

October 21, 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 2022-069, New Series 10 Liquor License for Debra Russell on behalf of Sierra Vista Natural Foods Cooperative Inc. dba Sierra Vista Food Co-Op located at 96 S Carmichael Avenue, Sierra Vista, Arizona

RECOMMENDATION:

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

INITIATED BY:

Debra Russell
Sierra Vista Natural Foods Cooperative Inc.
96 S Carmichael Avenue
Sierra Vista, Arizona 85635

BACKGROUND:

The City of Sierra Vista has received an application for a new series 10 liquor license for Debra Russell on behalf of Sierra Vista Natural Foods Cooperative Inc. dba Sierra Vista Food Co-Op, located at 96 S Carmichael Avenue, Sierra Vista, Arizona.

State law on liquor licenses requires the applicant to apply for a liquor license from the Arizona Department of Liquor License and Control. That department then sends a copy of the liquor license application to the municipality for their approval. A public hearing notice was posted on the premises, and to date, there has been no response, either in favor or against.

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. If objections were received, that department will conduct a hearing regarding the license.

BUDGET APPROPRIATION:

Not applicable.

RESOLUTION 2022-069

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 NEW SERIES 10 LIQUOR LICENSE FOR DEBRA RUSSELL ON BEHALF OF SIERRA VISTA NATURAL FOODS COOPERATIVE INC. DBA SIERRA VISTA FOOD CO-OP, LOCATED AT 96 S CARMICHAEL AVENUE, 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 new series 10 liquor license for Debra Russell on behalf of Sierra Vista Natural Foods Cooperative Inc. dba Sierra Vista Food Co-Op located at 96 S Carmichael Avenue, Sierra Vista, Arizona, 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 the application for a new series 10 liquor license for Debra Russell on behalf of Sierra Vista Natural Foods Cooperative Inc. dba Sierra Vista Food Co-Op located at 96 S Carmichael Avenue, 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 27TH DAY OF OCTOBER 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 09/22/2022 @ 03:10:16 PM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	SIERRA VISTA FOOD CO-OP	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	96 S CARMICHAEL AVENUE SIERRA VISTA, AZ 85635 USA	
Mailing Address:	96 S CARMICHAEL AVENUE SIERRA VISTA, AZ 85635 USA	
Phone:	(520)335-6676	
Alt. Phone:	(520)234-8944	
Email:	GM@SIERRAVISTACOOP.COM	

AGENT

Name:	DEBRA RUSSELL
Gender:	Female
Correspondence Address:	96 S CARMICHAEL AVENUE SIERRA VISTA, AZ 85635 USA
Phone:	(520)234-8944
Alt. Phone:	
Email:	GM@SIERRAVISTACOOP.COM

OWNER

Name:	SIERRA VISTA NATURAL FOODS COOPERATIVE INC	
Contact Name:	DEBRA RUSSELL	
Type:	CORPORATION	
AZ CC File Number:	F13486700	State of Incorporation: MN
Incorporation Date:	06/07/2007	
Correspondence Address:	96 S CARMICHAEL AVENUE SIERRA VISTA, AZ 85635 USA	
Phone:	(520)234-8944	
Alt. Phone:		
Email:	GM@SIERRAVISTACOOP.COM	

Officers / Stockholders

Name:
MONICA SAVARESE
LASCHWANN KELVIN KILLENS
BERENDINA KLAZINA MARIA MCFARLAND

Title:
President
Vice-President
Secretary

% Interest:

**SIERRA VISTA NATURAL FOODS COOPERATIVE
INC - Secretary**

Name: BERENDINA KLAZINA MARIA MCFARLAND
Gender: Female
Correspondence Address: 96 S CARMICHAEL AVENUE
SIERRA VISTA, AZ 85635
USA
Phone: (520)236-7847
Alt. Phone:
Email: ASHCANYON1@GMAIL.COM

**SIERRA VISTA NATURAL FOODS COOPERATIVE
INC - Vice-President**

Name: LASCHWANN KELVIN KILLENS
Gender: Male
Correspondence Address: 96 S CARMICHAEL AVENUE
SIERRA VISTA, AZ 85635
USA
Phone: (808)258-8355
Alt. Phone:
Email: CKBOARDVVP@SIERRAVISTACOOP.COM

**SIERRA VISTA NATURAL FOODS COOPERATIVE
INC - President**

Name: MONICA SAVARESE
Gender: Female
Correspondence Address: 96 S CARMICHAEL AVENUE
SIERRA VISTA, AZ 85635
USA
Phone: (520)732-3200
Alt. Phone:
Email: MSBOARDPRESIDENT@SIERRAVISTACOOP.COM

MANAGERS

Name: SEBASTIAN QUINN RIOS
Gender: Male
Correspondence Address: 96 S CARMICHAEL AVENUE
SIERRA VISTA, AZ 85635
USA
Phone: (520)224-7695
Alt. Phone:
Email: QUINNRIOS@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 202215
Application Type: New Application
Created Date: 07/01/2022 *Chay*

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school and church.
(If less than one (1) mile note footage)
Leman Academy of Excellence, 1000 E Wilcox Dr, Sierra Vista, AZ 85635, distance to CO-OP is 3670 feet.
Christian Fellowship Ministries, 102 N 2nd St, Sierra Vista, AZ 85635, distance to CO-OP is 1371 feet
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
No outstanding loans
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

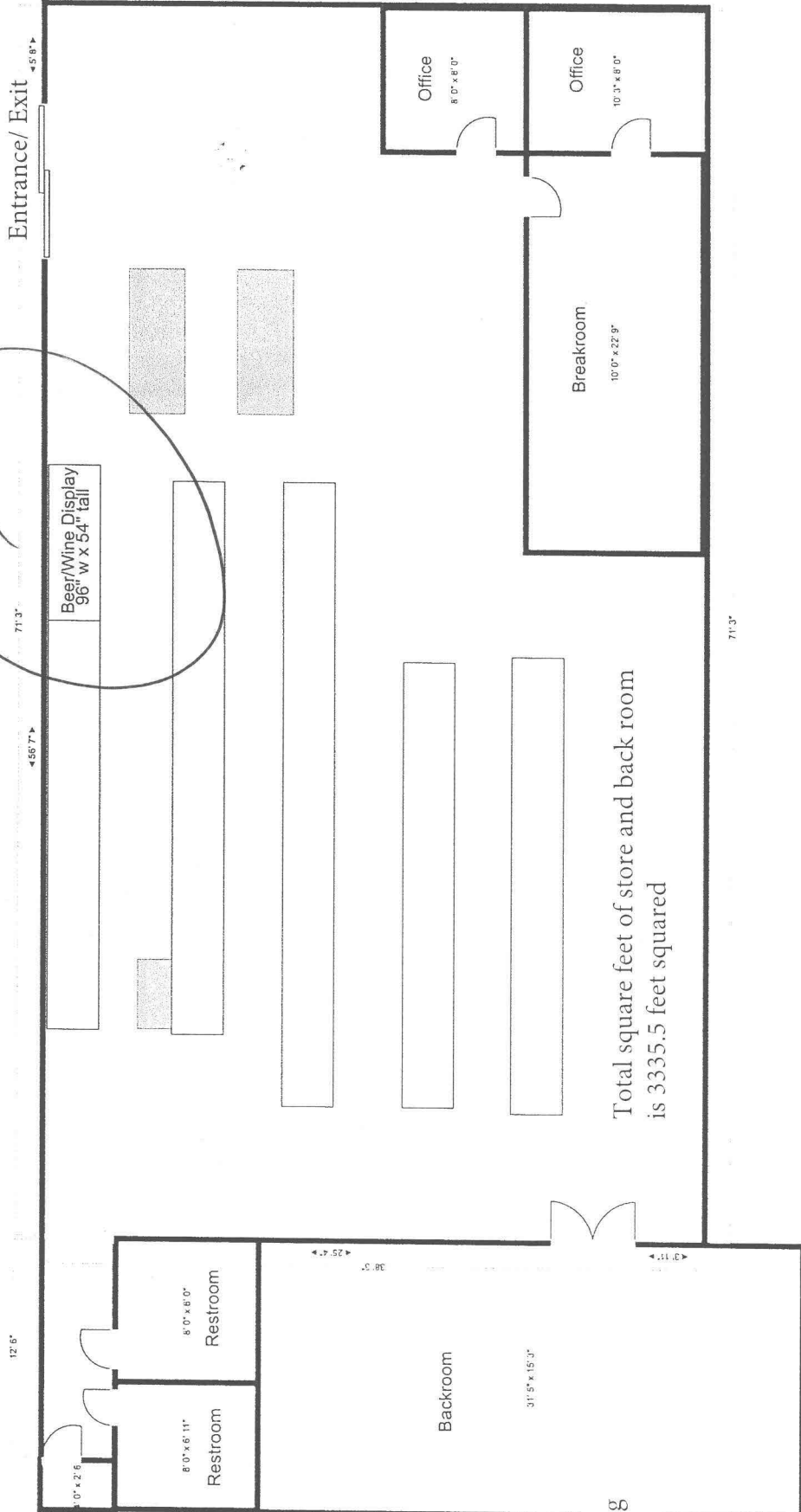
DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	AZDL_202207071120.pdf	07/07/2022
DIAGRAM/FLOOR PLAN	store plans.pdf	07/07/2022
QUESTIONNAIRE	Seb and Deb question and fingerprint cards.pdf	07/07/2022
	Dienie_202209091210.pdf	09/11/2022

22 7 29 1:19 PM 4:10

North

Sierra Vista Natural Foods Cooperative Inc.



Total square feet of store and back room
is 3335.5 feet squared

Exit to loading
dock



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

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

805-241

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#: 202215

1. Check the Appropriate Box →

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

2. Name: RUSSELL DEBRA Birth Date: [REDACTED]
Last First Middle

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

4. Place of birth: Salt Lake City Utah U.S. Height: 5'4" Weight: 135 Eyes: HAZ Hair: RED
City State COUNTRY (not county)

5. Name of current/most recent spouse: RUSSELL JOCK JAMES 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: approximately 09/1964

7. Daytime telephone number: (520) 234-8944 E-mail address: deb@sierravista.coop.com and gm@sierravista.coop.com

8. Business Name: Sierra Vista Food CO-OP Business Phone: 520.335.6676

9. Business Location Address: 96 S. CARMICHAEL AVE. 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)
July 2012	CURRENT	cashier, wellness, head cashier, ops mgmt, gm	Sierra Vista Natural Foods, Inc 96 S. Carmichael Ave. Sierra Vista, AZ 85635

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 32 7 18 Liq.Admin AM11:05

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
01/2021	CURRENT	1286 E. Jefferson Rd., Huachuca City, AZ, 85616
09/2005	12/2020	7925 E. Sunrise Ln., 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

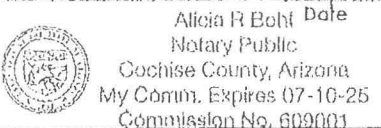
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) DEBRA RUSSELL 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: *Debra Russell* State of Arizona County of Cochise
The foregoing Instrument was acknowledged before me this

My Commission Expires on: 07/10/2025 30 Day of March, 2022
Day Month Year



Alicia R Boht
Notary Public
Cochise County, Arizona
My Comm. Expires 07-10-25
Commission No. 609001

Alicia R Boht
Signature of Notary

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

PRINT NAME: Debra Russell SIGNATURE: *DRussell*



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

2018 7 29 Liq.Admin AM10:45

**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) Debra Russell

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 Salt Lake City State (or equivalent) Utah Country or Territory United States

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

2) Name of document: Arizona Driver License
Go to Section IV.

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

SECTION III – ALIEN STATUS DECLARATION

22 7 29 19:45 Admin AM10:45

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 7 29 11:45 AM Admin AM10:45

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.

Debra Russell

Individual Owner/Agent Printed Name

DRussell

Individual Owner/Agent Signature

7-27-22

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.

22 7 18 Liqr.Admin AM11:04

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D
2a END M
12 REST NONE
1 RUSSELL
2 DEBRA
8 7926 E SUNRISE LN
SIERRA VISTA, AZ 85660-8481
4b EXP 09/06/2028 4a ISS 04/17/2018
15 SEX F 16 EYES HAZ
16 HGT 5'-04" 19 HAIR RED
17 WGT 130 lb

Debra Russell

5 DD 1050C5231R1519D3



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

22 9 16 Liq. Admin PM 3:41

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

805-241

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#: 202215

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: McFarland Berendina Klazina Maria Birth Date [REDACTED]

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

4. Place of birth: Arnhem Netherlands Height: 5' 1" Weight: 147 Eyes: HAZ Hair: GRY

5. Name of current/most recent spouse: McFarland Anthony Noel Birth Date [REDACTED]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: January 1979

7. Daytime telephone number: 520-236-7847 E-mail address: ashcanyon1@gmail.com

8. Business Name: Sierra Vista Food Co-op Business Phone: 520/335/6676

9. Business Location Address: 96 S Carmichael Ave, Sierra 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.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
February 2018	CURRENT		3081 Softwind Dr. Sierra Vista AZ 85650
June 2011	January 2018		3355 E Piette Dr. Hereford AZ 85615

(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
February 2018	CURRENT	3081 Softwind Dr. Sierra Vista AZ 85650
June 2011	January 2018	3355 E Piette Dr. Hereford AZ 85615

(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

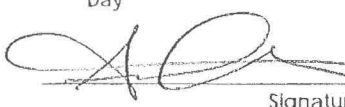
I (Print Full Name) Berenolina Klazina Maria McFarland hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Berenolina Klazina Maria McFarland* State of ARIZONA County of COCHISE
The foregoing instrument was acknowledged before me this

My Commission Expires on: MARCH 8TH, 2026 Date 29TH Day of AUGUST, 2022 Year
Day Month Year



ARIK CHRISTIAN OLIVER
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
COMMISSION # 624201
MY COMMISSION EXPIRES
MARCH 08, 2028


 Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

#14

'22 8 30 Liq.Admin PM 1:19

On February 2nd, 2022 at 3.14pm I was involved in a rear end collision on Hwy 92. Traffic was fairly heavy and it was stop and go. The car in front of me stopped suddenly and I collided into it. I was at fault. No-one was injured and the car in front of me had no damage. The Sierra Vista Police Dept. was called and an officer responded. A non-reportable crash report was issued and I was given a ticket.

Because I had never had a car accident in about 50 years of driving I was told to take a Driver's Education Class which I started on February 14, 2022 and a Certificate of Completion was issued February 16, 2022.

Berendina K.M McFarland

Berendina K.M McFarland

Sierra Vista Police Department

Arizona Traffic Ticket and Complaint

22 8 30 Licr Admin PH 1 20

Complaint No. 238180		Military	<input type="checkbox"/> Accident	<input type="checkbox"/> Fatality	<input type="checkbox"/> Commercial	Agency Use or Report Number A72-07462							
Driver's License Number D03097382	State AZ	Class D	Endorsements			Agency Use							
Interpreter Required? <input type="checkbox"/> Spanish <input type="checkbox"/> Other Language		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>H</td><td>N</td><td>P</td><td>T</td><td>X</td><td>D</td> </tr> </table>				M	H	N	P	T	X	D	
M	H	N	P	T	X	D							

DEFENDANT	First BERENDINA	Middle K M	Last McFARLAND
Residential / Commercial Address 3081 SOUTHWIND DR		City SIERRA VISTA	State AZ
Mailing Address <input checked="" type="checkbox"/> SAME AS ABOVE		ZIP 85501	Telephone: (Cell Phone) <input type="checkbox"/> 520 236 7817

Sex F	Height 501	Weight 137	Hair BRN	Eyes HAZ	Origin W	Date of Birth 12/30/47	Restrictions
VEHICLE		Color SL	Year 03	Make SUB	Model FOURST	Style 4DR	License Plate 1663BA
Registered Owner <input checked="" type="checkbox"/> SAME AS DEFENDANT		Address			Vehicle Identification Number		

The undersigned certifies that:

ON	Month 02	Day 02	Year 22	Time 154	AM/PM PM	SPEED 10	Approx	Posted 45	R&P 0	Speed Measurement Device EST	Direction of Travel S/B
AT	Location SNYDER S HWY 92					Insert Name of Town or County COCHISE		State of Arizona	Beat		

The defendant committed the following:

A	Section 28-701A	ARS/CC CC	Violation FAIL TO OBEY SPEED TO AVOID COLLISION	Domestic Violence <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input checked="" type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
Docket Number			Disp. Codes	Date of Disposition	Sanction
B	Section	ARS/CC	Violation	Domestic Violence <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
Docket Number			Disp. Codes	Date of Disposition	Sanction
C	Section	ARS/CC	Violation	Domestic Violence <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
Docket Number			Disp. Codes	Date of Disposition	Sanction
D	Section	ARS/CC	Violation	Domestic Violence <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
Docket Number			Disp. Codes	Date of Disposition	Sanction
E	Section	ARS/CC	Violation	Domestic Violence <input type="checkbox"/>	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic <input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
Docket Number			Disp. Codes	Date of Disposition	Sanction

You must appear at	COCHISE COUNTY JUSTICE COURT PRECINCT 5 100 COLONIA DE SALUD #108 SIERRA VISTA, AZ 85635 (520) 803-3800	Court Number: 0205
---------------------------	--	-----------------------

At or before the date and time indicated	Month 03	Day 01	Year 22	Time 0830	AM/PM PM
---	--------------------	------------------	-------------------	---------------------	--------------------

CRIMINAL <input type="checkbox"/> Without admitting guilt, I promise to appear as directed hereon. CIVIL <input checked="" type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint	VICTIM? <input type="checkbox"/> VICTIM NOTIFIED? <input type="checkbox"/> TEN-PRINT FINGERPRINT <input type="checkbox"/> Yes <input type="checkbox"/> No I certify that upon reasonable grounds I believe the defendant committed the above violations and I have served a copy of this complaint upon the defendant. T. GARDY 357 Officer _____ Number _____
---	---

Agency Use	NOTICE TO DEFENDANT: THIS IS A TRUE COPY OF THE COMPLAINT WHICH WILL BE FILED IN COURT. YOU ARE ADVISED TO READ THE INSTRUCTIONS ON THE REVERSE. IF YOU APPEAR IN COURT, PLEASE BRING THIS COPY WITH YOU.
------------	--



Sierra Vista Police Department Non-Reportable Crash Report

Date 2/1/22	Time 1:00 PM	Officer ID 22830	DR Number Liq. Admin PM 120 AZ-109107
----------------	-----------------	---------------------	---

Address Occurred 107 E. ...	Number Vehicles Involved 2
--------------------------------	-------------------------------

Unit 1

Driver Name K. M. ...	M/F	Contact #
Driver Address	DOB	Alt. Contact #
DL License #	State AZ	Plate Number/Year/State 1U12824 714122
Veh Year 03	Veh Make/Color Ford Blue	Veh Model Ford Focus
Registered Owner Name <input type="checkbox"/> Same as Driver	Address/City/State	
Insurance Company AIG	Telephone Number	Policy # 123456789
Damage Front end, bumper	Expiration 2/1/22	
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F

Unit 2

Driver Name J. ...	M/F	Contact #
Driver Address	DOB	Alt. Contact #
DL License #	State AZ	Plate Number/Year/State 1U12824 12/21/22
Veh Year 07	Veh Make/Color Ford Blue	Veh Model Ford Focus
Registered Owner Name <input type="checkbox"/> Same as Driver	Address/City/State	
Insurance Company State Farm	Telephone Number	Policy # 123456789
Damage Bike rack	Expiration 4/27/22	
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F

Unit 3

Driver Name	M/F	Contact #
Driver Address	DOB	Alt. Contact #
DL License #	State	Plate Number/Year/State
Veh Year	Veh Make/Color	Veh Model
Registered Owner Name <input type="checkbox"/> Same as Driver	Address/City/State	
Insurance Company	Telephone Number	Policy #
Damage	Expiration	
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F
Passenger Name	DOB	M/F

Witness

Witness Name	DOB	M/F
Witness Name	DOB	M/F

Officer Signature [Signature]	Date Completed 2/1/22
----------------------------------	--------------------------

CERTIFICATE OF COMPLETION

Student ID: 22021200129
Citation No.: 238180
Completion Code: 1434-22021200129

This Certificate is presented to
BERENDINA MCFARLAND

For Successfully Completing the:
Defensive Driving and Traffic Safety

Awarded on:
February 16, 2022


Alex Smith, Principal

FILED

2022 FEB 16 PM 12:09

COCHISE COUNTY
JUSTICE COURT
MAGISTRATE WILSON
TENTH



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

805-241

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.

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#: 202215

1. Check the Appropriate Box

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

2. Name: Killens LaSchwann Kelvin Birth Date [Redacted]

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

4. Place of birth: Fort Bragg, N.C. U.S. Height: 6'2" Weight: 238 Eyes: brn Hair: blk

5. Name of current/most recent spouse: McLaughlin Amy Elizabeth Birth Date [Redacted]

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: June 2012

7. Daytime telephone number: 8082588355 E-mail address: ckboardvp@sierravistacoop.com

8. Business Name: Sierra Vista Food Co-op Business Phone: 520, 335, 6676

9. Business Location Address: 96 S Carmichael Ave, Sierra 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)

(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
Jun 2012	CURRENT	2587 Rising Moon Way, 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

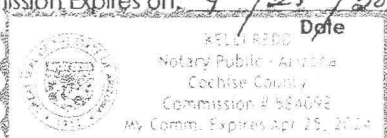
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) LaSchwann Killens 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: 4/25/2024 25 Day of August, 2022
Date 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: LaSchwann Killens SIGNATURE: [Signature]



22 8 30 Ligr.Admin PM 1:19

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

805-241

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#: 202215

1. Check the Appropriate Box

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

2. Name: Savarese, Monica Birth Date [Redacted]

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

4. Place of birth: Milano, Italy Height: 5'3" Weight: 130lb Eyes: Blue Hair: Gray

5. Name of current/most recent spouse: Savarese, James Michael Birth Date [Redacted] (NOT a public record)

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 10/2007

7. Daytime telephone number: 520 7323200 E-mail address: msboardpresident@sierravistacoop.com

8. Business Name: Sierra Vista Food Cooperative Business Phone: 520 335 6676

9. Business Location Address: 96 S. Carmichael Avenue, Sierra Vista, Arizona, 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 Unemployed, Marketing, and Freelance Translator.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

22 8 30 Liqueur Admin PM 1 19

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
9/2007	CURRENT	3711 Loma Ventosa 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?
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


Monica Savarese

I (Print Full Name) _____ 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 29th Day of August, 2022

My Commission Expires on: June 30 2026 Date



STEPHANIE Y. BROWN
Notary Public - State of Arizona
COCHISE COUNTY
Commission # 029515
Expires June 30, 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: Monica Savarese SIGNATURE: [Signature]



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

805-241

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.

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#: 202215

1. Check the Appropriate Box →

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

2. Name: RIOS SEBASTIAN QUINN Birth Date: [REDACTED]

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

4. Place of birth: HEERLEN, NETHERLAND Height: 6FT Weight: 175L Eyes: BRV Hair: BLK

5. Name of current/most recent spouse: ROZIER DANNY LEON Birth Date: [REDACTED]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: JUN 94

7. Daytime telephone number: 520-224-7695 E-mail address: QUINNRIOS@HOTMAIL.COM

8. Business Name: SIERRA VISTA FOOD COOP Business Phone: 5203356676

9. Business Location Address: 96 S CARMICHAEL AVE SIERRA VISTA, AZ 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)
5/2019	CURRENT	GROCERY MANAGER	SIERRA VISTA FOOD COOP 96 S CARMICHAEL AVE SIERRA VISTA, AZ 85635
6/2010	4/2019	ASSISSTANT MANAGER	CIRCLE B AUTO SALES 74 WILCOX DR SIERRA VISTA, AZ 85635

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) Liq. Admin AM10:46

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
3/20	CURRENT	1185 PLAZA MARIA #D SIERRA VISTA, AZ 85635
9/14	3/20	4250 E FOOTHILLS DR 2042c 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) SEBASTIAN QUINN PROS 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 6th Day of April, 2022

My Commission Expires on: 06/10/2024 Date Day Month Year



OFFICIAL SEAL
JONATHAN SMITH
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
Commission #203712, Exp. June 10, 2024



[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: _____

'22 7 29 Licr.Admin AM10:46

Arizona DRIVER LICENSE **USA**



9 CLASS D/ [REDACTED]
9a END NONE [REDACTED]
12 REST B [REDACTED]
1 RIOS [REDACTED]
2 **SEBASTIAN QUINN**
8 1186 PLAZA MARIA
APT D
SIERRA VISTA, AZ 856354348
4b EXP 05/13/2029 4a ISS 05/13/2024
15 SEX M 18 EYES BRO
16 HGT 6'-00" 19 HAIR BLK
17 WGT 175 lb [REDACTED]
DONOR 
6 DD 020500A05R125605