

Parcel # 124-15-751

17 DEC 18 Liq. Dept PH 3 31

18 JAN 4 Liq. Lic PH 3 59



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 #	5784020001
Date Accepted:	1-4-18
CSR:	C-A.

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
- 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 09, LIQ STORE 2. LICENSE # (if issued): 09020001

SECTION 4 Applicants

1. Agent's Name: THATHI SURESH KUMAR
Last First Middle

2. Applicant/Licensee Name: S&S THATHI, LLC
(Ownership name for type of ownership checked on section 1)

3. Business Name (Doing Business As-DBA): QUICK PIC MARKET

4. Business Location Address: 62 N OAK DR BENSON AZ 85602 COCHISE
(Do not use PO box) Street City State Zip Code County

5. Mailing Address: 62 N OAK DR BENSON AZ 85602
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520)586-2163 Daytime Contact Phone: 520-940-4006

7. Email Address: sthathi@aol.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

Fees: <u>\$200</u>	<u>0</u>	Department Use Only	<u>\$44.00</u>	<u>244.00</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: 5/14/2014 State where Incorporated/Organized: ARIZONA
 b) AZ Corporation or AZ L.L.C. File No: L19259642 Date authorized to do business in AZ 5/15/2014

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
THATHI	SHAMA		MGR/MEM	81%	4490 N CAMINO SUMO	TUCSON	AZ	85718
THATHI	SURESH	KUMAR	MGR/MEM	19%	4490 N CAMINO SUMO	TUCSON	AZ	85718

(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.

NOTARY

State of Arizona)
 County of _____)

On this _____ Day of _____, 20____ before me personally appeared _____
Day Month Year (First 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 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.

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

1. License #: 09020001

2. Current Agent Name: FISHER GEORGE Calvin
Last First Middle

3. Current Licensee Name: GEORGE Calvin FISHER
(Exactly as it appears on the license)

4. Current Business Name: Sierra Vista Flowers & Gifts
(Exactly as it appears on the license)

5. Current Daytime Phone: (520) 255-1601 Primary Email Address: geocandy12@yahoo.com

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


7. I authorized the transfer of this license to the applicant: [Signature]
Signature of Agent of Individual controlling person

NOTARY

State of Arizona)
County of Maricopa)

On this 3rd Day of October, 20 17 before me personally appeared George Calvin Fisher
(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)

[Signature]
Signature of NOTARY PUBLIC

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
- e) Government license (A.R.S. §4-205.03) Series 5
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- f) Flying area of a golf course (A.R.S. §4-207 (B) (5))
- c) Microbrewery (A.R.S. §4-205.08) Series 3
- g) Wholesaler/Distributor Series 4
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- h) Farm Winery Series 13
- i) Producer Series 1

-Section 10 continued next page-

1. Distance to nearest School: 2640' Name of School: NEW WEST KCHARTER SCHOOL
(if less than one (1) mile note footage) Address: 3225 W NAVAJO TRAIL, BENSON AZ 85602

2. Distance to nearest Church: 1 MILE Name of Church: PEACE IN THE VALLEY LUTHRUN CHURCH
(if less than one (1) mile note footage) Address: 551 S J-6 RANCH RD, BENSON AZ 85602

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? \$ 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 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

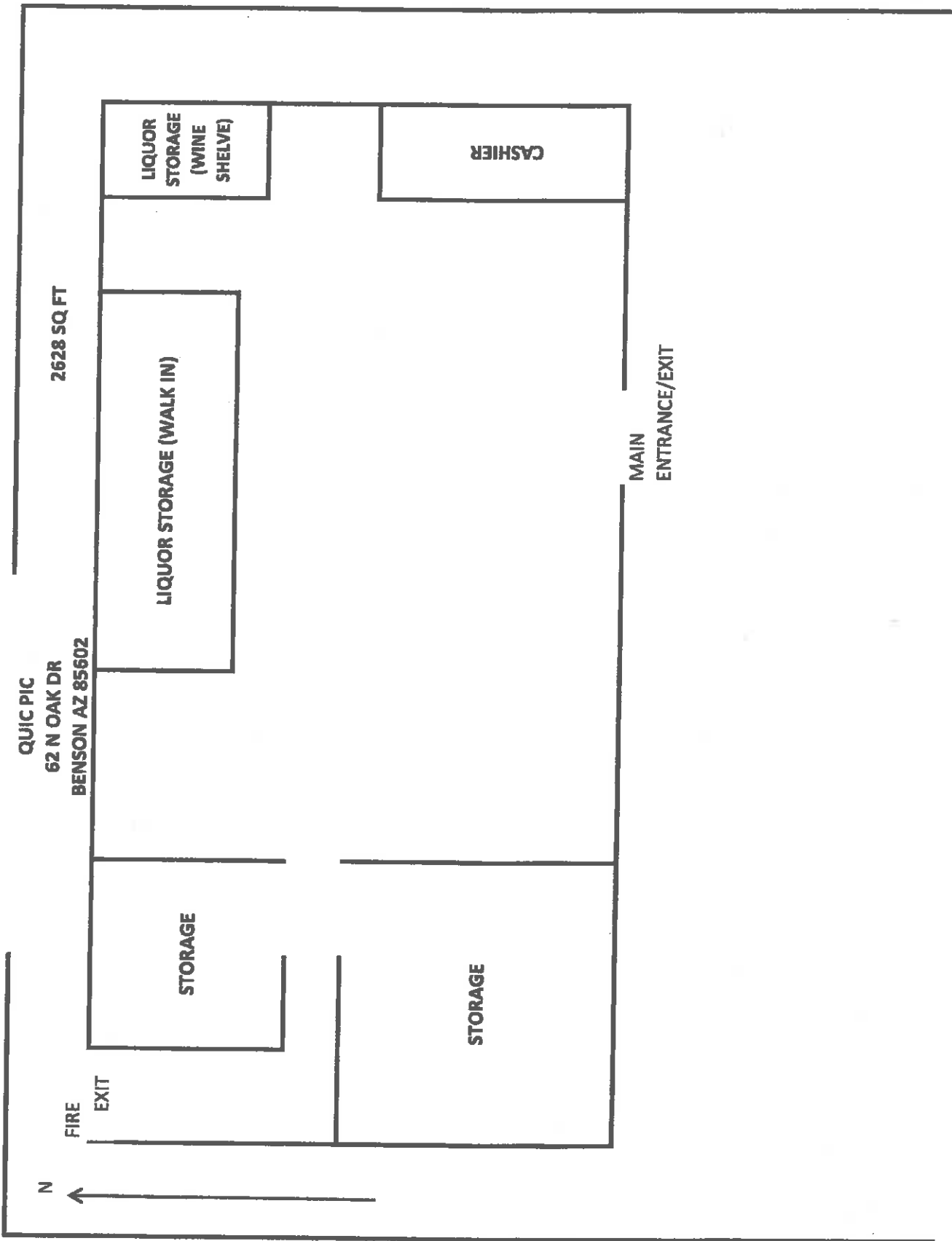
Patio: Contiguous Non-Contiguous within 30 feet

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? ____/____/____

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.

*18 JAN 4 Lic. Lic. #4 00



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.


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



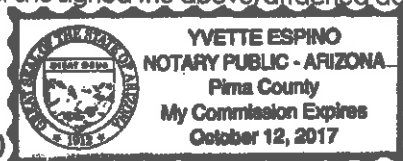
I, (Signature) SURESH KUMAR THATHI, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona }
County of PIMA }

On this 7 Day of December, 2017 before me personally appeared SURESH KUMAR THATHI
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.



(Affix Seal Above)


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.



18 JAN 4 Lir. Lic. PM 4 00

17 DEC 18 Lir. Dept PM 3 52

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

804.537

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1064349 C.A.

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#: 09020001
(If the location is currently licensed)

1. Check the Appropriate Box

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

2. Name: THATHI SURESH KUMAR Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: HANSI INDIA Height: 5'10" Weight: 190 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: THATHI SANGREETA 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: 08/1980
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 520-940-4006 E-mail address: sthathi@aol.com

8. Business Name: QUICK PIC MARKET Business Phone: 520, 586, 2163

9. Business Location Address: 62 N OAK DR BENSON AZ COCHISE 85602
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
04/2010	CURRENT	OWN	4490 N CAMINO SUMO	TUCSON	AZ	85718

(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) SURESH KUMAR THATHI, 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: 

NOTARY

State of Arizona)

County of PIMA)

On this Day of December, 2017 before me personally appeared SURESH KUMAR THATHI
(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.



YVETTE ESPINO
NOTARY PUBLIC - ARIZONA
Pima County
My Commission Expires
October 12, 2017


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: _____~~

2/24/2017

18 JAN 4 Liq. Lic. PM 4 00

QUESTIONNAIRE STATEMENT
SURESH K THATHI

ITEM 17

License #: 10103436, on 21 Jan 2016 received violations as follows:

- 1) No manager's agreement form on file
- 2) Require applicants, licensees, employees who serve, sell, or furnish liquor to take training courses.

Mail-in Consent and paid fine of \$250.

License #: 10075053, on 15 Jun 2010 received violations as follows:

- 1) Gambling/Machine/Organized; 4-24426
- 2) Title 13: Possession of a gambling device; 13-3306

Mail-in consent and paid \$750.



Suresh K Thathi

12/17/17



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

**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) SURESH KUMAR THATHI

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 HANSI State (or equivalent) _____ Country or Territory INDIA

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.

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.

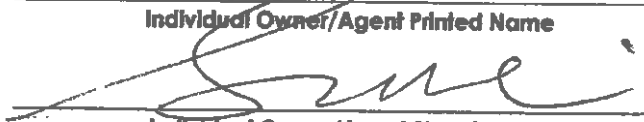
I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

SURESH KUMAR THATHI

Individual Owner/Agent Printed Name

06 DEC 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.

18 JAN 4 Lic. Lic. PM 4 00

Arizona DRIVER LICENSE USA



1 CLASS D
2 SEX M
3 HT 5 10
4 WT 165
5 HAIR BLK
6 EYES BLK
7 DOB 09/01/2015
8 EXP 04/04/2024
9 DD 1580A567702458

THANESH KUMAR
1000 N CANINO SUBD
TUCSON, AZ 85716 9422

Thanesh

18 JAN 4 Liq. Lic. RM 4 00

Certificate # _____

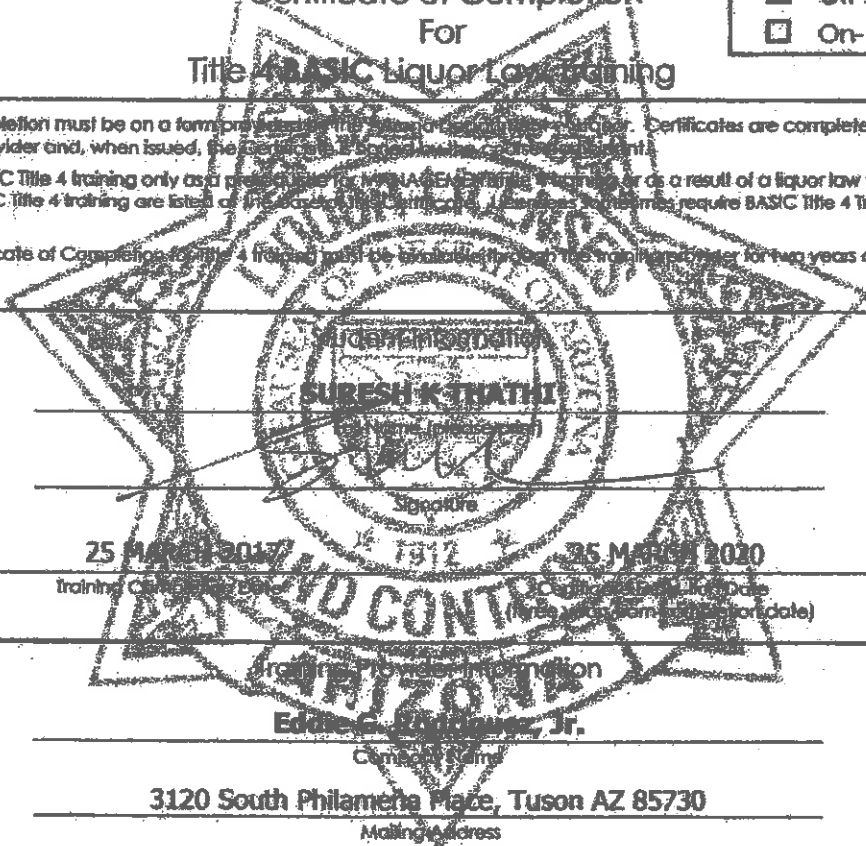
<input type="checkbox"/>	On-sale
<input checked="" type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

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

A Certificate of Completion must be on a form provided by the state and signed by the instructor. Certificates are completed by a state-approved training provider and, when issued, the certificate is signed by the instructor.

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 on the back of this Certificate. Licenses sometimes require BASIC Title 4 Training a condition of employment.

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



SURESH K. THATHI
(Name of Instructor)

Signature

25 MARCH 2017

25 MARCH 2020

Training Completion Date

Expiration Date
(Three years from completion date)

Training Provider Information

Eddie G. Rodriguez, Jr.

Company Name

3120 South Philomena Place, Tucson AZ 85730

Mailing Address

(520) 349-8374

Daytime Contact Phone Number

I, **EDDIE G. RODRIGUEZ, JR.** certify that the above named individual did successfully complete
Instructor Name (please print)

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

[Handwritten Signature] 25 / 03 / 2017
Instructor Signature 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 5) | 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.

*18 JAN 4 Liq. Lic. PM 4 00

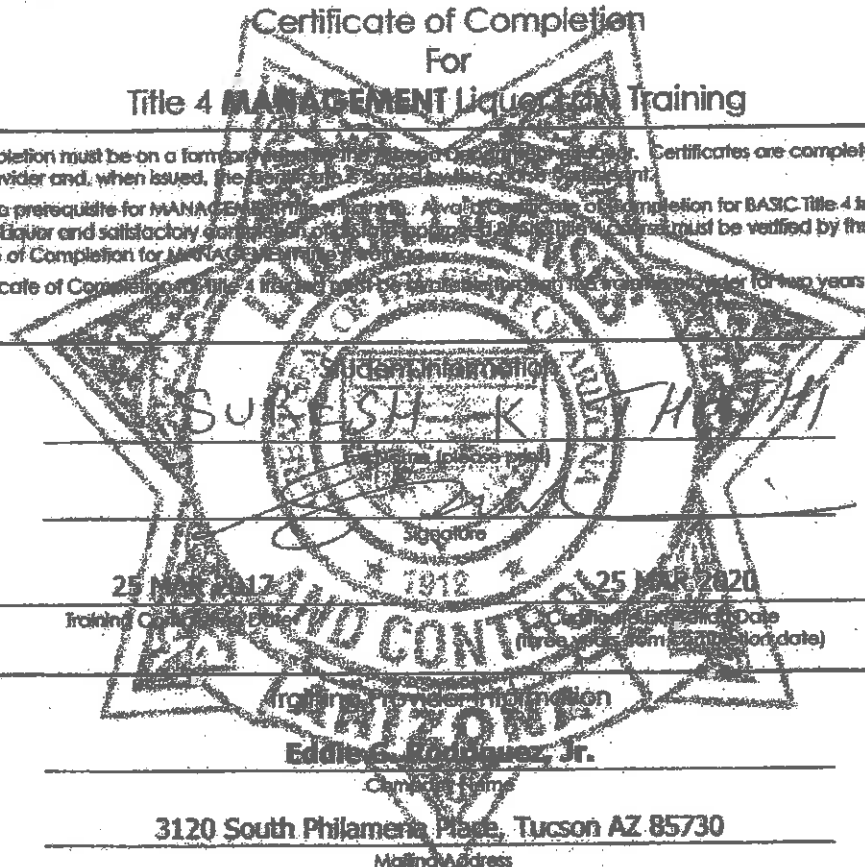
Certificate # _____

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor Licenses and Control. Certificates are completed by a state-approved training provider and, when issued, the form is to be filed with the Licensee's Licensee.

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

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



Student Information
SUBESH K. HATHI
(Please print)

Signature

25 MAR 2017 7912 25 MAR 2020

Training Course Code: _____ Course Completion Date
(three year term from completion date)

Training Provider Information

Eddie G. Rodriguez, Jr.

Company Name

3120 South Philomena Place, Tucson AZ 85730

Mailing Address

(520) 349-8374

Daytime Contact Phone Number

I, **EDDIE G. RODRIGUEZ, JR.** 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

25 / 03 / 2017
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.



18 JAN 1997 Liq. Lic. PH 4 00

*17 DEC 18 Liq. Dept PH 3 32

*17 OCT 23 Liq. Dept PH 1 27

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

804.538

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1071769 CA

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#: 09020001
(if the location is currently licensed)

1. Check the Appropriate Box

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

2. Name: THATHI SHAMA Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: TUCSON AZ USA Height: 5'6" Weight: 150 Eyes: BRO Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: 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: 02/1988
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 520-235-5201 E-mail address: sthathi88@gmail.com

8. Business Name: QUICK PIC MARKET Business Phone: 520 / 586 / 2163

9. Business Location Address: 62 N OAK DR BENSON AZ COCHISE 85602
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
04/2010	CURRENT	RENT ST	4490 N CAMINO SUMO	TUCSON	AZ	85718

(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 ST
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) SHAMA THATHI, 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: [Signature]

NOTARY

State of Arizona)

County of PIMA)

On this 14 Day of OCTOBER, 20 17 before me personally appeared SHAMA THATHI
(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]
 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: _____

*18 JAN 4 Liq. Lic. PM 4:00

*17 DEC 18 Liq. Dept PM 3:32

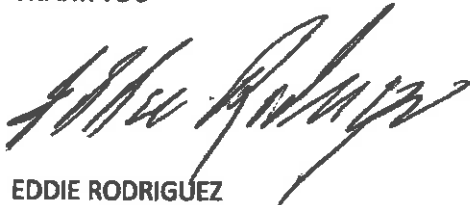
Wednesday, December 13, 2017

CYNTHIA

I INCLUDED COPY OF YOUR LETTER ON PACKAGE YOU SEND BACK. BECAUSE CLIENT WANTS TO PROCESS THE SERIES 09 PERSON TO PERSON & LOCATION TO LOCATION BEFORE THE ACQ OF CONTROL/AGENT CHANGE, I HAVE INCLUDED ONLY THE SERIES 09 LIQUOR LICENSE APPLICATION.

IF ANY CHANGES THAT DO NOT REQUIRE MAILING THE PACKAGE BACK, PLEASE CONTACT ME SO I CAN TAKE CARE OF AMENDMENTS.

THANK YOU



EDDIE RODRIGUEZ

Cynthia Abrigo

From: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Sent: Tuesday, December 19, 2017 10:34 AM
To: Cynthia Abrigo
Subject: Fwd: QUESTIONNAIRE STATEMENT
Attachments: Scan 216.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

GM Cynthia

Saturday I mailed out a package addressed to you for the series 09 for both, person & location transfer that it was scheduled for delivery today. This e mail has Questionnaire Statement for item 17 for Suresh K Thathi.

Let me know if you need any amendments.

Happy Holidays to you, family and friends.

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

—Original Message—

From: Sumit Thathi <sthathi1993@gmail.com>
To: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Cc: Dad <sthathi@aol.com>
Sent: Tue, Dec 19, 2017 8:00 am
Subject: Re: QUESTIONNAIRE STATEMENT

Thanks boss!

On Mon, Dec 18, 2017 at 10:12 AM, Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com> wrote:

Sam

Please download, sign above your printed name, and e-mail back to me. The package was mailed Saturday and Cynthia Abrigo will receive Tuesday morning. When I receive the attached file I will forward to Cynthia.

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

Cynthia Abrigo

From: Cynthia Abrigo
Sent: Tuesday, January 02, 2018 8:48 AM
To: 'Eddie, AZ Liquor Law Trainer'
Subject: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Quick Pic Market- Liquor License 09020001

Good Morning Eddie,

The Department of Liquor has received attached statement for question #17 on Suresh Kumar Thathi's questionnaire. In addition, Person/ Location Transfer application with \$244.00 payment has been reviewed and upon review the following is needed to process application:

- Please send a copy of a diagram of applying business premise of 62 N. Oak Dr. Benson, AZ 85602; make sure to indicate **total square footage** of the business premise you wish to license, **with all entrances and exits labeled, liquor storage(s) indicated, and orientation of North.**
 - Do not include areas, such as parking lots, roads, or streets; only indicate business premise you wish to license.
 - ***Feel free to e-mail, fax, walk-in, or mail copy of diagram to the Department of Liquor at my attention, all information can be found in signature below.***

I would also like to inform you that we are now required to send back incomplete applications if the following information is not received after 7 business days of sending this request.

Should you have any questions or concern please let me know.



Cynthia Abrigo

Customer Service Representative
Department of Liquor Licenses and Control
800 West Washington St., 5th Floor
Phoenix, Arizona 85007
P:602-364-0674 | F: 602-542-5707
cynthia.abrigo@azliquor.gov

This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are

not the intended recipient, please promptly contact the sender by reply e-mail and destroy the original message. If you wish to opt out of receiving e-mails, please contact the sender.

From: Eddie, AZ Liquor Law Trainer [mailto:azliqlawtraining@aol.com]
Sent: Tuesday, December 19, 2017 10:34 AM
To: Cynthia Abrigo <Cynthia.Abrigo@azliquor.gov>
Subject: Fwd: QUESTIONNAIRE STATEMENT

GM Cynthia

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Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

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To: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Cc: Dad <sthathi@aol.com>
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Please download, sign above your printed name, and e-mail back to me. The package was mailed Saturday and Cynthia Abrigo will receive Tuesday morning. When I receive the attached file I will forward to Cynthia.

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

Cynthia Abrigo

From: Cynthia Abrigo
Sent: Thursday, January 04, 2018 3:58 PM
To: 'Eddie, AZ Liquor Law Trainer'
Subject: RE: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)
Attachments: lic_inactstatus_access.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Good Afternoon Eddie,

Diagram has been received, thank you. Application fee of \$244.00 will be rung up by tomorrow morning and copy of application will be e-mailed to Cochise County. Please be aware, if liquor license 09020001 will not be in use for more than 30 day, liquor license will have to be placed on Inactive Status, please find form attached. In addition, upon issuance of Person/ Location Transfer application for liquor license 09020001, currently active liquor license 10023143 will have to be Surrendered due to Series 9 and Series 10 are not stackable liquor licenses, Deactivation form will be provided upon notice of approval.

If you have any questions or concerns, please let me know.



Cynthia Abrigo

Customer Service Representative
Department of Liquor Licenses and Control
800 West Washington St., 5th Floor
Phoenix, Arizona 85007
P:602-364-0674 | F: 602-542-5707
cynthia.abrigo@azliquor.gov

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From: Eddie, AZ Liquor Law Trainer [mailto:azliqlawtraining@aol.com]
Sent: Wednesday, January 03, 2018 11:33 PM
To: Cynthia Abrigo <Cynthia.Abrigo@azliquor.gov>
Subject: Re: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

-----Original Message-----

From: Cynthia Abrigo <Cynthia.Abrigo@azliquor.gov>
To: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Sent: Tue, Jan 2, 2018 8:47 am
Subject: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Quick Pic Market- Liquor License 09020001

Good Morning Eddie,

The Department of Liquor has received attached statement for question #17 on Suresh Kumar Thati's questionnaire. In addition, Person/ Location Transfer application with \$244.00 payment has been reviewed and upon review the following is needed to process application:

- Please send a copy of a diagram of applying business premise of 62 N. Oak Dr. Benson, AZ 85602; make sure to indicate total square footage of the business premise you wish to license, with all entrances and exits labeled, liquor storage(s) indicated, and orientation of North.
 - Do not include areas, such as parking lots, roads, or streets; only indicate business premise you wish to license.
 - *Feel free to e-mail, fax, walk-in, or mail copy of diagram to the Department of Liquor at my attention, all information can be found in signature below.*

I would also like to inform you that we are now required to send back incomplete applications if the following information is not received after 7 business days of sending this request.

Should you have any questions or concern please let me know.



Cynthia Abrigo

Customer Service Representative
Department of Liquor Licenses and Control
800 West Washington St., 5th Floor
Phoenix, Arizona 85007
P:602-364-0674 |F: 602-542-5707
cynthia.abrigo@azliquor.gov

Cynthia Abrigo

From: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Sent: Thursday, January 04, 2018 8:33 PM
To: sthathi1993@gmail.com; sthathi@aol.com
Cc: Cynthia Abrigo
Subject: 09020001 INACTIVE APP
Attachments: INACTIVE APP.pdf

SAM

Please edit, print and take to notary. Once notarized please mail original to the following address:

AZ Department of Liquor
Attn: Cynthia Abrigo
800 W Washington 5th Floor
Phoenix AZ 85007

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

Cynthia Abrigo

From: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Sent: Thursday, January 04, 2018 8:28 PM
To: Cynthia Abrigo
Subject: Re: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Cynthia

I have filled out inactive app and will forward to Suresh K Thathi. Then when notarized I will mail to you.

Thank You

Eddie Rodriguez
AZ Business Licensing
520-349-8374 cell
azliqlawtraining@aol.com

—Original Message—

From: Cynthia Abrigo <Cynthia.Abrigo@azliquor.gov>
To: Eddie, AZ Liquor Law Trainer <azliqlawtraining@aol.com>
Sent: Thu, Jan 4, 2018 3:58 pm
Subject: RE: Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Quick Pic Market- Liquor License 09020001 (Person/ Location Transfer App)

Good Afternoon Eddie,

Diagram has been received, thank you. Application fee of \$244.00 will be rung up by tomorrow morning and copy of application will be e-mailed to Cochise County. Please be aware, if liquor license 09020001 will not be in use for more than 30 day, liquor license will have to be placed on Inactive Status, please find form attached. In addition, upon issuance of Person/ Location Transfer application for liquor license 09020001, currently active liquor license 10023143 will have to be Surrendered due to Series 9 and Series 10 are not stackable liquor licenses, Deactivation form will be provided upon notice of approval.

If you have any questions or concerns, please let me know.



Cynthia Abrigo

Customer Service Representative

Department of Liquor Licenses and Control

800 West Washington St., 5th Floor

Phoenix, Arizona 85007

'18 JAN 4 Liq. Lic. PM 4:00

'17 DEC 18 Liq. Dept PM 3:31

'17 OCT 23 Liq. Dept PM 1:27

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

*****TEN DOLLARS AND NO CENTS***** lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

George Calvin Fisher, a married man dealing with his sole and separate property, hereby grants, bargains, sells and transfers unto the BUYER:


S&S Thathi, LLC, an Arizona Limited Liability Company, and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #09020001

'17 DEC 18 Liq. Dept PM 3:32

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: **October 3, 2017**

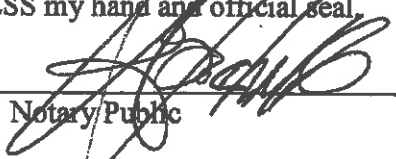


George Calvin Fisher

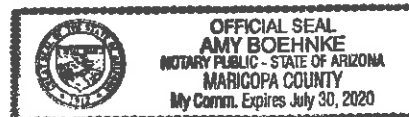
State of **ARIZONA** }ss:
County of **MARICOPA**

On October 3, 2017, before me, the undersigned, a Notary Public in and for said County and State, personally appeared George Calvin Fisher, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Notary Public



Escrow No.: **00176411**

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 09020001

Issue Date: 2/3/2017

Expiration Date: 6/30/2018

Issued To:
GEORGE CALVIN FISHER, Owner
Location:
SIERRA VISTA FLOWERS & GIFTS
1400 FRY BLVD
SIERRA VISTA, AZ 85635

Mailing Address:
GEORGE CALVIN FISHER
SIERRA VISTA FLOWERS & GIFTS
1400 FRY BLVD
SIERRA VISTA, AZ 85635



EXP 6/30/2018

POST THIS LICENSE IN A CONSPICUOUS PLACE