

Received 8/21/17  
via e-mail



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

\*17 AUG 18 LIQ. LIC. PM 3 50  
DLIC USE ONLY

License #	10023175
Date Accepted:	8/18/17
CSR:	<i>Jr</i>

Application for Liquor License  
Type or Print with Black Ink

Parcel # 303-05-001E

**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
- 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 license**

- 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 (restaurant, bar etc.): Series 10 2. LICENSE # (if issued): 10023175

**SECTION 4 Applicants**

1. Agent's Name: Mennenga Morris Duane P1040987  
Last First Middle

2. Applicant/Licensee Name: 9 Acre Travel Complex, LLC B1059391  
(Ownership name for type of ownership checked on section 1)

3. Business Name (Doing Business As-DBA): 9 Acre Travel Complex B1059390

4. Business Location Address: 2500 West Business I-10 San Simon AZ. 85632 Cochise  
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: P.O. Box 14769 San Simon AZ 85632  
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Pending Daytime Contact Phone: 520 560 1010

7. Email Address: morrism1999@gmail.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? Cochise County AZ.

Fees: <u>\$100</u>	<u>-</u>	<u>-</u>	<u>\$88</u>	<u>\$ 188.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5 Background Check**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.  
 1. If the applicant is an entity, not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 11/18/2002 State where Incorporated/Organized: Arizona

b) AZ Corporation or AZ L.L.C. File No: L10532516 Date authorized to do business in AZ: 1/9/2003

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Ray	Sherry	Lynne	Mng Mem	37.5	P O Box 188 San Simon AZ	85632		
Ray	Gerald	Shelby	Member	37.5	P O Box 188 San Simon AZ	85632		
Morris and Nancy Mennenga			Member	25	56 N Agua Fria Ln Casa Grande AZ	85194		
(Attach additional sheet if necessary)								

**SECTION 6 Interim Permit**

If you intend to operate business while your 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: \_\_\_\_\_

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

I, (Signature) \_\_\_\_\_ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.

**Attach a copy of the license currently issued at this location to this application.**

<u>NOTARY</u>	
State of Arizona	)
County of _____	)
On this _____ Day of _____, 20____ before me personally appeared _____	
<small>Day</small>	<small>Month</small>
<small>Year</small>	<small>(Print Name of Document Signer)</small>
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.	
_____ Signature of NOTARY PUBLIC	
<b>(Affix Seal Above)</b>	

**SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204**

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

1. Current Licensee's Name: \_\_\_\_\_

(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: \_\_\_\_\_

Last First Middle

License Number: \_\_\_\_\_

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

OK Per  
CB. 9/8/17



lynne ray <ray.brangus@gmail.com>

**Sherry lynne ray**

4 messages

lynne ray <ray.brangus@gmail.com>

Thu, Aug 17, 2017 at 11:43 AM

To: rhonda@azlic.com

Hi Rhonda,

My name with corp commission is sherry lynne ray. Do I need to send u documentation or is this email ok?

Thx lynne ray

Sent from my iPhone

17 AUG 18 11:43 AM '17

Rhonda <rhonda@azlic.com>

Thu, Aug 17, 2017 at 12:51 PM

To: lynne ray <ray.brangus@gmail.com>

Hello,

I will find out if this letter works. In the meantime, DLLC is requiring that an amendment be filed to fix your name.

Rhonda

Rhonda Rodriguez  
Licensing Specialist

Arizona Liquor Industry Consultants  
1811 S. Alma School Road, Suite 268  
Mesa, Arizona 85210  
www.AZLic.com  
Office: (480) 730-2675  
Fax: (480) 730-2676  
[Quoted text hidden]

lynne ray <ray.brangus@gmail.com>

Thu, Aug 17, 2017 at 1:14 PM

To: Rhonda <rhonda@azlic.com>

I had done that a few months ago (more than 8 months) because they had rejected my signature without the Sherry! I've asked our corporate lawyer for help. I am Sherry Lynne Ray but do everything by Lynne Ray. It gets confusing. Thank you for the help!

Sherry Lynne Ray  
Lynne Ray

Sent from my iPhone  
[Quoted text hidden]

Rhonda <rhonda@azlic.com>

Thu, Aug 17, 2017 at 1:51 PM

To: lynne ray <ray.brangus@gmail.com>

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

1. Government Entity: \_\_\_\_\_

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

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 9  Person to Person - Current Licensee Information ARSS4-203(C), (D), (G)  
(Bar and Liquor Stores only - Series 06, 07 and 09)**

1. License #: \_\_\_\_\_

2. Current Agent Name: \_\_\_\_\_  
Last First Middle

3. Current Licensee Name: \_\_\_\_\_  
(Exactly as it appears on the license)

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

5. Current Daytime Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

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

7. I authorize the transfer of this license to the applicant: \_\_\_\_\_  
Signature or Agent or Individual controlling person

**NOTARY**

State of Arizona )  
County of \_\_\_\_\_ )

On this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ before me personally appeared \_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**SECTION 10 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 3
- d) Craft Distillery (A.R.S.§4-205.10) Series 18
- e) Government license (A.R.S.§4-205.03) Series 5
- f) Playing area of a golf course (A.R.S.§4-207 (B)(5))
- g) Wholesaler/Distributor Series 4
- h) Farm Winery Series 13
- i) Producer Series 1

1. Distance to nearest School: 1.3 mi Name of School: San Simon School  
 (If less than one (1) mile note footage) Address: 2226 I-10 BL San Simon Az 85632

2. Distance to nearest Church: 40.3 mi Name of Church: The Church of Jesus Christ of Lds  
 (If less than one (1) mile note footage) Address: 900 Encanto St Wilcox Az 85644

**SECTION 11 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or Other: \_\_\_\_\_

4. Total money borrowed for the Business not including lease? \$ 1.6 Million

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Bank 34			1.6 Million	14850 N Scottsdale Rd #100	Scottsdale	AZ	85254

(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 manufacture, wholesaler, or employee have an interest in your business?

Yes  No If yes, attach explanation.

**SECTION 12 Diagram of Premises**

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

Patio:  Contiguous  Non-Contiguous within 30 feet

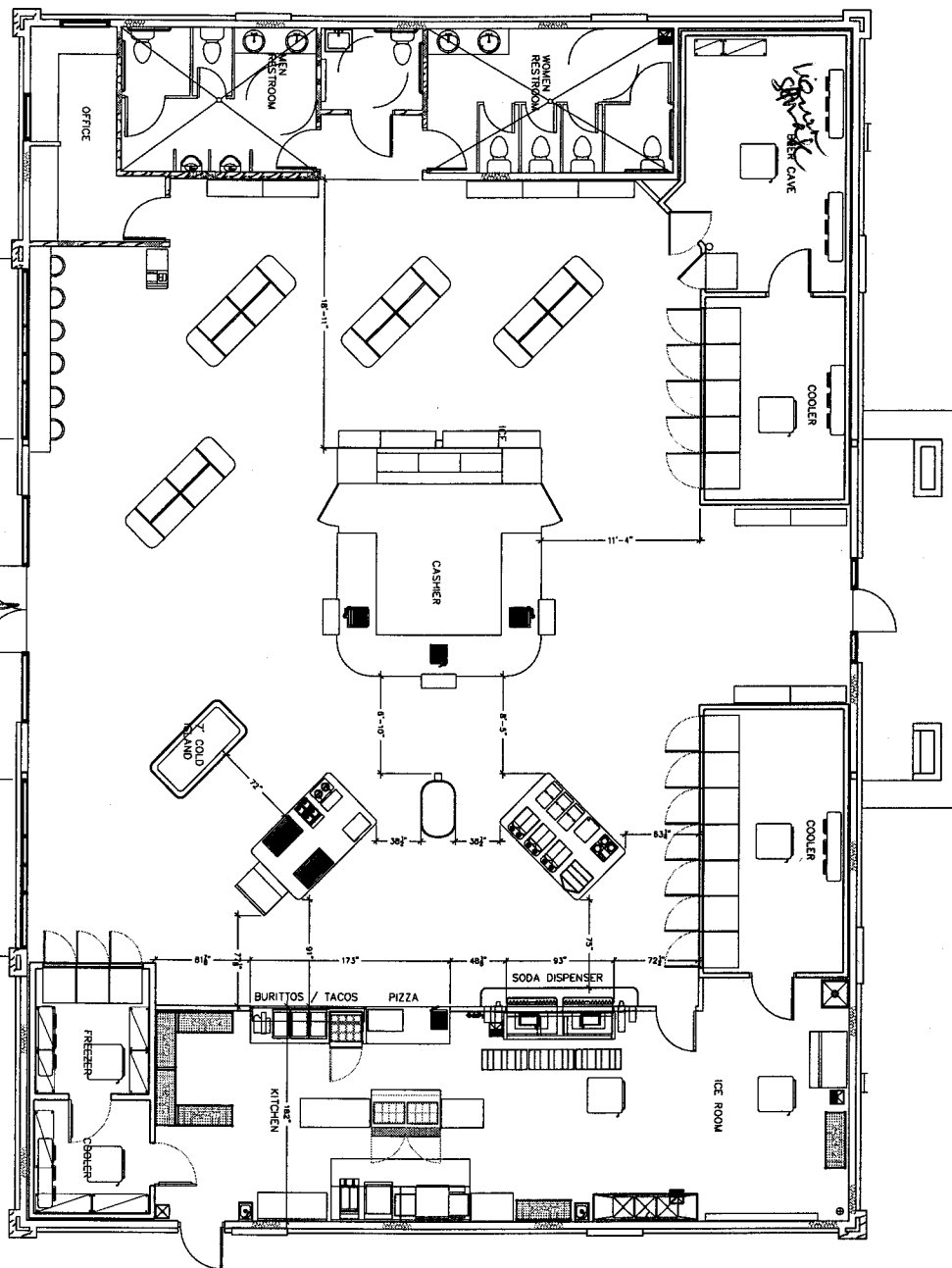
1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes  No If yes, what is your estimated completion date? 9 / 15 / 17

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

FLOOR PLAN:  
SCALE: 1/4" = 1'

*Entrance Exit*  
*5000 Sq. Ft.*



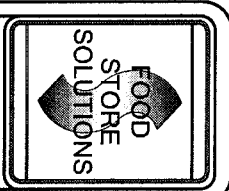
Project No.	RR
Date	11-12-16
AS NOTED	K-2

San Simon  
Floor Plan

No.	Revision/Issue	Date

**FOOD STORE SOLUTIONS**  
11445 E. Via Linda, Suite 2362  
Scottsdale, Az. 85259  
Tel: (602) 538-2941 Fax: (480) 659-9507

THE DESIGN AND CONCEPTS REPRESENTED BY THIS PRINT AND ACCOMPANYING DOCUMENTS ARE THE SOLE PROPERTY OF FOOD STORE SOLUTIONS AND MAY NOT BE USED, COPIED OR REPRODUCED WITHOUT PRIOR WRITTEN CONSENT.



2. 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.

3. As stated in A.R.S. §4-207.01 (B), I understand it is my 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.

M D M  
Applicants Initials

**RESTAURANTS AND HOTELS/MOTELS ONLY**

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

4a. 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)

4b. Provide a restaurant operation plan.

**SECTION 13 SIGNATURE BLOCK**

I, (Signature) [Handwritten Signature], 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.

**NOTARY**

State of Arizona )  
County of Maricopa )

On this 7<sup>th</sup> Day of August, 2017 before me personally appeared Morris Duane Mennenga  
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.



OFFICIAL SEAL  
MIRANDA BUSTAMANTE  
Notary Public - Arizona  
MARICOPA COUNTY  
My Commission Expires  
MARCH 10, 2020

[Handwritten Signature]

Signature of NOTARY PUBLIC

**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.



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

804,489 JF
P1040987

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023175
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person and Agent are checked.

2. Name: Mennenga Morris Duane Birth Date:
Last First Middle (NOT a public record)

3. Social Security #: Driver License#: State: AZ
(NOT a public record)

4. Place of birth: Urbana Ill. USA Height: 72" Weight: 240 Eyes: Blue Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Mennenga Nancy Kay Craig Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? [X] Yes [ ] No If yes, what is your date of residency: May 1975
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 520 560 1010 E-mail address: morrism1999@gmail.com

8. Business Name: 9 Acre Travel Complex Business Phone: Pending

9. Business Location Address: 2500 W. Business I-10 San Simon AZ Cochise 85632
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, 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). Row 1: 8-2008, CURRENT, Owner Convenience Store-Gas, Coolidge Fuel, LLC 295 S. Arizona Blvd. Coolidge AZ. 85128

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
8-2013	CURRENT	Own	56 N. Agua Fria Ln.	Casa Grande	AZ	85194
7-2012	8-2013	Rent	3563 S. Washington Str.	Chandler	AZ	85286

(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 Full Name) Morris Duane Mennenga, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES MANAGER** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

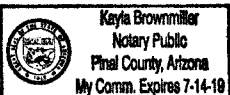
SIGNATURE: [Handwritten Signature]

**NOTARY**

State of Arizona  
 County of Pinal }

On this 4<sup>th</sup> Day of August, 20 17 before me personally appeared Morris Mennenga  
(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.



(Affix Seal Above)

[Handwritten Signature]  
 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: \_\_\_\_\_

#17

Discovery Market #10113170 paid a \$200.00 fine in September 2011 for a name change requirement.

In November 2011 a fine of \$750.00 was paid for failure to request ID from an underage buyer and selling, giving and furnishing an underage person with alcohol.

Discovery Market 10113264

In August 2015 paid a fine for accepting unauthorized forms of ID and selling, giving and furnishing an underage person with alcohol.

I have been listed on the following locations

Coolidge Fuel/Discover Markets 10113170

Discover Markets 10113215

Arizona City Market 10113173.

Pinal Chevron

5 Points Chevron

Discover Market 10113264

Morris Mennenga



17 AUG 18 11:47 AM '15



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

17 AUG 18 Lic. Lic. PM 3:50

**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) Morris Duane Mennenga

**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 Urbana State (or equivalent) Ill. Country or Territory USA

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

2) Name of document: AZ Drivers License  
 Go to Section IV.

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.

Drivers License

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.

Morris Duane Mennenga  
Individual Owner/Agent Printed Name

8/4/2017  
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.


Arizona DRIVER LICENSE USA  
NOT FOR FEDERAL IDENTIFICATION

9 CLASS D 4d DLN [REDACTED]  
9a END NONE  
12 REST NONE 3 DOB [REDACTED]

1 MENNENGA  
2 MORRIS DUANE  
8 56 N AGUA FRIA LN  
CASA GRANDE, AZ 85194-3841

4b EXP 05/10/2021 4a ISS 05/16/2016  
15 SEX M 18 EYES BLU VETERAN  
16 HGT 6'-00" 19 HAIR BRO  
17 WGT 240 lb

5 DD 1656C0920M1038M1



\*17 AUG 18 Lic. Lic. PM 3:51

Certificate # \_\_\_\_\_

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

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

MORRIS MENDEZ  
Full Name (please print)

[Signature]  
Signature

01-06-2015  
Training Completion Date

\* 7912 \*

01-06-2018  
Certificate Expiration Date  
(three years from completion date)

### Training Provider Information

**Arizona Liquor Industry Consultants**

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, Brian Andersen, 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).

[Signature]  
Instructor Signature

01/06/2015  
Mo Day 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)  
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)

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.

17 AUG 18 14:14 PM 350

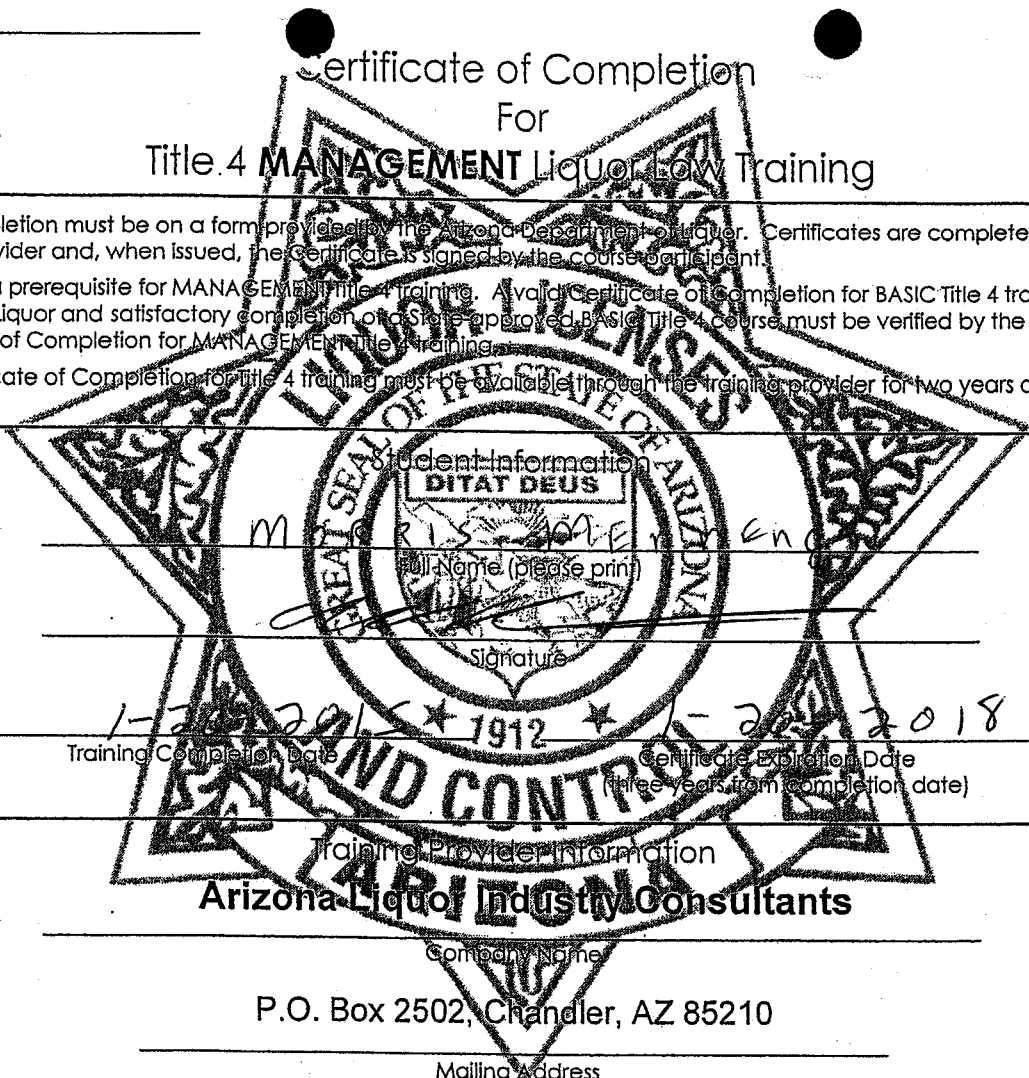
Certificate # \_\_\_\_\_

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

DITAT DEUS

Full Name (please print)  
M. R. Andersen, Inc.

Signature  
*[Handwritten Signature]*

Training Completion Date  
1-20-2018

Certificate Expiration Date  
(three years from completion date)  
1-20-2018

Training Provider Information

**Arizona Liquor Industry Consultants**

Company Name

P.O. Box 2502, Chandler, AZ 85210

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

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

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

*[Handwritten Signature]*  
Instructor Signature

1/20/2015  
Mo Day 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.

17 AUG 18 10:41 PM '18



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

804,489 J
P1065152

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023175
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager.

2. Name: Mennenga Nancy Kay Birth Date:
Last First Middle (NOT a public record)

3. Social Security #: Driver License#: State: AZ
(NOT a public record)

4. Place of birth: Rockford Ill. USA Height: 63" Weight: 140 Eyes: Grn. Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Mennenga Morris Duane Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: May 1975
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 520 414 3890 E-mail address: nancym1999@gmail.com

8. Business Name: 9 Acre Travel Complex Business Phone: Pending

9. Business Location Address: 2500 W. Business I-10 San Simon AZ Cochise 85632
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, 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. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
8-2013	CURRENT	Own	56 N. Agua Fria Ln.	Casa Grande	AZ	85194
7-2012	8-2013	Rent	3563 S. Washington Str.	Chandler	AZ	85286

(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 Full Name) Nancy Kay Mennenga, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES MANAGER** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: Nancy Kay Mennenga

**NOTARY**

State of Arizona }  
County of Pinal }

On this 4<sup>th</sup> Day of August, 2017 before me personally appeared Nancy Mennenga  
(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.

Kayla Brown Miller  
Notary Public  
Pinal County, Arizona  
My Comm. Expires 7-14-19

Kayla Brown Miller  
Signature of NOTARY PUBLIC

(Affix Seal Above)

**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: \_\_\_\_\_

#1017

Discovery Market #10113170 paid a \$200.00 fine in September 2011 for a name change requirement.

In November 2011 a fine of \$750.00 was paid for failure to request ID from an underage buyer and selling, giving and furnishing an underage person with alcohol.

Discovery Market 10113264

In August 2015 paid a fine for accepting unauthorized forms of ID and selling, giving and furnishing an underage person with alcohol.

Nancy Mennenga

A handwritten signature in cursive script that reads "Nancy Mennenga". The signature is written in black ink and is positioned below the printed name.



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

804,489 *[Signature]*

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks.

P1078813

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

**Attention applicant:** This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 100 23175  
(If the location is currently licensed)

1. Check the Appropriate Box →

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

2. Name: Ray Sherry Lynne Birth Date: \_\_\_\_\_  
last first middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ (NOT a public record) Driver License #: \_\_\_\_\_ State: AZ

4. Place of birth: Safford AZ USA Height: 5'3 Weight: 135 Eyes: Blue Hair: Bl  
City State COUNTRY (not country)

5. Name of current/most recent spouse: Ray Gerald Shelby Birth Date: \_\_\_\_\_  
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: Birth 1953  
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 520-507-3981 E-mail address: ray.branigus@gmail.com

8. Business Name: 9 Acre Travel Complex Business Phone: 520-507-3981

9. Business Location Address: 2500 W Business I-10 San Simon Az Cochise 85632  
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, 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)
12/07	CURRENT	manager Ray Branigus & Livestock Cattle Ranch	Ray Branigus & Livestock 4566 N Indian Springs Rd San Simon, Az 85632 520-845-4488

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D) 4566 N Indian Springs Rd  
San Simon, Az  
85632

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
4/2010	CURRENT	Own	4566 N Indian Springs Rd	San Simon	AZ	85632
12/07	4/2010	Own	575 W Cerro Rd	San Simon	AZ	85632
10/91	12/2007	"	2086 N Riley Rd	San Simon	AZ	85632

(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 Full Name) Sherry Lynne Ray, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES MANAGER** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

SIGNATURE: Sherry Lynne Ray

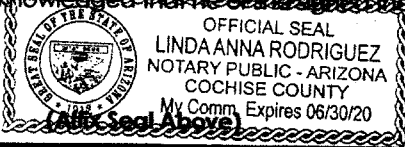
**NOTARY**

State of Arizona

County of Cochise

On this 3rd Day of August, 20 17 before me personally appeared Sherry Lynne Ray  
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 acknowledge that he or she signed the above/attached document.



Linda Anna Rodriguez  
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: \_\_\_\_\_



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

804,489

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks.

P1078814

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023175
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person is checked.

2. Name: Ray Gerald Shelby Birth Date: (NOT a public record)

3. Social Security #: (NOT a public record) Driver License #: State: AZ

4. Place of birth: Council Idaho U.S. Height: 6'0" Weight: 175 Eyes: Br Hair: Gr

5. Name of current/most recent spouse: Ray Sherry Lynae (Barnes) Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: wife 1997

7. Daytime telephone number: 520-507-1025 E-mail address: ray.braunus@gmail

8. Business Name: Racke Travel Complex Business Phone Pending

9. Business Location Address: 2500 W Business I10 San Simon AZ Cochise 85632

10. List your employment or type of business during the past five (5) years. If unemployed, retired, 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). Entry: 4-15-06, CURRENT, Ranch owner/operator, SELF - Ray Braunus & Livestock, 4566 N. Indian Spring Rd. San Simon AZ 85632

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
4/2010	CURRENT	OWN	4506 N. Indian Springs Rd	San Simon	Ariz	85632
12/2007	4/2010	OWN	575 W Celero Rd	San Simon	Ariz	85632
10/1971	12/2007	OWN	2086 N Raley Rd	San Simon	Ariz	85632

(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 Full Name) Gerald Shelby Ray, hereby declare that I am a **CONTROLLING PERSON/AGENT/ PREMISES MANAGER** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

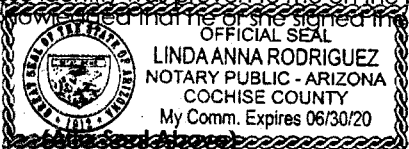
SIGNATURE: Shelby Ray

**NOTARY**

State of Arizona }  
County of Cochise }

On this 3rd Day of August, 2017 before me personally appeared Gerald Shelby Ray  
(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.



LINDA ANNA RODRIGUEZ  
NOTARY PUBLIC - ARIZONA  
COCHISE COUNTY  
My Comm. Expires 06/30/20

Linda Anna Rodriguez  
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: \_\_\_\_\_



STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey  
GOVERNOR

August 18, 2017

John Cocca  
DIRECTOR

**Morris D. Mennenga**  
9 Acre Travel Complex  
P.O. Box 14769  
San Simon, AZ 85632

**Re: Application No. 10023175**

**Mr. Mennenga:**

**The following information is required to continue processing your application:**

**Proof of required Liquor Law Training for persons involved in the day to day operations of the business per substantive policy as outlined below.**

- **Completion of the Liquor Law Training Courses is required prior to issuance of a license. Such training must have been completed within the last three years.**
- **The person(s) required to attend both the Basic Liquor Training and Management Training, ( either on sale or off sale), will include the following: owner(s), licensee/agent or manager(s) who are actively involved in the day to day operations of the business.**
- **Before acceptance of a Managers Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on sale or off sale) will be required.**

**If you have any questions, please contact me at (602) 542-9060.**

**Thank you,**

**Jenaka Wagner**  
Customer Service Representative