

MAR 26 2018

Received

18 MAR 22 11:16 AM 2018



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

DLIC USE ONLY
License # <u>13172</u>
Date Accepted: <u>3/22/18</u>
CSR: <u>Jr</u>

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 Type of License

- ☒ Interim Permit
☒ New License
☐ Person Transfer (series 6, 7 and 9)
☐ Location Transfer (series 6, 7 and 9)
☐ Probate/ Will Assignment/ Divorce Decree (No Fees)
☐ Seasonal

SECTION 2 Type of Ownership

- ☐ J.T.W.R.O.S.
☐ Individual
☐ Partnership
☐ Corporation
☒ Limited Liability Co
☐ Club
☐ Government
☐ Trust
☐ Tribe
☐ Other (Explain) _____

SECTION 3 Type of Privilege

- ☐ Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
 A.R.S. § 4-206.01 (G), (H), (I) & (L)
☒ Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)
 A.R.S. § 4-207(A) & (B)

1. Type of License (Series of license): Restaurant

2. LICENSE # 13172

SECTION 4 Applicants

1. Agent's Name: CONDE MIRIAM
 Last First Middle
2. Individual/Owner Name: CONDE HOSPITALITY, LLC
 (Ownership name for type of ownership checked in section 2)
3. Business Name (Doing Business As-DBA): CONDE'S MEXICAN FOOD
4. Business Location Address: 6213 S MILLER RD ST 107, BUCKEYE ARIZONA 85326 MARICOPA
 (Do not use PO Box) Street City State Zip Code County
5. Mailing Address: 6213 S MILLER RD ST 107, BUCKEYE ARIZONA 85326
 (All correspondence will be mailed to this address) Street City State Zip Code
6. Business Phone: 623-225-7676 Daytime Contact Phone: 623-225-7676
7. Email Address: HKTINK2004@YAHOO.COM
8. Is the Business located within the incorporated limits of the above city or town? ☒ Yes ☐ No
 If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees: <u>\$100</u>	<u>\$100</u>	Department Use Only <u>\$50</u>	<u>\$35</u>	\$ <u>285.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees


SECTION 5 Interim Permit

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S. §4-203.01. For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01(A)

1. Enter license number currently at the location: 12079154

2. Is the license currently in use? ☒ Yes ☐ No If no, how long has it been out of use? _____

NOTARY	
<p>I (Print Full Name) <u>Francisco Romero Gonzalez</u> hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.</p> <p>Signature: <u>[Signature]</u></p> <p>My Commission Expires on: <u>10/03/2020</u> Date</p>	<p>State of <u>Arizona</u> County of <u>Maricopa</u></p> <p>The foregoing instrument was acknowledged before me this</p> <p><u>12</u> Day of <u>March</u>, <u>2018</u></p> <p style="text-align: center;">Day Month Year</p> <p style="text-align: center;"><u>[Signature]</u> Signature of Notary</p>
 <div style="display: inline-block; text-align: left;"> <p>Raquel Soto Notary Public Maricopa County, Arizona My Comm. Exp. 10-03-2020</p> </div>	

SECTION 6 Background Check

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

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

- a) Date Incorporated/Organized: 9/26/17 11/01/2017 State where Incorporated/Organized: AZ
- b) AZ Corporation or AZ L.L.C. File No: L22221794 Date authorized to do business in AZ: 11/01/2017 9/27/17

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

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Conde	Miriam		Member	100	10821 W Desert Ln	Laveen	AZ	85339

(Attach additional sheet if necessary)

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

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

1. Current Licensee's Name: _____
(Exactly as it appears on the license) Last First Middle
2. Assignee's Name: Romero Gonzalez, Francisco
Last First Middle
3. License Number: 12079154

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE

SECTION 8 Government (for Cities, Towns or Counties only)

1. Government Entity: _____

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

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

1. License #: _____

2. Individual Owner/Agent Name: _____
Last First Middle

3. Ownership Name: _____
(Exactly as it appears on the license)

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

5. Business Location Address: _____
Street City State County Zip

6. Current Daytime Phone: _____ Primary Email Address: _____

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

8. I, (Signature): _____ authorize the transfer of this license to the applicant.

NOTARY

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

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____, _____ Year
Day Month Year

Signature of Notary

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

1. Current Business: Name: _____

Address: _____
(exactly as it appears on license)

2. New Business: Name: _____

Address: _____

SECTION 11 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

A.R.S. §4-207. (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph DOES NOT apply to:

- a) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18

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

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

Name of School: SKYVIEW HIGH SCHOOL
Address: 4290 S MILLER RD BUCKEY, ARIZONA 85326

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

Name of Church: THE POTTER'S HOUSE
Address: 304 E ROOSEVELT AVE, BUCKEY, ARIZONA 85326

SECTION 12 Business Financials A.R.S. §4-202(F)

1. I am the:

- ☒ Tenant: a person who holds the lease of a property; a lessee.
- ☒ Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- ☐ Owner
- ☐ Purchaser
- ☐ Management Company

2. If the premises is leased give lessors:

Name: ARCADIA MANAGEMENT GROUP INC
Address: PO BOX 10 SCOTTSDALE, AZ 85252
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ 3000 or Other: NONE

4. Total money borrowed for the Business, not including lease? \$ 0

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?

☐ Yes ☒ No

If yes, attach explanation.

6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?

☐ Yes ☒ No

If yes, attach explanation.

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

☐ Walk-up or drive-through windows

☐ Patio: Contiguous

☐ Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

☐ Yes ☒ No If yes, what is your estimated completion date? ____/____/____

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

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

DO NOT INCLUDE

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

4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

ATTACH DIAGRAM

IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

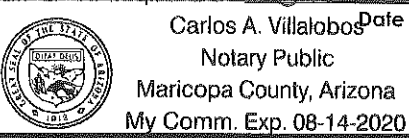
RESTAURANTS AND HOTELS/MOTELS ONLY

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

5a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture. These are required as part of the diagram. A.R.S. §4-205.02(C)

5b. Provide a restaurant operation plan.

SECTION 14 SIGNATURE BLOCK

NOTARY	
I (Print Full Name) <u>MIRIAM CONDE</u> hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.	
Signature: <u>Miriam Conde</u>	State of <u>Arizona</u> County of <u>Maricopa</u>
The foregoing instrument was acknowledged before me this	
My Commission Expires on: <u>08/28/2020</u>	<u>21st</u> Day of <u>March</u> , <u>2018</u>
	<u>[Signature]</u> Signature of Notary

A.R.S. §41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

3 COMP SINK. PREP

BACK DOOR

GRILL FRYER

STOVE

TABLE

COLD TABLE

STEAM TABLE

ICE MACHINE

KITCHEN

PREP TABLE

W/IN COOLER

RESTROOMS

DINNING ROOM

DRY STORAGE

BAR (SERVICE)

18 APR 22 04:15 PM 205



DINNING ROOM.

TOTAL SQF 3,200

ENTRANCE EXIT



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

19 MAR 22 11:11 AM

RESTAURANT OPERATION PLAN

DLLC USE ONLY LICENSE #

13172

1. Name of restaurant (Please print): CONDE'S MEXICAN FOOD
2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	1- 4FT FLAT GRILL
Oven	1-WOLF
Freezer	1- SINGLE DOOR TRUE
Refrigerator	1- 1DOOR TRUE
Sink	3 COMPARTMENT SINK 1 HAND SINK
Dish Washing Facilities	1- 3 COMP SINK
Food Preparation Counter (Dimensions)	1- 6FT S/S
Other	1- FRYER 1-ICE MACHINE

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
 - a. Restaurant dining area of your premises: [60]
(Do not include patio seating)
 - b. Bar area of your premises: [+8]
 - c. Total dining and bar seating capacity of your premises: [= 68]
5. What Type of dinnerware and utensils are utilized within your restaurant?
☐ Reusable ☐ Disposable ☒ Both
6. 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?) _____ %
7. What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 60 _____ %

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.)

1 TV

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.)

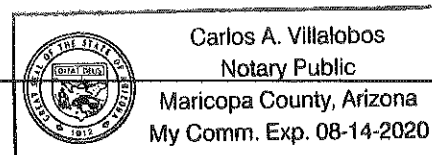
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	1
Bartenders	1
Hostesses	1
Managers	1
Servers	1
Other ()	
Other ()	
Other ()	

I, MIRIAM CONDE, hereby declare that I am the APPLICANT filing this application.
(Print full name)

I have read this application and the contents and all statements true, correct and complete.

x Miriam Conde
(Signature of APPLICANT)



NOTARY

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 21st day of March 2018
Day Month Year

My Commission Expires on: 08/14/2020
Date

[Signature]
Signature of Notary Public



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

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RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

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. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. 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
11. 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
12. Payroll Records
 - 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

13. 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.

NOTARY

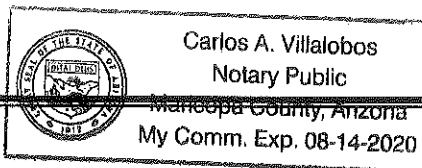
I, (Print Full Name) Miriam Conde, have read and understand all aspects of this statement

X (Signature) Miriam Conde
Controlling Person / Agent

State of Arizona County of Maricopa
the foregoing instrument was acknowledged before me this

21st of March 2018
Day Month Year

My commission expires on: 08/14/2020



[Signature]
Signature of NOTARY PUBLIC

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



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

18 MAR 22 Lic. Lic. #12021

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

804,563

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#: 13172

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)
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2. Name: CONDE MIRIAM Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: BELLFLOWER CALIFORNIA UNITED STATES Height: 5'0 Weight: 150 Eyes: BWN Hair: BWN
City State COUNTRY (not county)

5. Name of current/most recent spouse: CONDE GUSTAVO 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: MARCH 2006

7. Daytime telephone number: 623-225-7676 E-mail address: HKTINK2004@YAHOO.COM

8. Business Name: CONDE'S MEXICAN FOOD Business Phone: 623,225,7676

9. Business Location Address: 6213 S MILLER RD ST 107 BUCKEYE ARIZONA MARICOPA 85326
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)
2017	CURRENT	MANAGER	CONDE'S MEXICAN FOOD 6213 S MILLER RD ST 107 BUCKEYE, ARIZONA 85326
APRIL 2015	OCT 2018	ADMINISTRATIVE ASSISTANT	ATTORNEY GENERAL OFFICE 2005 N CENTRAL AVE, PHOENIX, ARIZONA 85004
April 2014	April 2015	PATIENT ACCESS REPRESENTATIVE	DIGNITY HEALTH AZ HOSPITAL 7171 S 51ST AVE, LAVEEN, ARIZONA 85339
April 2011	April 2014	SURGERY SCHEDULER	TRICITY COLORECTAL SURGERY 2223 E BASELINE RD GILBERT, ARIZONA 85234

(ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
5/2014	CURRENT	Own	W Desert Ln	Laveen	AZ	85339
Jan 2012	Jan 2014	Rent	N Gilbert Rd	Mesa	AZ	85203

(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 Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) ☒ Yes ☒ No
14. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202 ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. 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, suspended or fined in Arizona in?
A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Miriam Conde, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: Miriam Conde

NOTARY

State of Arizona

County of Maricopa

On this 21 Day of March, 20 18 before me personally appeared Miriam Conde
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



Carlos A. Villalobos
Notary Public
Maricopa County, Arizona
My Comm. Exp. 08-14-2020

Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____

1 #11 Between January ~~2018~~
2014, until May 2014 I rented a room
in Gilbert until my house got off of escrow. Then I
move in June May 2014. I do not recall the address
or the name of the complex.

Miriam Conde.

MIRIAM Conde

3.22.18



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

18 MAR 22 11:47 AM 2015

**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

MIRIAM CONDE

INDIVIDUAL OWNER/AGENT NAME (Print or type)

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 **BELLFLOWER** State (or equivalent) **CALIFORNIA** 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: **UNITED STATES PASSPORT**
Go to Section IV. *Arizona Drivers License*

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

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

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.

MIRIAM CONDE

Individual Owner/Agent Printed Name

3/21/2018

Today's Date



Individual Owner/Agent Signature

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.

18 MAR 22 147. Lic. AM 2 106

Arizona

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D
9a END NONE
12 REST NONE

4d DLN

3 DOB

1 CONDE
2 MIRIAM

8 W DESERT LN
LAVEEN, AZ 85339-2732

4b EXP 04/12/2053 4a ISS 08/22/2017

15 SEX F 16 EYES BRO
16 HGT 5'-02" 19 HAIR BLK
17 WGT 135 lb



Miriam Conde

5 DD 1357B4064C1352M8



CLASS: D-Operator
ENDORSEMENTS:
None

RESTRICTIONS:
None

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days



17234AZ0099959990301

Certificate # AZB-ON-12982

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

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

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

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Miriam Conde

Full Name (please print)



Signature

02/26/2018

Training Completion Date

02/25/2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Craig Douglas, certify that the above named individual did successfully complete
Instructor Name (please print)

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



Instructor Signature

02/26/2018

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)

Government (series 5)

Bar (series 6)

Beer & Wine Bar (series 7)

Conveyance (series 8)

Liquor Store (series 9)

Private Club (series 14)

Hotel/Motel w/restaurant (series 11)

Restaurant (series 12)

In-state Farm Winery (series 13)

Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # AZM-01834

18 MAR 22 Lic. Lic. M 2 106

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

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

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Miriam Conde

Full Name (please print)

Signature

02/26/2018

Training Completion Date

02/26/2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

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6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731

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(877) 881-2235

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Signature

Instructor Signature

02/26/2018

Day Mo Year

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In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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Tostadas

Served with Beans,
Lettuce, Cheese, & Guacamole

- Shredded Chicken.....\$6.00
- Shredded Beef.....\$6.00
- Carne Asada.....\$7.00
- Carnitas.....\$7.00
- Ground Beef.....\$6.00

-Shrimp Tostada.....\$7.00

-*Shrimp Ceviche Tostada..\$5.00

*Maybe served raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness especially if you have certain medical conditions.



Shrimp Ceviche Tostada



Chicken Nuggets with French Fries

Side Orders

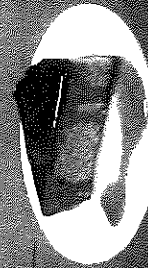
- Extra Cheese.....50¢
- Jalapeños.....50¢
- Flour Tortillas (1).....\$1.00
- Corn Tortillas (4).....\$1.00
- Enchilada Style.....\$1.50
- Extra Chips & Salsa.....\$1.50
- Extra Sour Cream.....\$1.50
- Extra Guacamole.....\$1.50
- French Fries.....\$2.75
- Rice and Beans.....\$4.00
- Guacamole and Chips.....\$4.25

Soft Drinks

- Coffee.....\$2.50
- Bottle Mexican Soda.....\$2.35
- Coca Cola, Jarritos Sidal
- Fountain Drinks.....\$2.25
- Coke, Diet Coke, Dr Pepper, Iced Tea, Sprite
- Horchata 24 Oz.....\$3.00
- Apple Juice.....\$2.25

Dessert

- Flan.....\$3.00



Horchata

Michelada

Silver Patron Margarita

Prickly Pear Margarita

Kids Menu

- Chicken Nuggets with French Fries.....\$5.00
- 2 Chicken Taquitos.....\$4.00
- Served with Lettuce & Pico de Gallo
- Bean and Cheese Tostada.....\$3.00
- Cheese Enchiladas.....\$2.25

Enjoy our Authentic Mexican Food with fresh ingredients made to order!

YCONDUDES

MEXICAN FOOD

Follow Us On



AUTHENTIC
MEXICAN FOOD!



MAR 22 11:47 L.A. PM 2 005

Business Hours:

Monday to Sunday
9:00 AM - 8:00 PM

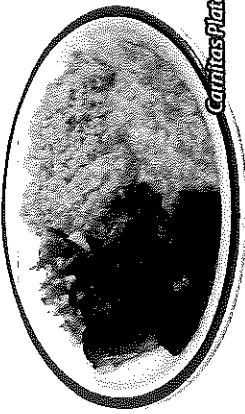
We accept calls for Takeout!

623-225-7676

6213 S. Miller Rd. Suite #107 • Buckeye, AZ 85326

Combinations

- #1-Ground Beef Taco, Cheese Enchilada and beans.....\$7.00
- #2-Cheese Enchilada, Rice & Beans \$7.00
- #3-Ground Beef Taco, 2 Cheese Enchiladas and Beans.....\$8.00
- #4-Cheese Enchilada, Chile Relleno and Beans.....\$7.00
- #5-Two Enchiladas, Rice & Beans \$8.25 (Ground Beef, Chicken, Cheese)
- *Add Shredded Beef.....\$1.00
- #6-Two Ground Beef Tacos, Rice and Beans (Lettuce, Cheese, Taco Sauce).....\$8.95



Carnitas Plate

- #7-Beef Red Chile, Rice, Beans, Tortillas and Guacamole.....\$8.95
- #8-Two Ground Beef Taquitos, Rice and Beans.....\$8.95 (Lettuce, Pico de Gallo, Guacamole)
- #9-*Two Ranchero Eggs, Rice & Beans.....\$11.00 (Tortillas, Guacamole, Pico de Gallo)
- #10-*Chorizo & Egg, Rice & Beans \$11.00 (Tortillas and Guacamole)
- #11-Carnitas, Rice, Beans, Guacamole, Pico de Gallo and Tortillas.....\$12.00
- #12-Shredded Taco, Rice and Beans.....\$7.75

- #13-Carne Asada, Rice, Beans, Tortillas, Guacamole and Pico de Gallo.....\$12.00
- #14-Pork Green Chile, Rice, Beans and Guacamole.....\$12.00 (Choice of Tortilla)
- #15-Chile Relleno, Rice and Beans.....\$8.00



Pork Green Chile



Grilled Tilapia, Fish Plate



Camarones a la Diabla

- #16-Ground Beef Taco, Cheese Enchilada, Rice and Beans.....\$8.25
- #17-Machaca, Rice, Beans and Guacamole (Choice of Tortilla).....\$12.00
- #18-Enchiladas Rancheras with Chicken and Potatoes.....\$7.50 (Lettuce and Sour Cream)
- #19-Chile Relleno, Ground Beef Taco and Beans.....\$9.25
- #20-Two Steak Tacos, Rice & Beans \$9.25
- #21-Chicken Burrito, Rice & Beans \$8.75 (Lettuce, Cheese and Taco Sauce)
- #22-Two Fish Tacos, Rice & Beans \$10.00
- #23-Two Chicken Taquitos, Salad Plate.....\$9.00
- #24-Pork Hot Red Chile, Rice and Beans.....\$12.00 (Choice of Tortilla)



Steak Fajitas

- #25-Camarones a la Diabla.....\$13.00
- #26-Grilled Tilapia Fish Plate.....\$12.00 (Served with rice, lettuce, tomato, avocado and tortilla)
- #27-Fajitas (Cooked with onion, bell pepper, tomato served with rice, beans, guacamole and choice of tortilla)
- Chicken 11.25-Steak 11.50-Shrimp 12.00

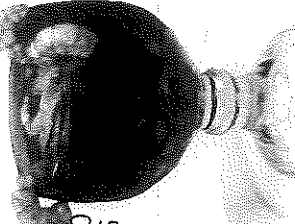
*Maybe served raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness, especially if you have certain medical conditions.



Shrimp Fajitas

Ala Carte

- Cheese Quesadilla with choice of Meat.....\$7.50 (Steak, Chicken or Carnitas)
- Nachos with Ground Beef or Shredded Chicken.....\$10.00 (Beans, Guacamole, Pico de Gallo and Sour Cream)
- Chicken Salad.....\$8.00
- Taco Salad.....\$10.00 (Rice, Beans, Ground Beef, Lettuce, Tomato, cheese, Guacamole and Sour Cream)
- Shrimp Cocktail.....\$13.00
- Chile Relleno.....\$4.25



Shrimp Cocktail

AUT TIC MEXIC GODD!

Burritos

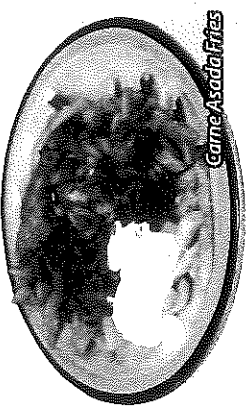
- Super Deluxe Burrito.....\$9.75 (Wet with Melted Cheese, Ground Beef, Lettuce, Rice, Beans, Guacamole)
- Add Steak or Carnitas.....\$1.00
- Super Beef Burrito.....\$9.25 (Wet with Melted Cheese, Lettuce, Rice, Beans)
- Deluxe Burrito.....\$8.75 (Wet with Melted Cheese, Chunky Beef, Beans)
- Beef and Beans Burrito.....\$8.00 (Chunky Beef)
- Carnitas Burrito.....\$8.25 (Beans, Guacamole, Pico de Gallo)
- Chicken Burrito.....\$7.00 (Lettuce, Cheese and Sauce)
- Carne Asada Burrito.....\$8.25 (Beans, Guacamole and Pico de Gallo)
- Pork Green Chile Burrito.....\$8.00
- Bean and Cheese Burrito.....\$4.00
- Jr Burrito.....\$9.00 (Wet with Melted Cheese, Ground Beef, Lettuce, Rice, Beans, Guacamole and Sour Cream)
- Add Steak or Carnitas.....\$1.00



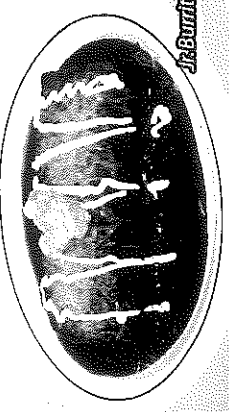
Carne Asada Burrito

Menu

- Menudo Saturday & Sunday Only.....\$8.00
- Hard Shell Tacos.....\$2.00
- Cheese Crisp.....\$7.50
- Street Taco.....\$1.50 (Asada, Pastor, Chicken, Camitas)
- Taco Grande.....\$3.75 (Asada, Camitas. Served with Pico & Guacamole)
- Grilled Fish Taco.....\$4.00 (Served with Lettuce & Pico de Gallo)
- Carne Asada Fries.....0



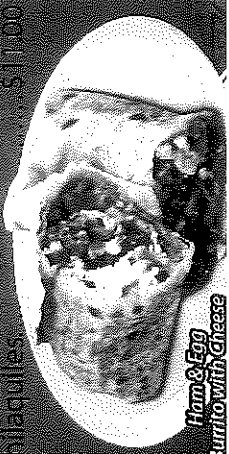
Carne Asada Fries



Jr Burrito

Breakfast Burritos

- Ham & Egg Burrito with Cheese \$7.00
- Chorizo & Egg Burrito.....\$7.00
- Bacon & Egg Burrito with Cheese \$7.00
- Machaca Burrito with Cheese.....\$7.00
- Potatoes and Eggs Burrito.....\$7.00
- Chile Relleno (Comere-Style) Burrito \$7.00 (Beans, Cheese with Sauce)
- Chilaquiles.....\$11.00



Ham & Egg Burrito with Cheese