until valid Certificate	er lo a location) and t as of Completion for c	he ageni change l Il required persons	orm (which as have been sui	signs a new bmilled to 11	agent to active ne Department	al L'quor.
July 11, 2013						

		fCompletion	
	Title 4 MANAGEMENT	or Liquoreaw Train	ing
A Certificate of Completion must b	e on a formprovided by the Altrona	Depotiment of Loppy. Cerlil	icales are completed by a slate-
Basic Tille 4 troining is a prerequisite at the Department of Liquor and sa	sloclory completer, of o slate-app	valid Genilicate of Completio	on for BASIC Tille 4 fraining must be on file ist be verified by the training provider prior
ta issuing a Certificale of Camptelia A replocement Certificale of Camptelia completion date.		loble through the troughous	rider lottwo years after the training
	Billingme (		
t			
Troinin	Completen Date // D C.		Non-Date monetion dote)
ABC	Arizona Business C	erintormation	
	Gompar		
	7 East Columbus, Suite		85012
	Maliing	àdress	
	(602) 28	5-1396	
	Daylime Contac	Phone Number	
I, Ted Kuhn	, certify that	the above named indiv	idual did successfully complete
(A.A.C.)R19-1-103 using train Licenses and Control. 1 und	g in accordance with A.R.S. § ing course content and mate erstand that misuse of this Ce	erials approved by the rtificate of Completion	a Administrative Code Arizona Department of Liquor can result in the revocation of by A.A.C. R19-1-103(E) and (F).
(	Instructor Signature	Day Mo	Year
Persons required to complete BAS		licensed business of a series licensees, agents and mana	The daily business operations of a liquor- listed below Igers octively involved in the daily business ad business of a series listed below
In-state Microbrewery (series 3) Conveyance (series 8( Restaurant (series 12)	Gavernment (series 5) Liquor Store (series 9) In-state Form Winery (series 13)	Bar (series 6) Privale Club (series 14)	Beer & Wine Bor (series 7) Holel/Motel w/restauront (series 11) Beer & Wine Store (series 10)
Liquor license applications (initial of submitted to the Department of Li	ind renewal) are not complete until quor.	valid Certificates of Comptet	on for all required persons have been
The questionnaire (which designal	es a manager to a location) and the		assigns a new agent to active liquor submitted to the Department of Liquor.
July 11, 2013			



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 AZ DLLC DEC 04 2017

07110056

QUESTIONNAIRE A.R.S.§4-202, 4-210

A.R.S.34 202, 4 210

Type or Print with <u>Black</u> Ink

Fp Current 2.19-16

The fees allowed by A.R.S.§4-6852 will be charged for all dishonored checks. P1034410

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.

					Liqu	or Lic	ense#:		
). Check the							(11	the location is cu	rently licensed)
Appropriate	$\checkmark$	Controlling P	erson	Agent			[	Manager	
Box			te all questions	)	1		(complete a	Il questions ex	cept #12)
	1	<b>V</b> - <b>I</b>		•			• •	•	. ,
	<b>L</b>								
2. Name:	PETE	RSON	MARK		TOD	D		_ Birth Date:	
2. Nume	Last		Firsl			Middle		UIII Dule,(	NOT a public record)
					D0361	6410	)	ARI	
3. Social Securi	ity #:	a public record)	Driver L	icense#:		0410	, ,	_State: ARI	
	•	• •				600	_weight: 185	RU	
4. Place of birth	h: HOLDREG		USA		Height:	000	_Weight: 105	Eyes:	Hair:
5. Name of cu	rrent/most rec	ent spouse: h	PEIERSON	I KARA	ELIS	F K	JRINSON	Birth Date:	
	,		Last	First	Mie	Idle	Maiden		(NOT a public record)
	<i>a</i>					1 .1		1964	
6. Are you a bo	ona fide reside	nt of Arizona		o it yes,	what is yo	our dat	te of residency: _		
							MORSE1208		
	•	-		<u> </u>	all addres	s:		0	
8. Business Nar	PIZZA H	HUT					Durat	A	80 <mark>, 982</mark> , 1155
8. Business Nar	ne:						BUSI	ness Phone:	///
9. Business Loc	ation Address:	240 S Pł	HELPS DR	APA	CHE J	JNC	TION ARIZO	NA PINAL	85120
		Street	(do not use PO Box	)		City	State	County	Zip
10 list your on	- man tor t	une of busing	or during the p	ant five l	5) voor	funor	played ratired	student list res	dance address
FROM					) years. I	Unen	nployed, retired, EMPLOYERS NAME C		
Month/Year	Month/Year	DESCRIBE	POSITION OR BUSI	NESS				City, State & Zip)	
08/2017	CURRENT	C	O-TRUSTEE		DESERTI	)E ORO	FOODS INC 3845 S	TOCKTON HILL R	D KINGMAN AZ 86409
02/1982	Current		OWNER		DESERT	DE ORO	FOODS INC 3845 S	TOCKTON HILL R	D KINGMAN AZ 86409
							9*************************************		
			<u> </u>						
h		L			·				

(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	ΑZ	86303			
L	L	l	(ATTACH ADDITIONAL SHEET IF NECESS ARY)	··	·····				
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.									
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? [Yes]N (Must provide the DLLC-approved certificate of completion issued by a course provider.)									
14. Have you been <u>cited, arrested, indicted or summoned</u> into court for violation of <u>ANY</u> 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									
15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>pending</u> against you? Include only criminal traffic tickets and complaints. A.R.S.§4-202,4-210									
16. Has anyone <u>EVER</u> obtained a judgement against you, the subject of which involved <u>fraud or</u> <u>misrepresentation</u> .									
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D)									
If you answered " <u>YES</u> " to any Question 14 through 17 <u>YOU MUSI</u> attach a <u>signed statement</u> . 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. Thave read this document and the contents and all statements are true, correct and complete.
NOTARY
State of Arizona ) County of <u>Mohave</u> ) On this <u>27<sup>th</sup></u> Day of <u>Neveniver</u> , 20 <u>17</u> before me personally appeared <u>Never</u> , <u>Peterson</u> (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 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: \_\_\_

2/15/2017

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027

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**. .** . .

\_\_\_\_



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

> QUESTIONNAIRE A.R.S.§4-202, 4-210

Type or Print with <u>Black</u> Ink

AZ DLLC DEC 0 4 2017

804-527

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.

				Lic	quor Lice	ense#:	07110056			
1. Check the					1		(If the location is c	urrently lice	nsed)	
Appropriate		Controlling Pe	rson Ager	nt			Manager			
Box		-	all questions)			(complet	e all questions e	xcept#1	2)	
					L		·	·		
2. Name:	PETE	RSON	KARA	ł	ELISE		Birth Date			
2. Nume	Last		First		Middle		(NOI a public record)			
3. Social Securi	ty #:		Driver License	e#: B137	26536		State: AR	IZONA	·	
	•	a public record)			507					
4. Place of birth	<u>, WHITTIER</u>	CA	USA	Height:	507	_ Weight: 📕	30 Eyes: GF	KIN Hair:	BRO	
	City	Slate	COUNTRY (not county)					<b>E</b>		
5. Name of cur	rent/most rece	ent spouse: P	ETERSON M	ARK <sup>-</sup>	rodd		Birth Date			
0.110.110 01 00			Last First	1	Middle	Malden		(NOT a pu	blic record)	
	na fido rocido	nt of Arizona?	Yes No If y	os what is	your date	antrasidanc	., <b>199</b> 5			
	2(A) and (C)	III OI AIIZOIIU?		55, WHU 15	yourdun		- y			
7. Davtime tele	enhone numbe	er: 928-681	-3344 x2224 <sub>E</sub>	-mail addr	<sub>ess:</sub> TJN	IORSE12	.08@Q.COM			
									0 4455	
8. Business Nar	ne: <u>PIZZA F</u>	101				E	Business Phone:	480,98	1155	
9 Business Loc	ation Address:	240 S PH	ELPS DR A	PACHE	JUNC	TION AR	IZONA PINA	AL 85	120	
		Street (	do not use PO Box )		Clty	State	County		Zip	
1 <u>0. List your em</u>	ployment or ty	/pe of busines	s during the past fiv	e (5) years	. If unem	oloyed, retire	ed, student list re	<u>sidence</u>	address.	
FROM Month/Year	TO Month/Year	DESCRIBE	OSITION OR BUSINESS				ME OR NAME OF BUSI ress, City, State & Zip			
8/2017	CURRENT	CO	-TRUSTEE	DESER	t de oro f	OODS INC 384	5 STOCKTON HILL	RD KINGM	AN AZ 86409	
12/1997	8/2017	С	LERICAL	DESER		OODS INC 384	5 STOCKTON HILL	RD KINGM	AN AZ 86409	
				NAT SHEET IS	NECESSARY	<b>`</b>				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

				·		<del>r</del>				
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	2004 CURRENT OWN 1410 S HIGH VALLEY RANCH RD PRES					86303				
	(ATTACH ADDITIONAL SHEET IF NECESSARY)									
12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? [Yes [No If you answered YES, then answer #13 below. If NO, skip to #14.										
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.)										
reaard	ess of the disc	osition, ev	I <u>, indicted or summoned</u> into court for violation of <u>AN'</u> ven if dismissed or expunged, within the past five (5) y nat are alcohol and/or drug related.) A.R.S. §4-202	<u>(</u> law or ordinand ears? (For traffic	ce,	∐Yes√No				
15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>pendina</u> against you? Include only criminal traffic tickets and complaints. A.R.S.§4-202,4-210										
	yone <u>EVER</u> ob esentation.	tained a j	udgement against you, the subject of which involved	fraud or		<b>∐Yes</b> √No				
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? [Yes]No A.R.S. §4-202(D)										
If you answered " <u>YES</u> " to any Question 14 through 17 <u>YOU MUST</u> attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. <b>CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED</b>										
Signature Block         I, (Print Full Name)       KARA ELISE PETERSON         MANAGER filing this notification.       hereby declare that I am a CONTROLLING PERSON/AGENT/ PREMISES         MANAGER filing this notification.       have read this document and the contents and all statements are true, correct and complete.         SIGNATURE:										
			NOTARY							
State of	Arizona		)							
County	of Mohave	7								
1			$\frac{1}{2}$ $\frac{1}{2}$ before menersonally appeared	Kom E Actor	200					
On this g	Day Day Of	Mo	20, 20 before me personally appeared mihYear	(Print Name o	Document	Signer)				
whose i acknow	dentity was pro ledged that h	oven to m e or she sid	e on the basis of satisfactory evidence to be the persor gned the above/attached document.	i who he <mark>o</mark> r she c	laims to k	be and				
	-	5	Notary Public State of Arizona	M.						
			Mohave County Zerri Chavez Sig	ature of NOTARY AUBI	JC					
	(Affix Seal Above)									
SIGNATURE I		LING PERS	ON OR AGENTAPPROVING A MANAGER'S APPLICATIO	N						

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

SIGNATURE: \_

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027



### 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

AZ DLLC DEC 04 2017

QUESTIONNAIRE

A.R.S.§4-202, 4-210

Type or Print with <u>Black</u> Ink

204-527

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

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				Liquor License#:	07110056			
]. Check the					(If the location is cur	rently licensed)		
Appropriate		Controlling Pers	on Agent		Manager			
Box		· -	Ill questions)	(con	nplete all questions ex	cept #12)		
2. Name:	BURG	BE JR	EVERETT	LAWRENC	E Birth Date			
2. Nome	Last		First	Middle		NOT a public record)		
3. Social Securi	tv #		Driver License#	B14580001	State: ARIZ	ZONA		
	(NOT	a public record)						
4. Place of birth	HASTINGS	S NEBRASKA Stale	USA COUNTRY (not county)	Height: 600 Weigh	nf: <u>180 Eyes:</u> BRO	D <sub>Hair:</sub> <u>BRO</u>		
			COUNTRY (not county)					
5. Name of cur	rent/most rece	ent spouse: BL	JRGE KRYST	AL KAY PETERS	Birth Date			
			Last First	Middle Ma	iden	(NOT a public record)		
6 Are you a bo	ona fide reside	nt of Arizona?	Mes No If yes,	what is your date of resi	<sub>dency:</sub> 1967			
5. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: <u>1967</u> A.R.S. §4-202(A) and (C) 7. Daytime telephone number: <u>928-681-3344 x 2224</u> E-mail address: TJMORSE1208@Q.COM								
7. Daytime tele	phone numbe	er: 920-001-3	E-m	ail address:				
8. Business Nar	ne: PIZZA H	IUT			Business Phone: 4	80 , <b>982</b> , 1155		
9 Business Loc	ation Address:	240 S PHE	LPS DR APA	CHE JUNCTION A	ARIZONA PINAL	85120		
7.00311035 200	anon riddioss.	Street (do	nol use PO Box )	City Si	ale County	Zip		
10. List vour em	nplovment or t	vpe of business o	during the past five (	5) years. If unemployed,	retired, student list resi	idence address.		
FROM Month/Year	10 Month/Year		SITION OR BUSINESS	EMPLOYE	RS NAME OR NAME OF BUSIN et Address, City, State & Zip)			
8/2017		CO-T	RUSTEE	DESERT DE ORO FOODS IN		D KINGMAN AZ 86409		
	CURRENT		SISTANT	DESERT DE ORO FOODS IN				
04/2003	8/2017	A55	DIGTAINT					
		,						
L		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · ·			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

Month/Year       Own       Month/Year       Own       Month/Year       Own         10/1990       CURRENT       OWN       6430 STOCKTON HILL RD       KINGMAN       AZ         Image: Strain Strai	86409								
(ATTACH ADDITIONAL SHEET IF NECESSARY)  12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?									
12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?									
12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?									
12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?									
	∐Yes 🗹 No								
<ol> <li>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.)</li> </ol>	∐Yes √No								
14. Have you been <u>cited, arrested, indicted or summoned</u> into court for violation of <u>ANY</u> 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 <b>∕</b> No								
15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>pending</u> against you? Include only criminal traffic tickets and complaints. A.R.S.§4-202,4-210	_Yes ∕∕No								
16. Has anyone <u>EVER</u> obtained a judgement against you, the subject of which involved <u>fraud or</u> <u>misrepresentation</u> .	<b>∐Yes ∕</b> No								
<ol> <li>Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D)</li> </ol>	<b>∐</b> Yes <b></b> ∠No								
If you answered " <u>YES</u> " to any Question 14 through 17 <u>YOU MUST</u> attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. <b>CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED</b>									
Signature Block	<u> </u>								
I, (Print Full Name) EVERETT LAWRENCE BURGE 'JR hereby declare that I am a CONTROLLING PERSON/AGEN MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and SIGNATURE:	IT/ PREMISES complete.								
NOTARY									
State of Arizona )									
County of <u>Moballe</u> )	~								
On this 8th Day of November, 2017 before me personally appeared Everett L. Burge Jr. Pay Day Day	gner)								
whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be acknowledged that he or she signed the above/attached document.	e and								
Notary Public State of Arizona Anterester Mohave County									
Affix Seal Above Signature of NOTARY PUBLC									
(Allow Sedi ADOVER									

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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- -

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2/15/2017

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Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027

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