

RESOLUTION 2022-060

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 TRANSFER OF A SERIES 6 LIQUOR LICENSE FOR ZAMEER MALLAL ON BEHALF OF ADANAC, LLC; 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 transfer of a Series 6 Liquor License for Zameer Mallal on behalf of ADANAC, LLC, 325 W. Fry Boulevard, Suite F, 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.

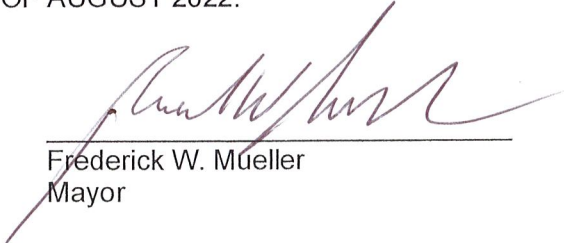
SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for a location transfer of a Series 6 Liquor License for Zameer Mallal on behalf of ADANAC, LLC, to the State Department of Liquor Licenses and Control.

SECTION 3

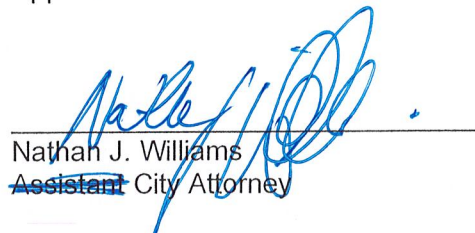
The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 11TH DAY OF AUGUST 2022.



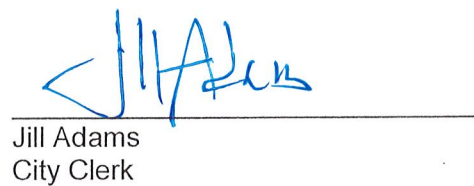
Frederick W. Mueller
Mayor

Approved as to Form:



Nathan J. Williams
~~Assistant~~ City Attorney

Attest:



Jill Adams
City Clerk

Prepared By:
Jill Adams, City Clerk

State of Arizona
Department of Liquor Licenses and Control

Created 07/11/2022 @ 02:00:19 PM

Local Governing Body Report

LICENSE

Number:	06020046	Type:	006 BAR
Name:	TELL MAMA		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2023
Original Issue Date:	10/29/1985		
Location:	325 W FRY BOULEVARD #F SIERRA VISTA , AZ 85635 USA		
Mailing Address:	1350 E YAQUI STREET SIERRA VISTA , AZ 85650 USA		
Phone:	(808)428-4823		
Alt. Phone:			
Email:	ZAMEER@TELLMAMABAR.COM		

Currently, this license has pending applications.

AGENT

Name:	ZAMEER MALLAL
Gender:	Male
Correspondence Address:	1350 E YAQUI STREET SIERRA VISTA , AZ 85650 USA
Phone:	(808)428-4823
Alt. Phone:	
Email:	ZAMEER@TELLMAMABAR.COM

OWNER

Name:	ADANAC, LLC		
Contact Name:	ZAMEER MALLAL		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23324745	State of Incorporation:	AZ
Incorporation Date:	01/25/2022		
Correspondence Address:	1350 E YAQUI STREET SIERRA VISTA . AZ 85650 USA		
Phone:	(808)248-4823		
Alt. Phone:			
Email:	ZAMEER@TELLMAMABAR.COM		

Officers / Stockholders

Name:	Title:	% Interest:
ANN BEATRICE LEBECK	Member	34.00
ZAMEER MALLAL	Member	33.00
VANESSA LEA LAURIN	Member	33.00

ADANAC, LLC - Member

Name: ZAMEER MALLAL
 Gender: Male
 Correspondence Address: 1350 E YAQUI STREET
 SIERRA VISTA , AZ 85650
 USA
 Phone: (808)428-4823
 Alt. Phone:
 Email: ZAMEER@TELLMAMABAR.COM

ADANAC, LLC - Member

Name: ANN BEATRICE LEBECK
 Gender: Female
 Correspondence Address: 1350 E YAQUI STREET
 SIERRA VISTA , AZ 85650
 USA
 Phone: (808)321-0567
 Alt. Phone:
 Email: ALEBECK65@GMAIL.COM

ADANAC, LLC - Member

Name: VANESSA LEA LAURIN
 Gender: Female
 Correspondence Address: 1350 E YAQUI STREET
 SIERRA VISTA , AZ 85650
 USA
 Phone: (520)234-8831
 Alt. Phone:
 Email: VLLAURIN@GMAIL.COM

APPLICATION INFORMATION

Application Number: 201644
Application Type: Location Transfer
Created Date: 06/27/2022

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)
CHURCH : Move City Church, 200 North Ave, Sierra Vista, AZ, 85635 - 600 feet
SCHOOL : - The Learning Tree Preschool, 620 E Myer Drive, Sierra Vista, AZ, 85635 1,150 feet
- 11) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Tenants will be responsible for finding a suitable subletter for the space or will be responsible for remaining rent - lease is for 2 years at \$2,000 a month.
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
No money is being borrowed - all self-funded
- 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.
There is no 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?
November 1st, 2022

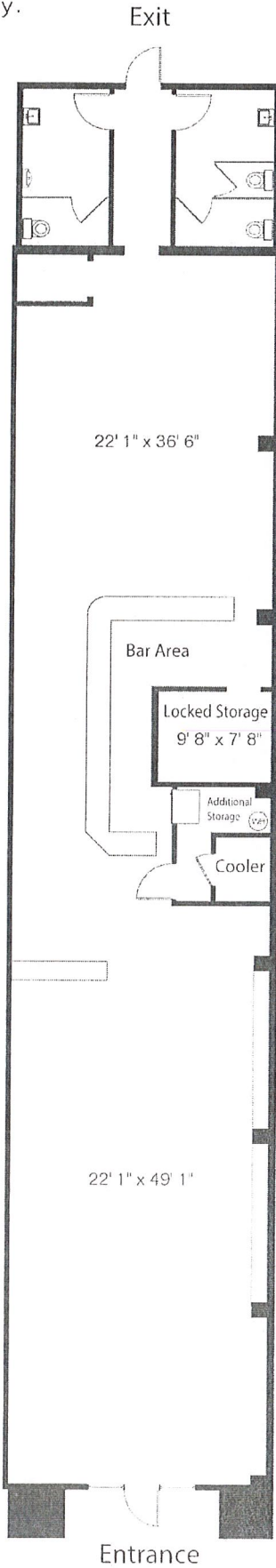
DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
	325 W Fry Boulevard AZLIQ.pdf	06/30/2022
	QuestionnaireLebeckLaurinMallal.pdf	06/30/2022
	InactiveStatus.pdf	06/30/2022

are deemed to be reliable but are not guaranteed and should be independently verified. This drawing is for marketing purposes only.

325 W Fro Blvd Suite F

22 JUL 11:14:06 PM 143



Gross 2,691 Sq Ft

Site Visit June 2020

0 ft. 6 ft. 10 ft. 20 ft.



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Floor Plans First!
See the Floor Plan First

FloorPlansFirst.com
(520) 881-1500

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

BAR

License 06020046

Issue Date: 7/11/2022

Expiration Date: 6/30/2023

Issued To:
ZAMEER MALLAL, Agent
ADANAC, LLC, Owner
Location:
TELL MAMA
968 E FRY BOULEVARD
SIERRA VISTA, AZ 85650
USA

Mailing Address:
ZAMEER MALLAL
ADANAC, LLC
TELL MAMA
1350 E YAQUI STREET
SIERRA VISTA, AZ 85650
USA



EXP 6/30/2023

POST THIS LICENSE IN A CONSPICUOUS PLACE

22 JUL 11 Lic. Lic. PM 1 43



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.

For Current

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#: 06020046 / # 201644

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: Mallal Zameer Birth Date: [Redacted]
Last First Middle

3. Social Security #: [Redacted] License #: [Redacted] State: HI

4. Place of birth: Singapore Height: 5 10 Weight: 171 Eyes: Br Hair: Wht
City State COUNTRY (not county)

5. Name of current/most recent spouse: Lebeck Ann Beatrice Birth Date: [Redacted]
Last First Middle

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 05/01/2021

7. Daytime telephone number: 808 428 4823 E-mail address: Zameer@tellmamabar.com

8. Business Name: Tell Mama Business Phone: 808, 428, 4823

9. Business Location Address: 325 W. Fry Blvd Sierra Vista AZ 85635
Street (do not use PO Box) City State County Zip
Cochise County

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)
7/2001	CURRENT	Retired	1350 E. Yaqui St. Sierra Vista <u>Sierra Vista</u> <u>AZ 85650</u>
06/06/06	06/01/21	Roy's Rest	6600 Kallanranale Hwy Hon. HI 96825

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) ^{22 JUL 11 Lic. Lic. PM 143}

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/21/21	CURRENT	1350 E. Yagui SV AZ 85650
01/01/15	01/01/21	2474 Kapiolani Blvd # 401 Han HI 96826

(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

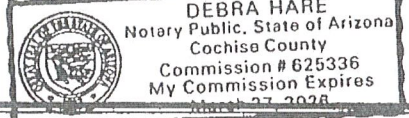
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Zameer Malla 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: [Signature] State of Arizona County of Cochise
The foregoing instrument was acknowledged before me this

My Commission Expires on: 03/27/2026 29 Day of June, 2022
Date Day Month Year



DEBRA HARE
Notary Public, State of Arizona
Cochise County
Commission # 625336
My Commission Expires
March 27, 2026

[Signature]
Signature of Notary

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

PRINT NAME: Zameer Malla SIGNATURE: [Signature]



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

22 JUL 11 Lic. Lic. PM 1 43

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.

to current

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.

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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#: 06020046 / # 201644

1. Check the Appropriate Box →

Controlling Person Agent Premises Manager
 (complete all questions except #12)

2. Name: Lebeck Ann Beatrice Birth Date: [REDACTED] (NOT a public record)
Last First Middle

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

4. Place of birth: Toronto Ontario Canada Height: 5 6 Weight: 124 Eyes: Green Hair: Brwnette
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 07/01/2016

7. Daytime telephone number: 808 321-0567 E-mail address: alebeck65@gmail.com

8. Business Name: Tell Mama Business Phone: 888, 418, 4803
#F Sierra Vista

9. Business Location Address: 325 W. Fry Blvd. ST AZ 85635
Street (do not use PO Box) City State County Zip
**Cochise County*

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)
9/1/2020	CURRENT	medical practice/owner	Kynotic Health 3533 Cavendish Dr #5 Sierra Vista
7/1/2016	9/1/20	physician	2204 Winrow Ave. Sierra Vista # Huachuca

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) ^{22 JUL 11 11:47 Lic. PM 143}

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
10/2018	CURRENT	1350 E Yaqui St Sierra Vista AZ 85650
9/2016	10/2018	3610 Herba de Maria Sierra Vista AZ 85650

(ATTACH ADDITIONAL SHEET IF NECESSARY)

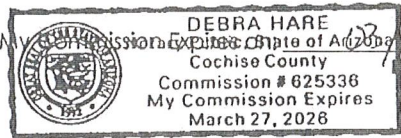
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have 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) Ann B Lebeck 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: [Signature] State of Arizona County of Cochise
The foregoing Instrument was acknowledged before me this



27 / 2026
Date

29 Day of June, 2022
Day Month Year

[Signature]
Signature of Notary

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

PRINT NAME: Ann Lebeck SIGNATURE: [Signature]

Certificate # Y3NNvawWZu

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

22 MAR 19 10:03 AM

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

Zameer Mallal

Full Name (please print)

[Handwritten Signature]

Signature

March 13, 2022

Training Completion Date

March 13, 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. MUMFORD ONLINE, 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).

[Handwritten Signature]
Instructor Signature

13 / 03 / 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/Hotel 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 on file liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # XVadAqi61E

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

22 MAR 8 11:11 AM '03

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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

Zameer Mallal

Full Name (please print)

[Handwritten Signature]

Signature

March 14, 2022

Training Completion Date

March 14, 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

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[Handwritten Signature]

Instructor Signature

14 / 03 / 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 6) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 1) |
| 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.



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

22 JUL 11 Lic. Lic. PM 1 42

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.

For Permit

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.

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Liquor License#: 060 20046 / # 201644

1. Check the Appropriate Box →

Controlling Person Agent Premises Manager
 (complete all questions except #12)

2. Name: Laurin, Vanessa, Lea Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Penetanguishene, ON, Canada Height: 5'6" Weight: 150 Eyes: hazel Hair: brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: N/A Birth Date: 01/01/2018
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: 01/01/2018

7. Daytime telephone number: 520-234-8831 E-mail address: vllaurin@gmail.com

8. Business Name: Tell Mama Business Phone: 808 428 4823
#F

9. Business Location Address: 325 W Fry Boulevard, Sierra Vista, AZ, USA, 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	EMPLOYER'S NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2020	CURRENT	Chief Operating Officer	Kynetic Health, 3533 Canyon De Flores, Sierra Vista, AZ, 85650
01/2018	09/2020	Marketing Consultant	Self Employed, 1350 e Yaqui Street, Sierra Vista, AZ, 85650
07/2008	01/2018	Director of Marketing	18Karat, 275 Dundas Street West, Toronto, ON, M6J1V9

(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
12/2021	CURRENT	4934 S Sioux Avenue, Sierra Vista, AZ, 85650
01/2018	12/2021	1350 e Yaqui Street, Sierra Vista, AZ, 85650
07/2008	01/2018	3-889 Dundas Street West, Toronto, ON, Canada, M6J1V9

(ATTACH ADDITIONAL SHEET IF NECESSARY)

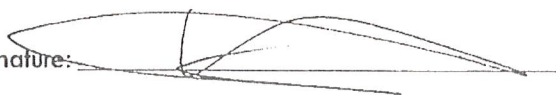
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have 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

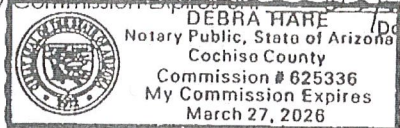
I (Print Full Name) VANESSA LAURINI hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: 

State of Arizona County of Cochise
The foregoing instrument was acknowledged before me this

My Commission Expires on 03/27/2026

29 Day of June, 2022
Day Month Year



Debra Hare
Signature of Notary

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

PRINT NAME: VANESSA LAURINI

SIGNATURE: 