

June 30, 2022

MEMORANDUM TO: Honorable Mayor and City Council
THRU: Charles P. Potucek, City Manager
FROM: Jill Adams, City Clerk
SUBJECT: REQUEST FOR AGENDA ITEM PLACEMENT
Resolution 2022-053, Series 9 liquor license application for an interim permit, owner transfer, limited liability company-type of ownership for Mohammed Shafiqur Rahman on behalf of Vista Beverage House at 999 E Fry Boulevard, Sierra Vista, Arizona

RECOMMENDATION:

The City Manager recommends approval of this license.
The City Clerk recommends approval of this license.

INITIATED BY:

Mohammed Shafiqur Rahman
Vista Beverage House
999 E Fry Boulevard #101
Sierra Vista, Arizona 85635

BACKGROUND:

The City received an application for a Series 9 liquor license application, an interim permit, owner transfer, limited liability company-type of ownership for Mohammed Shafiqur Rahman on behalf of Vista Beverage House. The liquor store (series 9) license is a "quota" license available only through the Liquor License Lottery or for purchase on the open market. Once issued, the liquor license is transferable from person to person and/or location to location within the same county and allows a spirituous liquor store retailer to sell all types of spirituous liquors, only in the original unbroken package, to be taken away from the premises of the retailer and consumed off the premises at 999 E Fry Boulevard, Suite 101, Sierra Vista, Arizona.

As dictated by State law, a notice of public hearing was posted on the premises for 20 days prior to the public hearing and to date, no responses, either in favor or against, have been received. The Police Department has performed a background investigation and has given its approval for this license. The Council's decision concerning this liquor license application will be forwarded to the State Department of Liquor Licenses and Control, who will then issue the liquor license if no objections were received.

BUDGET APPROPRIATION:

Not applicable.

RESOLUTION 2022-053

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL OF SERIES 9 LIQUOR LICENSE APPLICATION FOR MOHAMMED SHAFIQR RAHMAN ON BEHALF OF VISTA BEVERAGE HOUSE, 999 E FRY BOULEVARD, SUITE 101, 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, a Series 9 liquor license application for an interim permit, owner transfer, limited liability company-type of ownership for Mohammed Shafiqur Rahman on behalf of Vista Beverage House has been filed with the Arizona Department of Liquor Licenses and Control; 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 Series 9 liquor license application for an interim permit, owner transfer, limited liability company-type of ownership for Mohammed Shafiqur Rahman on behalf of Vista Beverage House at 999 E Fry Boulevard, Suite 101, 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 28TH DAY OF JULY 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 06/28/2022 @ 01:08:10 PM

Local Governing Body Report

LICENSE

Number:	09020048	Type:	009 LIQUOR STORE
Name:	VISTA BEVERAGE HOUSE		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2022
Original Issue Date:	02/28/1980		
Location:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA		
Mailing Address:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA		
Phone:	(520)685-3218		
Alt. Phone:	(520)368-7508		
Email:	MOITPARA@YAHOO.COM		

Currently, this license has pending applications.

AGENT

Name:	MOHAMMED SHAFIQR RAHMAN
Gender:	Male
Correspondence Address:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA
Phone:	(520)368-7508
Alt. Phone:	
Email:	MOITPARA@YAHOO.COM

OWNER

Name: NSR ENTERPRISES LLC
Contact Name: MOHAMMED SHAFIQR RAHMAN
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L22544320 State of Incorporation: AZ
Incorporation Date: 01/30/2018
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

Officers / Stockholders

Name:	Title:	% Interest:
SAMIA AFRIN	Manager	100.00

NSR ENTERPRISES LLC - Manager

Name: SAMIA AFRIN
Gender: Female
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

MANAGERS

Name: SAMIA AFRIN
Gender: Female
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

APPLICATION INFORMATION

Application Number: 201003
Application Type: Owner Transfer
Created Date: 06/15/2022 *Charr*

QUESTIONS & ANSWERS

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 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?
Yes
If Yes, what City, Town or Tribal Reservation is this Business located in?
Cochise County
- 8) Did the Premises phone number change?
No
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)
507 feet; Center for Academic Success, 900 E. Carmelita Dr., Sierra Vista, AZ 85635

333 feet; God's World Church, 1025 E. Fry Blvd., Sierra Vista, AZ 85635
- 11) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Loss of \$1,800 security deposit and Landlord lockout
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
None, capital contribution
- 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
No
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
\$70,000.00

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Bill Of Sale.pdf	06/15/2022
DIAGRAM/FLOOR PLAN	Floor Plan.pdf	06/15/2022
ALIEN STATUS	Mohammed Agent Q Basic & Mgt Certs ASF US Passport.pdf	06/15/2022
QUESTIONNAIRE	Mohammed Agent Q Basic & Mgt Certs ASF US Passport.pdf	06/15/2022
QUESTIONNAIRE	Samia Q Basic & Mgt Certs.pdf	06/15/2022
INTERIM PERMIT (INP) NOTARY PAGE	Sect 5.pdf	06/15/2022
MISCELLANEOUS	Sect 9.pdf	06/15/2022

State of Arizona
Department of Liquor Licenses and Control

Created 06/28/2022 @ 01:07:01 PM

Local Governing Body Report

LICENSE

Number:	INP020019204	Type:	INP INTERIM PERMIT
Name:	VISTA BEVERAGE HOUSE		
State:	Active		
Issue Date:	06/28/2022	Expiration Date:	10/11/2022
Original Issue Date:	06/28/2022		
Location:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA		
Mailing Address:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA		
Phone:	(520)685-3218		
Alt. Phone:	(520)368-7508		
Email:	MOITPARA@YAHOO.COM		

AGENT

Name:	MOHAMMED SHAFIQR RAHMAN
Gender:	Male
Correspondence Address:	999 E FRY BOULEVARD #101 SIERRA VISTA, AZ 85635 USA
Phone:	(520)368-7508
Alt. Phone:	
Email:	MOITPARA@YAHOO.COM

OWNER

Name: NSR ENTERPRISES LLC
Contact Name: MOHAMMED SHAFIQR RAHMAN
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L22544320 State of Incorporation: AZ
Incorporation Date: 01/30/2018
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

Officers / Stockholders

Name:	Title:	% Interest:
SAMIA AFRIN	Manager	100.00

NSR ENTERPRISES LLC - Manager

Name: SAMIA AFRIN
Gender: Female
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

MANAGERS

Name: SAMIA AFRIN
Gender: Female
Correspondence Address: 999 E FRY BOULEVARD
#101
SIERRA VISTA, AZ 85635
USA
Phone: (520)368-7508
Alt. Phone:
Email: MOITPARA@YAHOO.COM

APPLICATION INFORMATION

Application Number: 201006
Application Type: New Application
Created Date: 06/15/2022 *May*

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location *09020048*
- 2) Is the license currently in use? *yes*
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page? *yes*

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: 09020048
2. Is the license currently in use? Yes No If no, how long has it been out of use? N/A


NOTARY

I (Print Full Name) Young Gack Kim hereby declare that I am the Agent, Current 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 14th Day of June, 2022

My Commission Expires on: 08/05/2025 Date



SALLY A SMITH
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
COMMISSION # 611681
MY COMMISSION EXPIRES
AUGUST 05, 2025

[Signature]
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: _____ State where Incorporated/Organized: _____
- b) AZ Corporation or AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____
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

(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)

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 #: 09020048
2. Individual Owner/Agent Name: Kim Young Gack
Last First Middle
3. Ownership Name: Pinnacle Enterprise, LLC
(Exactly as it appears on the license)
4. Current Business Name: Vista Beverage House
(Exactly as it appears on the license)
5. Business Location Address: 999 E. Fry Blvd. #101 Sierra Vista AZ Cochise 85653
Street City State County Zip
6. Current Daytime Phone: 417.771.8030 Primary Email Address: choonkim1955@gmail.com
7. Does current licensee intend to operate the business while this application is pending? Yes No
8. I, (Signature): [Signature] authorize the transfer of this license to the applicant.

NOTARY

I (Print Full Name) Young Gack Kim 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 14th Day of June, 2022
Day Month Year

My Commission Expires on: 08/05/2025 Date



SALLY A SMITH
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
COMMISSION # 611661
MY COMMISSION EXPIRES
AUGUST 05, 2025

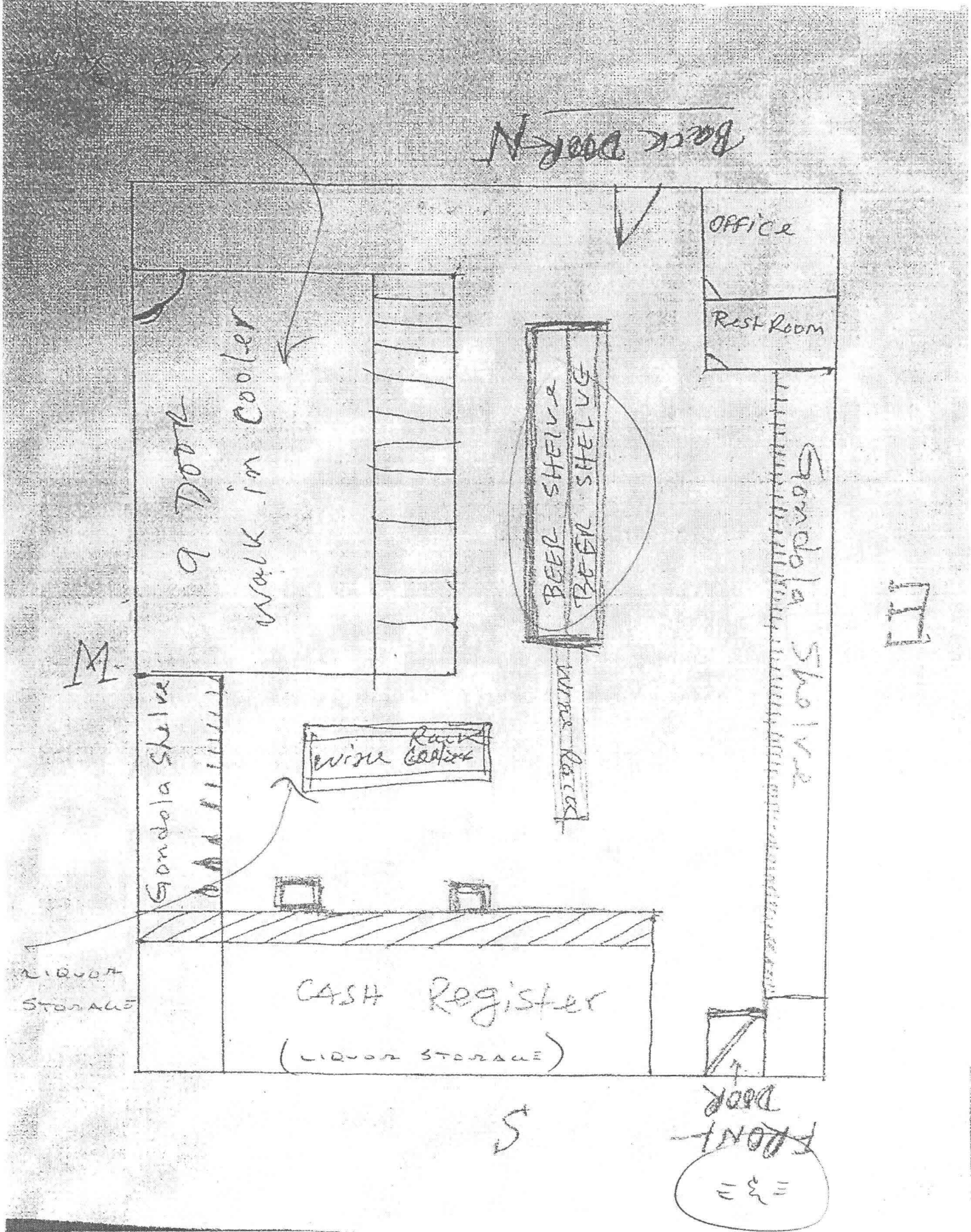
Sally A. Smith
Signature of Notary

**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: _____
Address: _____
(exactly as it appears on license)
2. New Business: Name: _____
Address: _____

L.I.Q. STORAGE

APP 27, 1,500 SQ. FT
22 6 27 Liq. Admin PM 2:19



DATE 6-15-22 BY Samula Arsin

BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

TEN DOLLARS AND NO CENTSlawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged.

This BILL OF SALE (this "Agreement"), dated as of June 15, 2022 is by and among Pinnacle Enterprise, LLC, an Arizona Limited Liability Company (Seller), and NSR Enterprises, LLC, an Arizona Limited Liability Company (Buyer).

RECITALS

A. Seller and Buyer are parties to an Asset Purchase Agreement executed March 31, 2022 (the "Purchase Agreement"), pursuant to which, among other things, Buyer has agreed to purchase certain assets of Seller upon the terms and conditions specified therein.

B. This Agreement is being executed and delivered in order to affect the transfer to Buyer of such assets as set forth in the Purchase Agreement.

AGREEMENTS

In consideration of the premises and the mutual covenants and agreements set forth in the Purchase Agreement, the parties hereby agree as follows:

1. **Definitions.** Capitalized terms used in this Agreement and not otherwise defined herein shall have the meaning ascribed thereto in the Purchase Agreement.
2. **Sale of Assets.** Seller, in accordance with and subject to the terms of the Purchase Agreement, hereby sells, conveys, assigns, transfers and delivers to Buyer, and Buyer, in accordance with and subject to the Purchase Agreement, hereby purchases and acquires from Seller, all of Seller's right, title and interest of every kind and nature, that certain business known as **Vista Beverage House**, presently located at 999 E Fry Boulevard, Unit #101, Sierra Vista, AZ 85635, State of Arizona Liquor License #09020048 and that certain equipment per the attached Exhibit "A", which exhibit is incorporated herein by reference. FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said personal property and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.
3. **Counterparts.** This Agreement is executed pursuant to the Purchase Agreement and may be executed in two counterparts, each of which as so executed shall be deemed to be an original but both of which together shall constitute one and the same instrument. A facsimile signature shall be acceptable as an original for all purposes.
4. **Binding Effect.** This Agreement shall inure to the benefit of and be binding upon Buyer and Seller, and their respective successors and assigns, but shall not create any right of subrogation or other right on the part of any other person.
5. **Amendment, Waiver or Termination.** This Agreement cannot be amended, waived or terminated except by a writing signed by the parties hereto.
6. **Governing Law.** THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARIZONA.

IN WITNESS WHEREOF, Buyer and Seller have caused this Bill of Sale to be executed individually or in their respective corporate names by their respective proper officers thereunto duly authorized, as of the date first written above.


Dated: June 15, 2022


SELLER:

BUYER:

Pinnacle Enterprise, LLC, an Arizona Limited Liability Company

NSR Enterprises, LLC, an Arizona Limited Liability Company


Choon S. Kim, Manager


Samia Afrin, Manager

State of Arizona)
)
County of Maricopa)

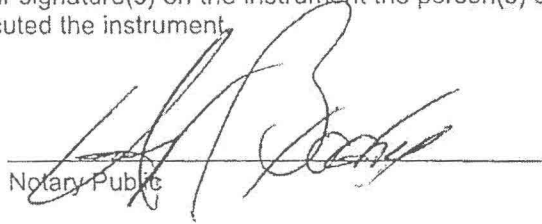
On 15th day of June, 2022, before me, the undersigned Notary Public, personally appeared Choon S. Kim, Manager of Pinnacle Enterprise, LLC, an Arizona Limited Liability Company personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that 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.

WITNESS my hand and official seal.

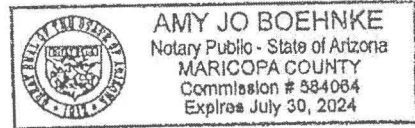
My Commission Expires:

7/30/2024

Notary Public



State of Arizona)
)
County of Maricopa)



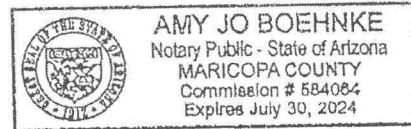
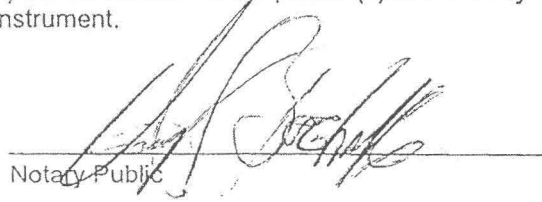
On 15th day of June, 2022, before me, the undersigned Notary Public, personally appeared Samia Afrin, Manager of NSR Enterprises, LLC, an Arizona Limited Liability Company personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that 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.

WITNESS my hand and official seal.

My Commission Expires:

7/30/2024

Notary Public





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

805-202

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

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.

Liquor License#: 201003

1. Check the Appropriate Box

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

2. Name: RAHMAN MOHAMMED SHAFIQUR Birth Date: [Redacted]

3. Social Security # [Redacted] Driver License [Redacted] State: ARIZONA

4. Place of birth: DHAKA BANGLADESH Height: 5'10" Weight: 120 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: ARIAN SAMIA N/A Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 02/2008

7. Daytime telephone number: (520) 368-7508 E-mail address: MOITPARA@YAHOO.COM

8. Business Name: VISTA BEVERAGE HOUSE Business Phone: 520/685/3218

9. Business Location Address: 999 E. FRY BLVD. #101 SIENNA VISTA AZ COCHISE 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 employment from 01/2022 to current, 10/2021 to 12/2021, 03/2021 to 10/2021, 01/2020 to 03/2021, and 02/2008 to 11/2020.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) ^{§4-202(D)} Liq. Admin PM 2:19

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/2022	CURRENT	6759 E. CALLE LA PAZ # 9103 TULSON, AZ 85715
07/2021	06/2022	4250 E. RENNER RD. # 1311 RICHARDSON, TX 75082
08/2017	07/2021	2000 E. 10TH ST. #2 DOUGLAS, AZ 85607
03/2017	08/2017	8416 S. 49TH DR. LAWREN, AZ 85339

(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

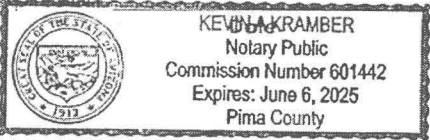
NOTARY

I (Print Full Name) MOHAMMED SHAFIQUR RAHMAN 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: M. S. Rahman State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 13TH Day of June 2022

My Commission Expires on: June 6, 2025



KEVIN KRAMBER
Notary Public
Commission Number 601442
Expires: June 6, 2025
Pima County

[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



State of Arizona 22 6 27 Liqr.Admin PM 2:20
Department of Liquor Licenses and Control
800 W. Washington 5th Floor
Phoenix, AZ 85007
(602) 542-5141

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

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

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

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

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

SECTION I – APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type) MOHAMMED SHAFIQUR RAHMAN

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 DHAKA State (or equivalent) _____ Country or Territory BANGLADESH

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

2) Name of document: US PASSPORT
Go to Section IV.

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

22-6-27 Licr Admin PM 2:20

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 6 27 Liq. Admin PM 2:20

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.

MOHAMMED SHAFIQUZ RAHMAN

Individual Owner/Agent Printed Name

M.S. Rahman

Individual Owner/Agent Signature

6 / 13 / 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.

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

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. 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
Mohammed Rahman
 Full Name (please print)
M. S. Rahman
 Signature
 06/11/2022
 Training Completion Date
 06/11/2025
 Certificate Expiration Date
 (three years from completion date)

Training Provider Information
ABC - Arizona Business Council for Alcohol Education
 Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021
 Mailing Address
 (602) 285-1396
 Daytime Contact Phone Number

I, **Jesus Altamirano**, certify that the above named individual did successfully complete 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).

Jesus Altamirano
 Instructor Signature
 _____ 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) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | 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. | Private Club (series 14) | |
| The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor. | | |

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training. A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information
Mohammed Rahman

Full Name (please print)

M.S. Rahman
Signature

06/11/2022

Training Completion Date

06/11/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC – Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

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

11/06/2022
Day Mo Year

Instructor Signature

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 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | 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.

We the People

*Of the United States,
we have formed a more perfect Union,
established Justice, insured domestic Tranquility,
provided for the common defence,
promoted the general Welfare, and secured
the Blessings of Liberty to ourselves and
our Posterity, do hereby establish this
Constitution for the United States of America.*



M. S. Rahman

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



Type / Type / Tipo: Code / Code / Grupo: Passport No. / No. du Passeport / No. de Pasaporte

P USA [REDACTED]

Surname / Nom / Apellido

RAHMAN

Given Names / Prénoms / Nombres

MOHAMMED SHAFIQR

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

[REDACTED]

Lugar de nacimiento

Sex / Sexe / Sexo

M

BANGLADESH

Date of issue / Date de délivrance / Fecha de expedición

10 Aug 2021

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

09 Aug 2031

Department of State

Endorsements / Menções Especiais / Anotaciones

SEE PAGE 27





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

805-202

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

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#: 69020048 / 201003

1. Check the Appropriate Box →

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

2. Name: AEDIN SAMIA N/A Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: SPRENGAR BANGLADESH Height: 5'04" Weight: 126 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: RAHMAN MOHAMMED SHAFIQUE Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 02/2008

7. Daytime telephone number: (520) 368-7508 E-mail address: MOITPARA@YAHOO.COM

8. Business Name: VISTA BEVERAGE HOUSE Business Phone: 520/685/3218

9. Business Location Address: 999 E. FAY BLVD, #101 SIERRA VISTA AZ COCHISE 85635
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, 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)
03/2021	CURRENT	HOUSEWIFE	6795 E. CALLE LA PAZ # 9103 TULSON, AZ 85715
09/2019	03/2021	OWNER	VISTA BEVERAGE HOUSE SIERRA VISTA, AZ 85635 999 E. FAY BLVD. #101
02/2015	11/2020	OWNER	OLD BEVERAGE HOUSE 1330 SAN ANTONIO AVE. DUNN, AZ 85601

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 27 Liq. Admin PM 2:20

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/2022	CURRENT	6795 E. CALLE LA PAZ #9103 TULSON, AZ 85715
07/2021	06/2022	4250 E. KENNEDY RD. #1311 RICHARDSON, TX 75082
08/2017	07/2021	2000 E. 10TH ST. #2 DOUGLASS, AZ 85607
03/2017	08/2017	8416 S. 49TH DR. LAVEN, AZ 85339

(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) Samia Arain 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: Samia Arain State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 13th Day of June 2022 Year

KEVIN A KRAMBER
Notary Public
Commission Number 601442
Expires: June 6, 2025
Pima County

Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

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

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

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

Samia Afrin

Full Name (please print)

Samia Afrin

Signature

06/11/2022

Training Completion Date

06/11/2025

Certificate Expiration Date (three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**, certify that the above named individual did successfully complete 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: *Jesus Altamirano* 11 / 06 / 2022 Day Mo Year

Instructor Signature

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) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | 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. | Private Club (series 14) | |
| The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor. | | |

Certificate of Completion For Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training. A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information
Samia Afrin

Full Name (please print)

Samia Afrin

Signature

06/11/2022

Training Completion Date

06/11/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**

Instructor Name (please print)

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

Jesus Altamirano

Instructor Signature

11 / 06 / 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) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | 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. | | |