

November 28, 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 2022-080, new license, Series 12 Liquor  
License for Matthew Onthank Brown on behalf of the  
Tombstone Brewing Company, 332 N Garden Avenue,  
Sierra Vista, Arizona

RECOMMENDATION:

The City Clerk recommends approval of this license.

The City Manager recommends approval of this license.

INITIATED BY:

Mr. Matthew Onthank Brown  
PO Box 1655  
Tombstone, AZ 85638

BACKGROUND:

The City received an application for a new license, Series 12 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, located at 332 N Garden Avenue, Sierra Vista, Arizona. The license is a non-transferable, on-sale retail privileges liquor license that allows the holder of a restaurant license to sell and serve all types of spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food.

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 notice of public hearing has been 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 to move forward.

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 2022-080

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL OF A NEW LICENSE, SERIES 12 LIQUOR LICENSE FOR MATTHEW ONTHANK BROWN ON BEHALF OF THE TOMBSTONE BREWING COMPANY, 332 N GARDEN 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 license, Series 12 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, 332 N Garden 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 new license, Series 12 Liquor License for Matthew Onthank Brown on behalf of the Tombstone Brewing Company, 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 8<sup>TH</sup> DAY OF DECEMBER 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 11/08/2022 @ 03:10:17 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	012 RESTAURANT
Name:	TOMBSTONE BREWING COMPANY		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	332 N GARDEN AVENUE SIERRA VISTA , AZ 85635 USA		
Mailing Address:	PO BOX 1655 TOMBSTONE, AZ 85638 USA		
Phone:	(520)222-6781		
Alt. Phone:	(480)299-2314		
Email:	MATT@TOMBSTONE.BEER		

**AGENT**

Name:	MATTHEW ONTHANK BROWN
Gender:	Male
Correspondence Address:	PO BOX 1655 TOMBSTONE, AZ 85638 USA
Phone:	(480)299-2314
Alt. Phone:	
Email:	MATT@TOMBSTONE.BEER

**OWNER**

Name:	TOMBSTONE BREWING CO LLC		
Contact Name:	MATTHEW BROWN		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L19083783	State of Incorporation:	AZ
Incorporation Date:	04/10/2014		
Correspondence Address:	PO BOX 1655 TOMBSTONE, AZ 85638 USA		
Phone:	(480)299-2314		
Alt. Phone:			
Email:	MATT@TOMBSTONE.BEER		

**Officers / Stockholders**

Name:  
MATTHEW ONTHANK BROWN  
LINDSAY WILSON HALE

Title:  
Member,Stockholder  
Stockholder

% Interest:  
70.00  
18.00

**TOMBSTONE BREWING CO LLC -  
Member,Stockholder**

Name: MATTHEW ONTHANK BROWN  
Gender: Male  
Correspondence Address: PO BOX 1655  
TOMBSTONE, AZ 85638  
USA  
Phone: (520)222-6781  
Alt. Phone: (480)299-2314  
Email: MATT@TOMBSTONE.BEER

**TOMBSTONE BREWING CO LLC - Stockholder**

Name: LINDSAY WILSON HALE  
Gender: Female  
Correspondence Address: 1991 RED CROW ROAD  
VICTOR, MT 59875  
USA  
Phone: (520)222-6781  
Alt. Phone: (775)338-3228  
Email:

**APPLICATION INFORMATION**

Application Number: 214255  
Application Type: New Application  
Created Date: 10/20/2022

**QUESTIONS & ANSWERS**

**012 Restaurant**

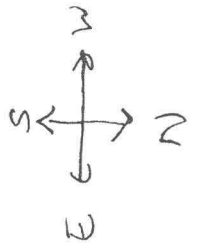
- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
Property Tenant
- 3) Is there a penalty if lease is not fulfilled?  
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes

- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$913,500 Total  
Vox Funding LLC / \$139,000 / 14 E 44th Street, 4th Fl, New York, NY 10017  
Square Financial Services / \$43,000 / 3165 E Millrock Drive, Suite 160, Salt Lake City, UT 84121  
US Small Business Administration / \$731,500 / P.O. Box 3918, Portland, OR 97208-3918
- 6) Are there walk-up or drive-through windows on the premises?  
No
- 7) Does the establishment have a patio?  
Yes  
Is the patio contiguous or non-contiguous (within 30 feet)?  
Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
11/23/22
- 9) What type of business will this license be used for?  
Microbrewery and Restaurant

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Diagrams for Series 12.pdf	10/20/2022
MENU	Menu.pdf	10/20/2022
QUESTIONNAIRE	Questionnaire.pdf	10/20/2022
RESTAURANT OPERATION PLAN	Operation Plan.pdf	10/20/2022
RECORDS REQUIRED FOR AUDIT	Records Required for Audit.pdf	10/20/2022
	Lindsey Hale Questionnaire.pdf	11/04/2022
	Requested Diagram.pdf	11/04/2022

AMENDMENT

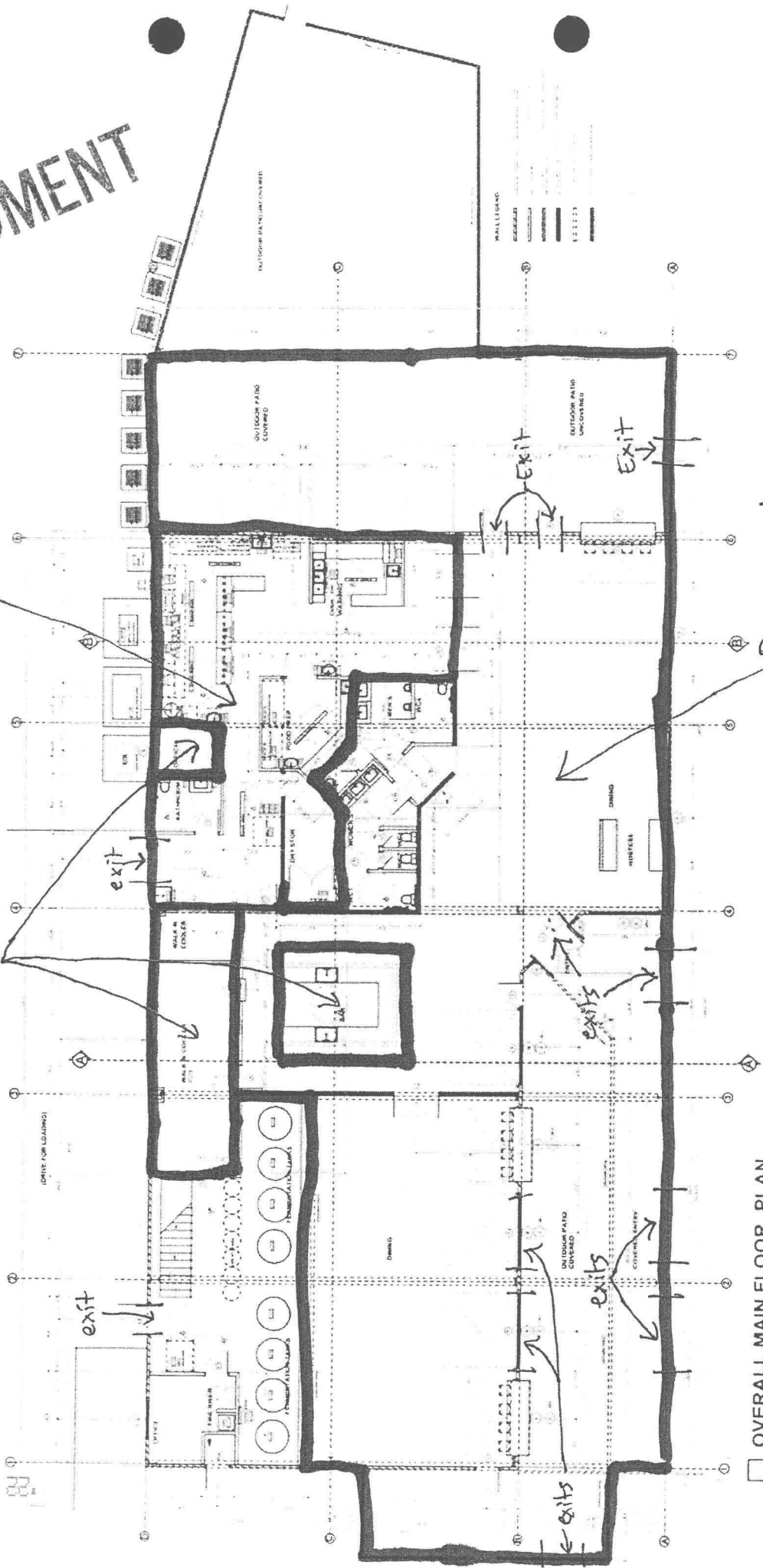


Kitchen Area

Liquor Storage Areas

Dining Area

22 NOV 7 11:47 AM PM1201



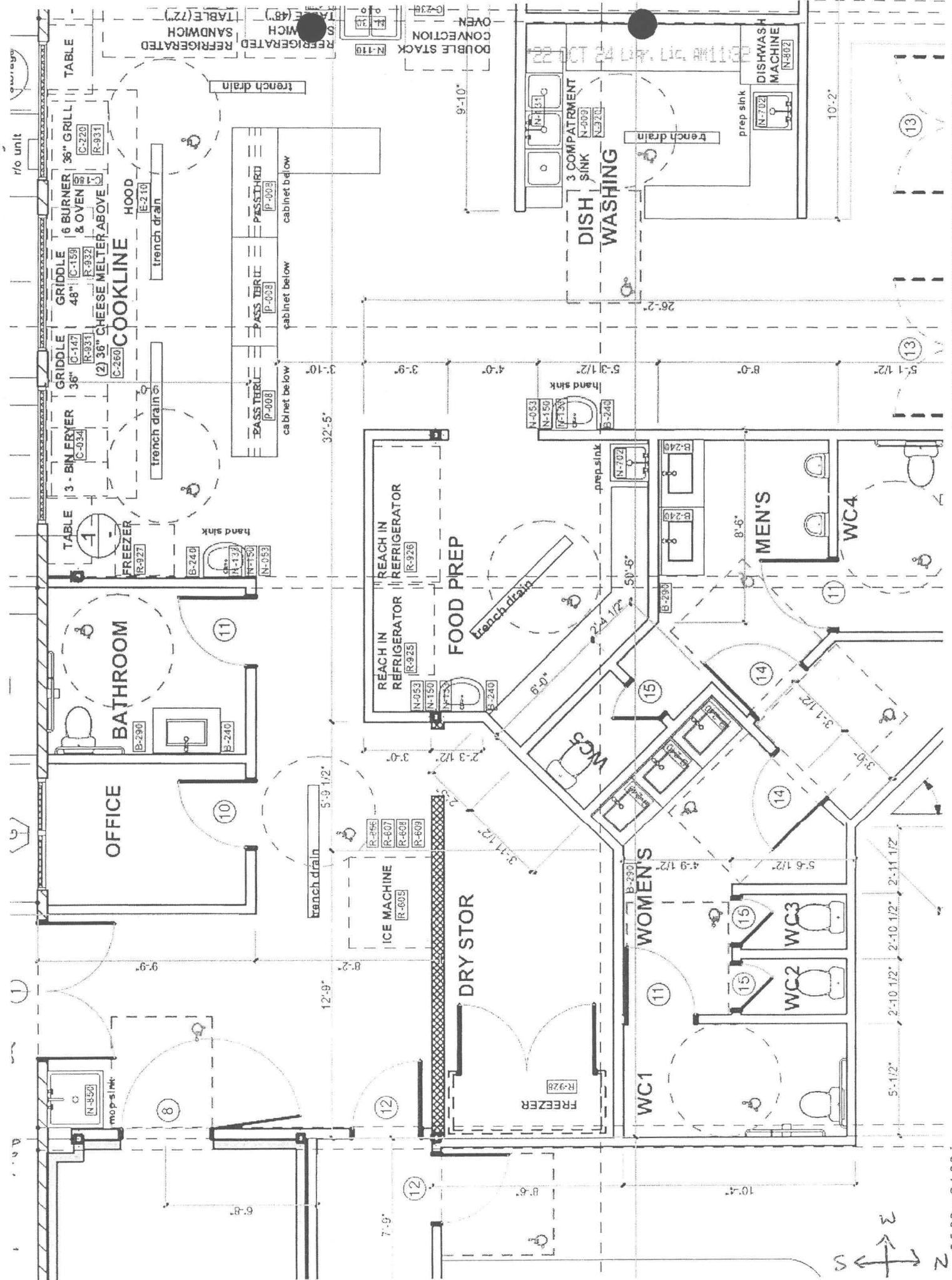
OVERALL MAIN FLOOR PLAN  
SCALE 1/8" = 1'-0"

Total Square Footage: 8,000 sf









SCALE: 1/4" = 1'-0"



# RESTAURANT/HOTEL/MOTEL OPERATION PLAN

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

1. Name of restaurant (Please print): Tombstone Brewing Company

2. Must indicate the equipment below by Make, Model, and Capacity:

**LIST ONLY THE FOLLOWING - NO ATTACHMENTS**

Grill	Vulcan, VCBB36, 36"
Oven	Vulcan, VC55GD, 29"w x 22 1/8"d x 20"h
Freezer	Delfield, #GCF3P-S, 71 cu. ft.
Refrigerator	US Cooler, Galvalume, 36' x 8' x 8'
Sink	Advanced Tabco, 98-83-60-18RL, 94"
Dish Washing Facilities	CMA Dishmachine, CMA-180C, W25 1/2" x D25" x H60"
Food Preparation Counter (Dimensions)	Continental, SW72N18C-FB-D, 20.6 cu. ft.
Other	

3. Attach a copy of your FULL menu with pricing INCLUDING NON-ALCOHOLIC BEVERAGES

4. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 60 %

5. Does your restaurant have a bar area that is distinct and separate from the dining area?  YES  No

(If yes, what percentage of the public floor space does this area cover?) 15 %

6. List the seating capacity for:

a) Restaurant dining area of your premises: | 170 |

(DO NOT INCLUDE PATIO SEATING)

b) Bar area | + 33 |

TOTAL | = 203 |

7. What type of dinnerware is primarily used in your restaurant?  Reusable  Disposable  Both

8. Does your restaurant contain any games, televisions, or any other entertainment?  YES  No

If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

8-TV's

_____	_____
_____	_____
_____	_____
_____	_____

9. Do you have live entertainment or dancing?  YES  No

If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

Live band 1-2 x a week

_____	_____
_____	_____
_____	_____
_____	_____

10. List number of employees for each position:

Position	How many
Cooks	10
Bartenders	5
Hostesses	3
Managers	3
Servers	20
Other ( )	
Other ( )	
Other ( )	

I, (Print Full Name) Matthew Onthank Brown, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 



**RECORDS REQUIRED  
FOR AUDIT  
RESTAURANT/HOTEL/MOTEL**

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine Compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. Name of restaurant (Please print): Tombstone Brewing Company
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets

11. General Ledger

A. Sales Journals/Monthly Sales Schedules

- 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
- 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
- 3) Dated Guest Checks
- 4) Coupons/Specials/Discounts
- 5) Any other evidence to support income from food and liquor sales

B. Cash Receipts/Disbursement Journals

- 1) Daily Bank Deposit Slips
- 2) Bank Statements and canceled checks

12. Tax Records

A. Transaction Privilege Sales, Use and Severance Tax Return (copies)

B. Income Tax Return - city, state and federal (copies)

C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. Payroll Records

\*22 OCT 24 Lic. Lic. #M1133

- A. Copies of all reports required by the State and Federal Government
- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages

14. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH  
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

**A.R.S. §4-210(A)7**

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

**A.R.S. §4-205.02(G)**

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (Print Full Name) Matthew Onthank Brown hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_



**\*MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE\***

## TOMBSTONE BREWING COMPANY

332 N Garden Ave  
Sierra Vista, AZ 85635

### Small Plates

Clam Fritters: Fried clams, in an egg and flour dredge, with assorted house pickles and spicy remoulade / \$10

Cactus Frites: Fried strips of nopales, in an egg and flour dredge, with ancho-anchovy mayo / \$8

House Fries: Fried potato, with fresh herbs and malt vinegar aioli / \$5

Gumbo Nuggets: Fried croquettes of chicken & sausage gumbo mixture, in an egg and flour dredge, with pickled okra and charred green onion aioli / \$10

Duck Wings: Braised, then roasted wings, with a sherry-tarragon glaze, preserved oranges, and honey-togarashi aioli / \$12

Venison Carpaccio: Seared venison, with fried kale, candied green peppercorns, and shaved pecorino / \$15

Sausage Dip: House-made Nduja, with house-made crackers and accoutrements / \$10

Mushroom Plate: Local mushrooms served in three preparations (grilled, seared, and fried) with a farm egg and mushroom bordelaise / \$10

Planche Mixte: House-made charcuterie and selection of cheeses from local purveyors, with house-made accoutrements, including pickles, jams, and crostini / \$20

### Salads

Cucumber Salad: Fresh cucumber and carrot, with soy-sherry vinaigrette and sesame seeds / \$13

Smoked Trout Salad: Smoked trout on gem lettuce, with potatoes, pickled shallots, cured egg, and preserved citrus vinaigrette / \$16

Poached Shrimp Salad: Vermouth-poached shrimp on grilled romaine, with cherry tomatoes, soft-boiled egg, and Caesar dressing / \$16

Gizzard Salad: Confit chicken gizzards on wilted spinach, with jalapeno cornbread croutons, crispy ham, and black-eyed pea vinaigrette / \$13

Chopped Salad: Fresh romaine, tomato, avocado, shallot, toasted seeds & nuts, with a garlic-dill dressing / \$12

### Sandwiches

Short Rib: Braised beef short rib on toasted baguette, with pickled wax peppers, fresh radishes, and bleu cheese mousse / \$14

PBLT: Grilled pork belly on toasted baguette, with butter lettuce, heirloom tomatoes, and fennel aioli / \$14

Pimento Cheese: Spicy mélange of assorted cheeses on grilled white bread, with pickled jalapeno and chicharron / \$12

Fried Chicken: Buttermilk- and pickle-brined chicken thigh, in a seasoned flour dredge, with grilled savoy cabbage, pickled green onions, house-cured coppa, and parmesan aioli / \$14

Tombstone Burger: Blend of beef brisket and pork shoulder on brioche bun, with aged white cheddar, bacon, pickled squash, and black garlic aioli / \$13

Bodega: House-cured ham on a sandwich roll, with provolone, shredded lettuce, tomato, onion, and red wine vinegar emulsion / \$14

### Large Plates

Grilled Wagyu Steak: with potatoes boulangère, caramelized pearl onions, arugula, and red wine-shallot butter / \$39

Grilled Pork Chop: with stewed canary beans, pork jus, pickled fennel, and molasses gastrique / \$28

Seared Duck Breast: with rutabaga puree, brown butter pistachios, pickled parsnip, and sour cherry sauce / \$28

Roasted Spatchcock Chicken: with crispy potatoes, preserved lemon, and saba / \$19

### Beverages

Housemade Lemonade / \$4

Housemade Tonic / \$4

Coke Products (Coke, Diet, Zero, Dr. Pepper, Sprite) / \$2



CSR:  
Amount:

OCT 24 11:32 AM '22



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLIC USE ONLY**  
Job #: 214255  
Date Accepted: 11-08-2022  
CSR: SF

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

805-264

License Number:

**ATTENTION APPLICANT:** This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box  Agent  Controlling Person

2. Name: Brown Matthew Onthank Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Alexandria LA USA Height: 5'6" Weight: 225 Eyes: Hazel Hair: Brown

5. Name of current/most recent spouse: Orozco Sara Xochitl Birth Date: [REDACTED] (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? August 2004

7. Daytime telephone number: (480) 299-2314 Email address: matt@tombstone.beer

8. Premises Name: Tombstone Brewing Company Business Phone: 520 / 222 / 6781

9. Premises Address: 332 N Garden 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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
10/16	CURRENT	Owner, Member-Manager	Tombstone Brewing, 107 E Toughnut, Tombstone, AZ 85638
10/20	Current	Owner, Member-Manager	Helio Basin Brewing, 3935 E Thomas Rd, Phoenix, AZ 85018

(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	Street	City	State	Zip
06/19	CURRENT		401 W Vista, Bisbee, AZ	AZ	85603
3/16	6/19		512 Douglas, Bisbee, AZ	AZ	85603

(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 and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s) 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 summons 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

I, (Print Full Name) Matthew Onthank Brown hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 10/20/22



# ALIEN STATUS

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

Type or Print with **Black Ink**

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

APPLICANT NAME (Print or type) Matthew Outbank Brown

## 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 Alexandria State Louisiana COUNTRY USA

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

2) Name of document: AZ driver's license

If you answered **No**, you must complete Sections III.

**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 Jan. 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.

**SECTION III – QUALIFIED ALIEN DECLARATION**

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.
- 14. **Otherwise Lawfully Present**
- 15. 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. §**

Matthew Anthony Brown

Print Name

[Signature]

Signature

11/8/22

Date

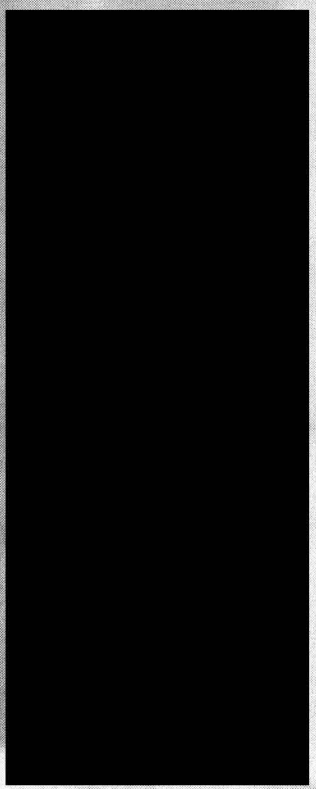
22 NOV 9 11 47 AM '00

# ARIZONA

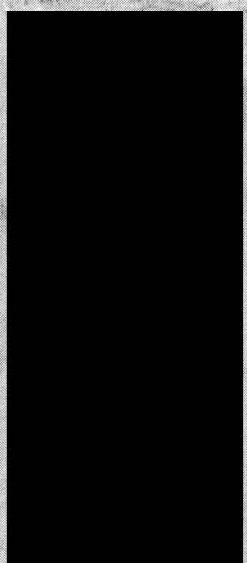
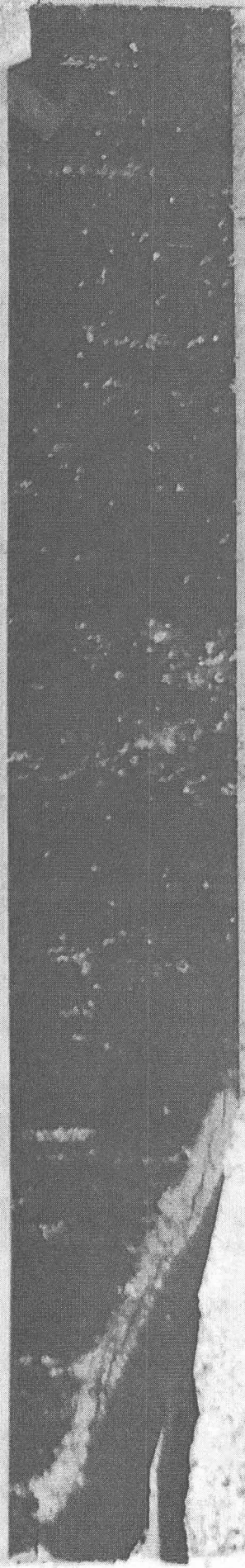
Driver License

MATTHEW ONTHANK BROWN  
818 W DIAMOND DR  
TEMPE AZ 85283-3561

Class	D	Sex	M
Eyes	HAZ	Height	5-06
Hair	BR	Weight	165



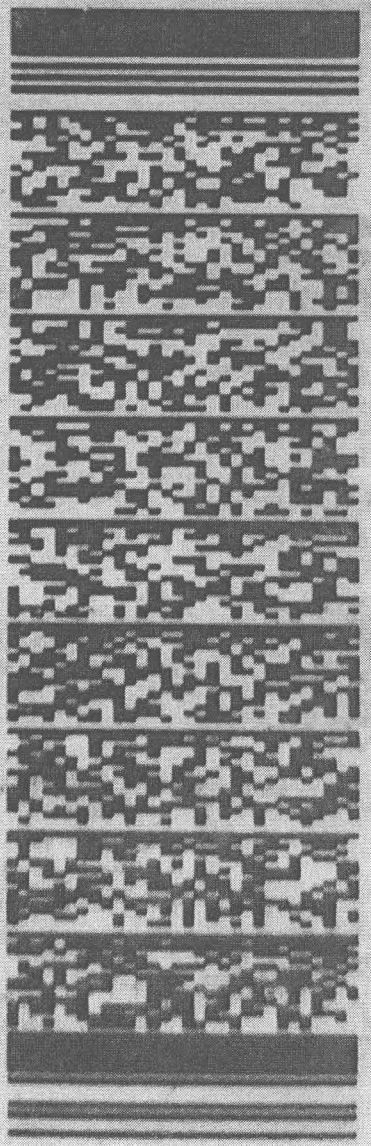
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Class D Operator

Endorsements M Motorcycle

Restrictions NONE





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

'22 NOV 7 11:47 AM 1201

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

805-264

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#: 214255

1. Check the Appropriate Box →

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

2. Name: HALE Lindsay Wilson Birth Date: [REDACTED]

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

4. Place of birth: Santa Rita, AZ, USA Height: 74" Weight: 195 Eyes: Blue Hair: Grey

5. Name of current/most recent spouse: HALE Janelle C Birth Date: [REDACTED]

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

7. Daytime telephone number: 775 338 3228 E-mail address: buzzhale@hotmail.com

8. Business Name: Bombstone Brewing Company Business Phone: 480 299 2314

9. Business Location Address: 332 N. Garden Av, Sierra Vista, AZ (phone 856 35)

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)
<u>1/2017</u>	<u>CURRENT</u>	<u>Pilot</u>	<u>Columbia Jet Center 11200 S. Airport Rd Columbia MO 65201</u>

(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
1/1997	CURRENT	774 MOY BLVD, #4, CARSON CITY, NV 89701

(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. §4-210  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

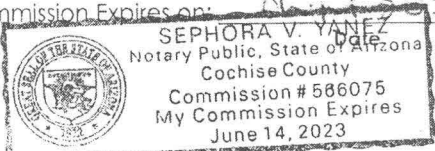
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**NOTARY**

I (Print Full Name) Lindsay Wilson Hale 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: June 14, 2023 18<sup>th</sup> Day of NOV, 2022  
 Day Month Year



Signature of Notary [Signature]

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

PRINT NAME: Lindsay Wilson Hale SIGNATURE: [Signature]