

RESOLUTION 2022-029

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL FOR A LOCATION AND OWNER TRANSFER OF A SERIES 6 LIQUOR LICENSE FOR AARON MARSHALL HENNEQUIN ON BEHALF OF DOC'S WATERING HOLE COMPANY, 1959 FRONTAGE ROAD, SIERRA VISTA, ARIZONA; TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for a location and owner transfer of a Series 6 Liquor License for Aaron Marshall Hennequin on behalf of Doc's Watering Hole Company, 1959 Frontage Road, Sierra Vista, Arizona; and

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

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

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

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

SECTION 1

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

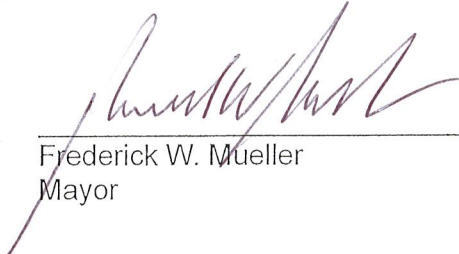
SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for a location and owner transfer of a Series 6 Liquor License for Aaron Marshall Hennequin on behalf of Doc's Watering Hole Company, 1959 Frontage Road, Sierra Vista, Arizona, to the State Department of Liquor Licenses and Control.

SECTION 3

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

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 26<sup>TH</sup> DAY OF MAY 2022.

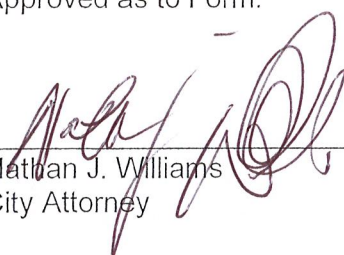


---

Frederick W. Mueller  
Mayor

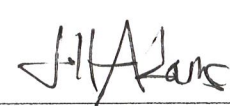
Approved as to Form:

Attest:



---

Nathan J. Williams  
City Attorney



---

Jill Adams  
City Clerk

Prepared By:  
Jill Adams, City Clerk

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 04/19/2022 @ 01:15:58 PM

Local Governing Body Report

**LICENSE**

Number:	06020007	Type:	006 BAR
Name:	DOC'S WATERING HOLE COMPANY		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2022
Original Issue Date:	08/01/1983		
Location:	1959 FRONTAGE ROAD SIERRA VISTA , AZ 85635 USA		
Mailing Address:	3065 CARDINAL DRIVE SIERRA VISTA , AZ 85365 USA		
Phone:	(520)500-7940		
Alt. Phone:	(719)433-1293		
Email:	DOC@DOCSWATERINGHOLE.COM		

Currently, this license has pending applications.

**AGENT**

Name:	AARON MARSHALL HENNEQUIN
Gender:	Male
Correspondence Address:	3065 CARDINAL DRIVE SIERRA VISTA , AZ 85365 USA
Phone:	(719)433-1293
Alt. Phone:	
Email:	DOC@DOCSWATERINGHOLE.COM

**OWNER**

Name:	DOC'S WATERING HOLE COMPANY		
Contact Name:	AARON MARSHALL HENNEQUIN		
Type:	CORPORATION		
AZ CC File Number:	23284492	State of Incorporation:	AZ
Incorporation Date:	10/15/2021		
Correspondence Address:	3065 CARDINAL DRIVE SIERRA VISTA , AZ 85365 USA		
Phone:	(719)441-1293		
Alt. Phone:			
Email:	DOC@DOCSWATERINGHOLE.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
VICTORIA RENEE HOLTS	Director	50.00
AARON MARSHALL HENNEQUIN	Director	50.00

**DOC'S WATERING HOLE COMPANY - Director**

Name: AARON MARSHALL HENNEQUIN  
Gender: Male  
Correspondence Address: 3065 CARDINAL DRIVE  
SIERRA VISTA , AZ 85365  
USA  
Phone: (719)433-1293  
Alt. Phone:  
Email: DOC@DOCSWATERINGHOLE.COM

**DOC'S WATERING HOLE COMPANY - Director**

Name: VICTORIA RENEE HOLTS  
Gender: Female  
Correspondence Address: 3065 CARDINAL DRIVE  
SIERRA VISTA , AZ 85365  
USA  
Phone: (970)560-1178  
Alt. Phone:  
Email: TORIHOLTS@MSN.COM



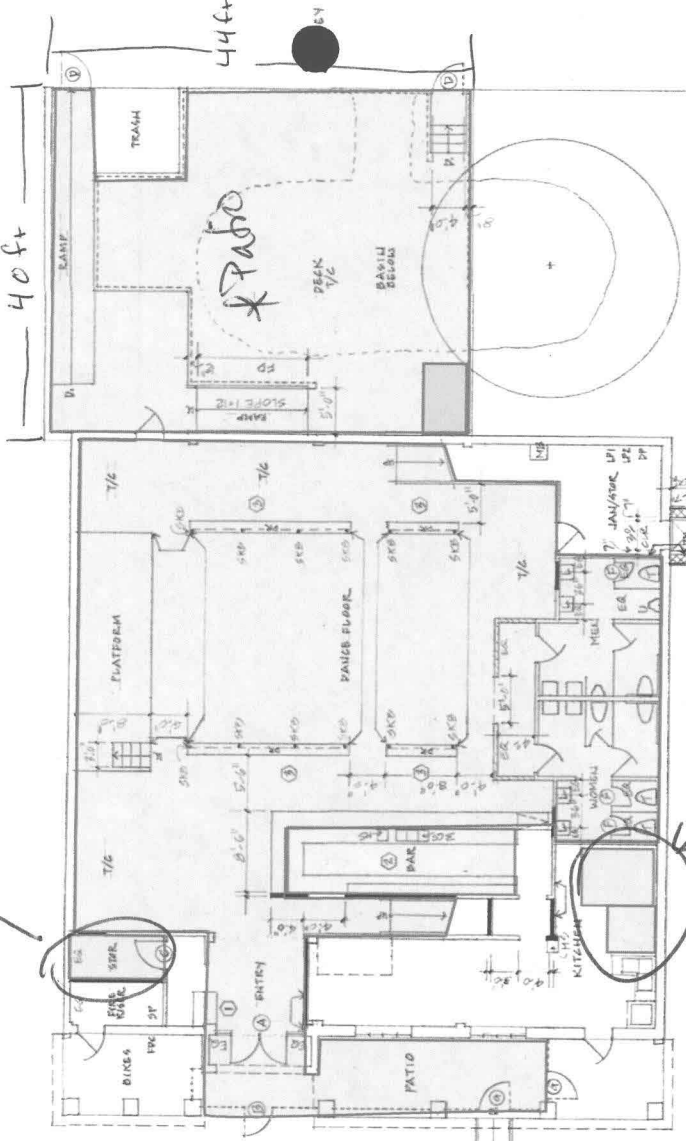
## APPLICATION INFORMATION

Application Number: 195909  
Application Type: Location / Owner Transfer  
Created Date: 04/19/2022

## QUESTIONS & ANSWERS

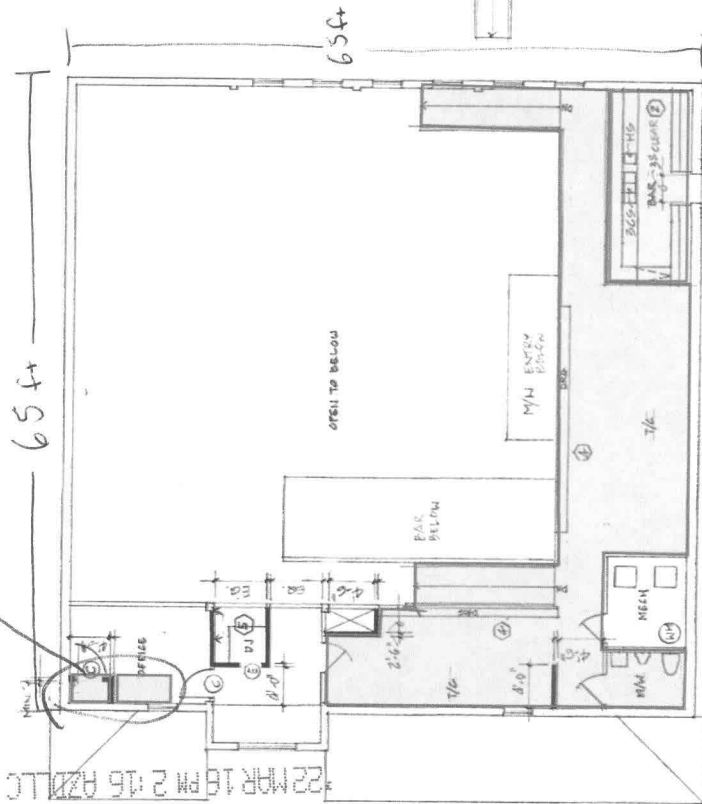
### 006 Bar

- 1) Are you applying for an Interim Permit (INP)?  
No
- 4) 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?  
No
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)  
PUEBLO DEL SOL ELEMENTARY SCHOOL- 4895 FEET  
5130 PASEO LAS PALMAS SIERRA VISTA, AZ 85635  
  
TRINITY ORTHODOX LUTHERAN CHURCH- 4566 FEET  
4422 E SNYDER BLVD SIERRA VISTA, AZ 85635
- 11) Are you one of the following? Please indicate below.  
Property Tenant  
Sub-tenant  
Property Owner  
Property Purchaser  
Property Management Company  
Property Owner
- 12) Is there a penalty if lease is not fulfilled?  
No
- 13) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
PIONEER TITLE AGENCY- \$500,000.00  
580 E WILLCOX DR SIERRA VISTA, AZ 85635
- 14) Is there a drive through window on the premises?  
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
CONTIGUOUS PATIO
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
07/15/2022
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
\$40,000.00



GROUND FLOOR  
108' x 170'

MEZZANINE ARCHITECTURAL PLAN  
78' x 170'



- Storage (Office closet will lock for liquor storage, Beer bottle cooler will be in the office, Keg Walk in and walk in cooler will be in Kitchen for beer cold storage, liquor storage room on ground floor)
- Public Consumption area (includes two stairwells, a front fenced in patio and a back deck)
- Service area (cocktail servers will serve patrons in the green areas from the orange areas)

\* Building and deck perimeter square footage: 5985

*Liquor Storage*

*Liquor Storage*

*Liquor Storage*

*2nd Floor*

22 MAR 16 PM 2:16 AZD/LC

STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

**BAR**  
**License 06020007**

Issue Date: 1/28/2022

Expiration Date: 6/30/2022

Issued To:  
GURMEET SINGH NERHAN, Owner  
  
Location:  
SUNSET SALOON  
313 HUACHUCA BOULEVARD  
HUACHUCA CITY, AZ 85616  
USA

Mailing Address:  
GURMEET SINGH NERHAN  
SUNSET SALOON  
701 PATTON STREET  
HUACHUCA CITY, AZ 85616  
USA



POST THIS LICENSE IN A CONSPICUOUS PLACE

\*22 MAR 16 PM 2:15 AZDLLC



**BILL OF SALE**  
**(Personal Property or Goods)**

Date: March 5, 2022

For consideration of Forty Thousand Dollars, and other valuable consideration, I or we

SELLER(S): Gurmeet Singh Nerhan

BUYER(S): Doc's Watering Hole Company, An Arizona Corporation

**Address and Location of Property Sold:**


313 N Huachuca Boulevard, Huachuca City, AZ 85616  
N 25' Lot 3, Blk C Huachuca Village Resubdivision and portion SE SW Sec 5 21 20 by M&B  
Property County: Cochise

**Property Sold (List Personal Property by Description, Serial Number and other Identifying Characteristics.)**

Alcoholic Beverage License No. 06020007 issued 1/28/22 Expiration 6/30/2022

For valuable consideration, receipt of which is acknowledged by Seller, Seller sells and conveys to Buyer the Property Sold, to have and to hold the Property Sold to Buyer and the heirs, executors, administrators and assigns of Buyer forever, and Seller and the heirs, executors, administrators and assigns of Seller warrant to defend the sale of Property Sold unto Buyer and the heirs, executors, administrators and assigns of Buyer, against all and every person whomsoever lawfully claiming or to claim the same.

\_\_\_\_\_  
**Nena Nerhan, Personal Representative of the Estate of Gurmeet S. Nerhan also known as Gurmeet Singh Nerhan, deceased Probate PB201900014**

  
\_\_\_\_\_  
**Nolana Whisnant, Personal Representative of the Estate of Gurmeet S. Nerhan also known as Gurmeet Singh Nerhan, deceased Probate PB201900014**

State of Arizona        }  
                                  }  
                                  } ss.  
County of                }

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of March 2022 by Nena Nerhan, Personal Representative of the Estate of Gurmeet S. Nerhan also known as Gurmeet Singh Nerhan, deceased Probate PB201900014

My commission expires:

\_\_\_\_\_  
NOTARY PUBLIC

22 MAR 16 PM 2:15 AZD LLC

State of *California* }  
  } ss.  
County of *San Diego* }

The foregoing instrument was acknowledged before me this 11 day of March 2022 by Nolana Whisnant, Personal Representative of the Estate of Gurmeet S. Nerhan also known as Gurmeet Singh Nerhan, deceased Probate PB201900014

  
\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: 9-17-2024

THIS NOTARY CERTIFICATE IS TO BE ATTACHED TO: Bill of Sale

Date of Document: March 5, 2022 / Consisting of 3 pages  
Parties to Document:  
Doc's Watering Hole Company  
Gurmeet Singh Nerhan



CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

On 3-11-2022 before me, Christina Kuykendall, Notary Public

personally appeared Nolana Nerhan Whisnant Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature] Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Document Date: Number of Pages: Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name: [ ] Corporate Officer - Title(s): [ ] Partner - [ ] Limited [ ] General [ ] Individual [ ] Attorney in Fact [ ] Trustee [ ] Guardian or Conservator [ ] Other: Signer is Representing:

Accepted and Approved:

Doc's Watering Hole Company, an  
Arizona corporation

Victoria Holts  
Victoria Holts, Director

Aaron Hennequin  
Aaron Hennequin, Director

State of Arizona }  
                          } ss.  
County of Cochise }

The foregoing instrument was acknowledged before me this 11 day of March, 2022, by Doc's Watering Hole Company, by Victoria Holts and Aaron Hennequin, Directors

My commission expires: 3/31/2025

[Signature]  
NOTARY PUBLIC





*2/21/20  
er*

22 MAR 10 2 15 AZD LLC

1 WILLIAMS MELO, PLC  
2 2107B Paseo San Luis, Suite C  
3 Sierra Vista, Arizona 85635  
4 520-458-2022  
5 Paul@WilliamsMeloLaw.com

**FILED**

2020 FEB 20 AM 10:06

AMY J HUNLEY  
CLERK OF SUPERIOR COURT  
BY           
DEPUTY

6 Paul W. Melo – Bar No. 027705  
7 Attorney for Nena Nerhan & Nolana Whisnant

8 **IN AND FOR THE SUPERIOR COURT OF THE COUNTY OF COCHISE**

9 In the Matter of the Estate of  
10 **GURMEET S. NERHAN,**

**CASE NO. PB 201900014  
LETTERS OF CO-PERSONAL  
REPRESENTATIVES**

11  
12 Deceased.

13  
14 NENA NERHAN AND NOLANA WHISNANT are hereby appointed as Co-  
15 Personal Representatives of this Estate without restriction.

16 WITNESSED this 20<sup>th</sup> day of Feb., 2020.

17  
18 **AMY J HUNLEY**  
19 Clerk of the Superior Court

20  
21 By: *[Signature]*

22 Deputy Clerk

23 **CERTIFIED  
EXACT COPY**

24  
25 COUNTY OF COCHISE  
STATE OF ARIZONA  
The foregoing instrument is a full, true, and correct  
copy of the original on file in this office.  
Attested March 14, 20 22  
AMY J HUNLEY, Clerk  
By *[Signature]* Deputy

22 MAR 16 PM 2:15 AZD LLC



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 **Black Ink**

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

805-165

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06020007 / # 195909

1. Check the Appropriate Box →

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

2. Name: HENNEQUIN, AARON MARSHALL Birth Date: [REDACTED] (NOT a public record)

3. Social Security: [REDACTED] Driver License: [REDACTED] State: AZ

4. Place of birth: CALAIS, MAINE USA Height: 71 Weight: 260 Eyes: BLU Hair: BLK

5. Name of current/most recent spouse: HOLTS, VICTORIA RENEE Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 2007

7. Daytime telephone number: 719 433 1293 E-mail address: AARON938@MSN.COM

8. Business Name: DOC'S WATERING HOLE COMPANY Business Phone: 520 / 500 / 7940

9. Business Location Address: 1959 FRONTAGE ROAD, SIERRA VISTA, AZ 85635  
Cochise

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or 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)
02/22	CURRENT	RETIRED MILITARY	3065 CARDINAL DRIVE, SIERRA VISTA, AZ
01/02	02/22	ACTIVE DUTY MILITARY	1400 DEFENSE PENTAGON, WASHINGTON, DC 20301-1400, USA

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/19	CURRENT	3065 CARDINAL DRIVE, SIERRA VISTA, AZ 85635
7/17	12/19	13308 Alburtis Avenue, Norwalk, CA 90650
7/16	7/17	3065 CARDINAL DRIVE, SIERRA VISTA, AZ 85635

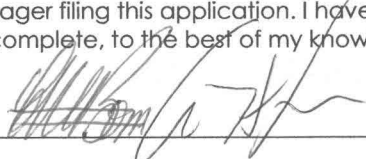
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**NOTARY**


I (Print Full Name) AARON MARSHALL HENNEQUIN hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 11 Day of March, 2025

My Commission Expires on: 3/31/2025



  
 Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: AARON HENNEQUIN SIGNATURE: 



22 MAR 16 PM 2:15 AZD LLC

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) AARON HENNEQUIN

**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 CALAIS State (or equivalent) MAINE Country or Territory USA

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

2) Name of document: ARIZONA DRIVERS LICENSE  
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

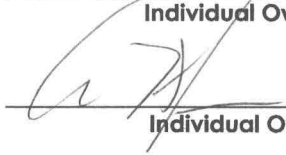
22 MAR 16 PM 2:45 AZD LLC

**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.

**AARON HENNEQUIN**

Individual Owner/Agent Printed Name

  
Individual Owner/Agent Signature

MARCH 11, 2022

Today's Date

**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

Number Expires Date of Birth Issued

AARON MARSHALL HENNEQUIN  
27395 RD P-2  
DOLORES CO 81323

Class D Sex M  
Eyes BLU Height 5-11  
Hair BK Weight 218



**ARIZONA** DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION

CLASS D  
12 REST B

1 HOLT  
2 VICTORIA RENEE  
3 3065 CARDINAL DR  
SIERRA VISTA, AZ 85635-4228

4th EXP 03/14/2039 4th ISS 12/16/2016  
15 SEX F 16 HGT 5-09" 17 WGT 170 lb  
DONOR

5 DD 6047C3474H1403V4

VETERAN



*Victoria Holt*


22 MAR 16 PM 2:15 AZDLLC

Number Expires Date of Birth Issued

Class D Operator

Endorsements NONE

Restrictions A Corrective Lenses



Rev 02/14/2014

You Must Report a Change of Address Within 10 Days

CLASS: D-Operator  
ENDORSEMENTS: None

RESTRICTIONS:  
B-Corrective Lenses Must Be Worn



16351AZ0106530810301



Certificate # 2f129Nn5LN

22 MAR 16 PM 2:15 AZDLLC

# Certificate of Completion For

## On/Off Premise Management (2 hours)

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	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

**AARON HENNEQUIN**

Full Name (please print)

  
Signature

January 24, 2022

Training Completion Date

January 24, 2025

Certificate Expiration Date  
(three years from completion date)

### Training Provider Information

**AzLiquorTraining.com**

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).

  
Instructor Signature

24 / 01 / 2022  
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 # at13SSXHar

22 MAR 16 PM 2:15 AZD LLC

# Certificate of Completion

For

On Premise Basic course ( 3 hours)

<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	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

**AARON HENNEQUIN**

Full Name (please print)

Signature

**January 24, 2022**

Training Completion Date

**January 24, 2025**

Certificate Expiration Date  
(three years from completion date)

## Training Provider Information

**AzLiquorTraining.com**

Company Name

**536 E. Wagon Bluff Drive, Tucson, AZ 85704**

Mailing Address

**(520) 235-5684**

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).

Instructor Signature

24 / 01 / 2022  
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)

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.



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 Black Ink

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

805-165

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06020007 / # 195 909

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent, Premises Manager (complete all questions except #12)

2. Name: HOLTS, VICTORIA RENEE Birth Date: [REDACTED]

3. Social Security [REDACTED] Driver License [REDACTED] State: AZ

4. Place of birth: SAN DIEGO, CALIFORNIA USA Height: 69" Weight: 170 Eyes: GRN Hair: RED

5. Name of current/most recent spouse: HENNEQUIN, AARON MARSHALL Birth Date: [REDACTED]

6. Are you a bona fide resident of Arizona? [X] Yes [ ] No If yes, what is your date of residency: 2016

7. Daytime telephone number: 970 560 1178 E-mail address: TORIHOLTS@MSN.COM

8. Business Name: DOC'S WATERING HOLE COMPANY Business Phone: 520 / 500 / 7940

9. Business Location Address: 1959 FRONTAGE ROAD, SIERRA VISTA, AZ 85635

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include UNEMPLOYED, WALGREENS.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/19	CURRENT	3065 CARDINAL DRIVE, SIERRA VISTA, AZ 85635
7/17	12/19	13308 Albutis Avenue, Norwalk, CA 90650
7/16	7/17	3065 CARDINAL DRIVE, SIERRA VISTA, AZ 85635

(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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**NOTARY**

I (Print Full Name) VICTORIA RENEE HOLTS hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Victoria Holts* State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 11 Day of March 2022

My Commission Expires on: 3/31/2025 Date



*Victoria Brown*  
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: VICTORIA HOLTS SIGNATURE: *Victoria Holts*



22 MAR 2016 PM 2:16 AZD LLC

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) VICTORIA HOLTS

**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 SAN DIEGO State (or equivalent) CALIFORNIA Country or Territory USA

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

2) Name of document: ARIZONA DRIVERS LICENSE  
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).**

**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.

**VICTORIA HOLTS**

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

3-11-22

Today's Date

**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.



Certificate # 1LiFbhihHp

\*22 MAR 16 PM 2:16 AZDLIC

# Certificate of Completion

For

On/Off Premise Management (2 hours)

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	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

**Victoria Holts**

Full Name (please print)

*Victoria Holts*

Signature

**February 1, 2022**

Training Completion Date

**February 1, 2025**

Certificate Expiration Date  
(three years from completion date)

## Training Provider Information

**AzLiquorTraining.com**

Company Name

**536 E. Wagon Bluff Drive, Tucson, AZ 85704**

Mailing Address

**(520) 235-5684**

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).

*Kevin A. Kramber*

Instructor Signature

**01 / 02 / 2022**

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)

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 # oosbFg7mMX

22 MAR 16 PM 2:16 AZDLLC

**Certificate of Completion**  
For  
**On Premise Basic course ( 3 hours)**

<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	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**

**Victoria Holts**

Full Name (please print)

*Victoria Holts*  
Signature

**February 5, 2022**  
Training Completion Date

**February 5, 2025**  
Certificate Expiration Date  
(three years from completion date)

**Training Provider Information**

**AzLiquorTraining.com**

Company Name

**536 E. Wagon Bluff Drive, Tucson, AZ 85704**

Mailing Address

**(520) 235-5684**

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).

*Kevin A. Kramber*  
Instructor Signature

05 / 02 / 2022  
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)

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.





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 # 06020007 / # 195909
Date Accepted: 4/19/18
CSR: CA

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 (series 6, 7 and 9)
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 Privilege

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1. Type of License (Series of license): 06
2. LICENSE # 06020007 / # 195909

SECTION 4 Applicants

- Agent's Name: Hennequin, Aaron Marshall
Individual/Owner Name: Hennequin, Aaron Marshall and Holts, Victoria Renee
Business Name (Doing Business As-DBA): Doc's Watering Hole Company
Business Location Address: 1959 Frontage Road, Sierra Vista, AZ 85635 Cochise County
Mailing Address: 3065 Cardinal Drive, Sierra Vista, AZ 85635
Business Phone: 520 500 7940 Daytime Contact Phone: 719 433 1293
Email Address: doc@docswateringhole.com
Is the Business located within the incorporated limits of the above city or town? Yes
Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 40,000.00
Would you like to apply to become an Arizona Lottery retailer? No

Fees: Application, Interim Permit, Site Inspection, Finger Prints, Total of All Fees
Department Use Only

**SECTION 5 Interim Permit**

If you intend to operate business while the 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? \_\_\_\_\_

<u>NOTARY</u>			
I (Print Full Name) _____ hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.			
Signature: _____	State of _____	County of _____	<b>The foregoing instrument was acknowledged before me this</b>
My Commission Expires on: _____	Date	_____ Day of _____	Month Year
			_____ Signature of Notary

**SECTION 6 Background Check**

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

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

a) Date Incorporated/Organized: Oct 14, 2021 State where Incorporated/Organized: AZ

b) AZ Corporation or AZ L.L.C. File No: 23284492 Date authorized to do business in AZ: Oct 14, 2021

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Hennequin, Aaron	Marshall		Director	50	3065 Cardinal Drive, Sierra Vista, AZ 85635			
Holts, Victoria	Renee		Director	50	3065 Cardinal Drive, Sierra Vista, AZ 85635			

(Attach additional sheet if necessary)

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

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

1. Current Licensee's Name: \_\_\_\_\_

(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: \_\_\_\_\_

Last First Middle

3. 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)**

22 MAR 16 PM 2:16 AZD LLC

1. Government Entity: \_\_\_\_\_

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

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

1. License #: 0602 0607

2. Individual Owner/Agent Name: Nerhan, Gurmeet Singh  
Last First Middle

3. Ownership Name: Gurmeet Singh Nerhan  
(Exactly as it appears on the license)

4. Current Business Name: Sunset Saloon  
(Exactly as it appears on the license)

5. Business Location Address: 313 Huachuca Blvd Huachuca City, AZ  
Street City State County Zip 85616

6. Current Daytime Phone: none Primary Email Address: none

7. Does current licensee intend to operate the business while this application is pending?  Yes  No

8. I, (Signature): See Attached Bill of Sale authorize the transfer of this license to the applicant.

**NOTARY**

I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.

Signature: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

**The foregoing instrument was acknowledged before me this**

My Commission Expires on: \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_  
Date Day Month Year

\_\_\_\_\_  
Signature of Notary

*\* See Attached Bill of Sale CA*

**SECTION 10 Location Transfer– Current Licensee Information ARS§4-203(C), (D), (G)  
(Bar and Liquor Stores only – Series 06, 07, and 09)**

1. Current Business: Name: Sunset Saloon

Address: 313 Huachuca Boulevard, Huachuca City, AZ 85616  
(exactly as it appears on license)

2. New Business: Name: Doc's Watering Hole Company

Address: 1959 Frontage Road, Sierra Vista, AZ 85635

**SECTION 11 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 03
- d) Craft Distillery (A.R.S.§4-205.10) Series 18
- e) Government license (A.R.S.§4-205.03) Series 05
- f) Playing area of a golf course (A.R.S.§4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

1. Distance to nearest School: 4895 ft  
(If less than one (1) mile, note footage)

Name of School: Pueblo Del Sol Elementary School  
Address: 5130 Paseo Las Palmas, Sierra Vista, AZ 85635

2. Distance to nearest Church: 1566 FT  
(If less than one (1) mile, note footage)

Name of Church: Trinity Orthodox Lutheran Church  
Address: 4422 E Snyder Blvd, Sierra Vista, AZ 85635

**SECTION 12 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: N/A  
Address: \_\_\_\_\_  
Street City State Zip

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

4. Total money borrowed for the Business, not including lease? \$ \$500,000.00 (Mortgage)

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
<del>N/A</del>	Pioneer	Title	\$500,000	580 E	Willcox	Pr.	
	Agency				Sierra Vista	AZ	85635

(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 manufacturer, wholesaler, or employee have an interest in your business?

- Yes  No If yes, attach explanation.

**SECTION 13 Diagram of Premises**

22 MAR 16 PM 2:16 AZDLLC

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

No Patio

Patio: Contiguous

Patio: 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? 07/15/22

Country Dance Hall/Nightclub

2. What type of business will this license be used for? (be Specific) \_\_\_\_\_

**3. Please attach a diagram of the premises** which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

**DO NOT INCLUDE**

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

4. 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.

**ATTACH DIAGRAM**

**IMPORTANT NOTE:** As stated in A.R.S.§4-207.01 (B), it is the licensee's 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.

**RESTAURANTS AND HOTELS/MOTELS ONLY**

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

5a. 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)

5b. Provide a restaurant operation plan.

**SECTION 14 SIGNATURE BLOCK**

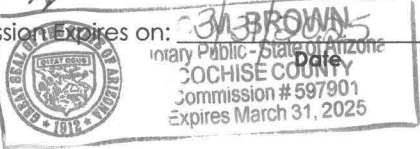
**NOTARY**

I (Print Full Name) AARON HENNEQUIN hereby declare that I am the Individual Agent, Owner,  
Or Controlling Person on the stated license and location.

Signature: [Signature] State of Arizona County of Cochise  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 3/31/2025 Date  
11 Day of March, 2022  
Day Month Year

[Signature]  
Signature of Notary



**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.