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

DLLC USE ONLY
License # 06020020
Date Accepted: 1/19/18
CSR: [Signature]

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)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1. Type of License (restaurant, bar etc.): Series 6 2. LICENSE # (if issued): 06020020

SECTION 4 Applicants

- 1. Agent's Name: COHEN, PAMELA KAREN
2. Applicant/Licensee Name: The Thirsty Lizard LLC
3. Business Name (Doing Business As-DBA): THE THIRSTY LIZARD
4. Business Location Address: 5838 W. DOUBLE ADOBE ROAD, MC NEAL, ARIZONA, 85617, COCHISE
5. Mailing Address: 427 E. ALLEN LANE, HUACHUCA CITY, ARIZONA 85616
6. Business Phone: 520-456-2337 Daytime Contact Phone: 861-289-2899
7. Email Address: AZTHIRSTYLIZARD@YAHOO.COM

8. Is the Business located within the incorporated limits of the above city or town? Yes No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? MC NEAL Cochise County

Fees: Application \$100.00 Interim Permit \$100.00 Department Use Only Site Inspection \$70.00 Finger Prints \$270.00 Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No

1/19/18

To whom it may concern,

I, Pamela Cohen, am the legal property owner of 5838 W. Double Adobe Rd, McNeal, AZ 85647.

Sincerely,



427 E. Allen Lane
Huachuca City, AZ 85614
601-289-2899

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: 9/28/2014 State where Incorporated/Organized: Arizona
 b) AZ Corporation or AZ L.L.C. File No: L-1953781-4 Date authorized to do business in AZ 9/24/2014

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
Cohen, Pamela	Karen		Member	51%	427 E. Allen Lane,	Huachuca City,	AZ	85646
Ferguson, William	Carmon		Member	49%	427 E. Allen Lane,	Huachuca City,	AZ	85646

(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: 06020020 06020056
 2. Is the license currently in use? Yes No If no, how long has it been out of use? APPROXIMATELY 20 MONTHS 2015

I, (Signature) [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.

State of Arizona } County of <u>Maricopa</u> } On this <u>19</u> Day of <u>January</u> , 20 <u>18</u> before me personally appeared <u>Pamela Karen Cohen</u> <small>Day Month Year (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. _____ (Affix Seal Above)	<p>NOTARY</p>  <p><u>[Signature]</u> _____ NOTARY PUBLIC</p>
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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 - Current Licensee Information ARS§4-203(C), (D), (G)**
(Bar and Liquor Stores only - Series 06, 07 and 09)

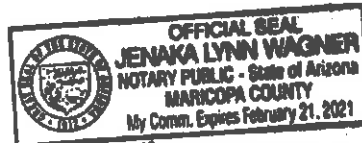
1. License #: 06020020
2. Current Agent Name: COHEN, PAMELA KAREN
Last First Middle
3. Current Licensee Name: THE THIRSTY LIZARD, LLC
(Exactly as it appears on the license)
4. Current Business Name: THE THIRSTY LIZARD
(Exactly as it appears on the license)
5. Current Daytime Phone: 661-289-2899 Primary Email Address: AZTHIRSTYLIZARD@YAHOO.COM

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

7. I authorize the transfer of this license to the applicant: *P. Cohen*
Signature or Agent or Individual controlling person

NOTARY

State of Arizona }
County of Maricopa }



On this 19 Day of January, 2018 before me personally appeared Pamela Karen Cohen
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.

Jenaka Lynn Wagner
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

-Section 10 continued -

1. Distance to nearest School: 4.9 MILES Name of School: GREENWAY ELEMENTARY SCHOOL
(If less than one (1) mile note footage) Address: 98 COLE AVENUE, BISBEE, AZ 85603

2. Distance to nearest Church: 4.7 MILES Name of Church: FIRST SOUTHERN BAPTIST CHURCH
(If less than one (1) mile note footage) Address: 500 ARIZONA STREET, BISBEE, AZ 85603

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? \$ 150,000

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
COHEN, JANE	TOBY		150,000.00	277 E. ALLEN LANE,	HUACHUCA CITY,	AZ	85616

(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

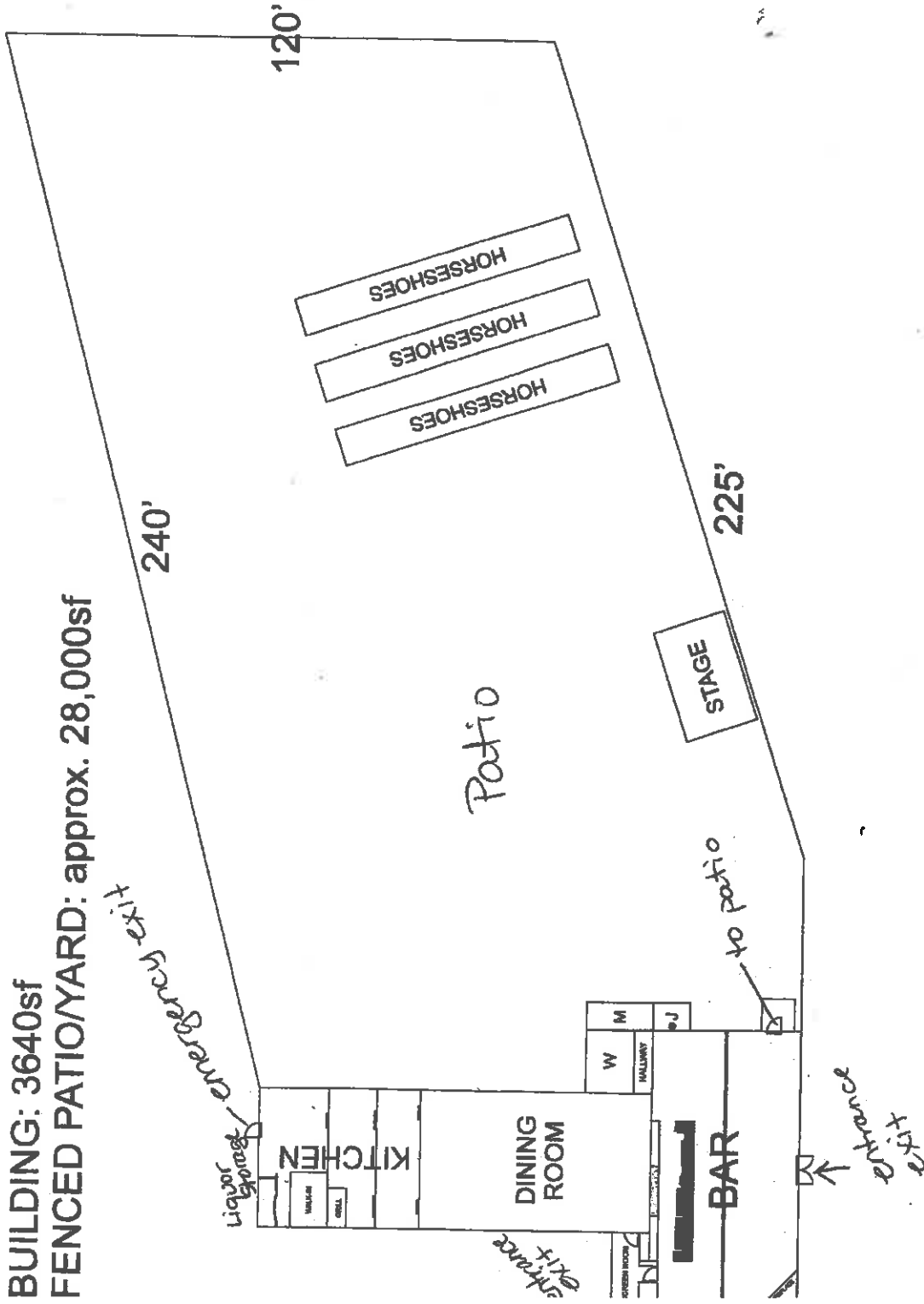
Non-Contiguous within 30 feet

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.

BUILDING: 3640sf
FENCED PATIO/YARD: approx. 28,000sf



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.

PKC

Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY


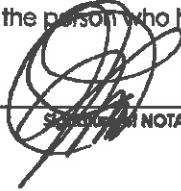
(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

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 <u>Maricopa</u>)	
On this <u>19</u> Day of <u>January</u> , 20 <u>18</u> before me personally appeared <u>Pamela Karen Cohen</u>		
		(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.		
		 _____ Notary Public
(Affix Seal Above)		

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 19 Lic. Lic. #M1204



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**

804,541

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

P1072715 Or

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#: 06020020
(If the location is currently licensed)

1. Check the Appropriate Box

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

2. Name: Cohen, Pamela Karen Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Tarzana, California USA Height: 5'7" Weight: 200 Eyes: Blue Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: N/A 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: November, 2014
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 661-289-2899 E-mail address: lancerway@yahoo.com

8. Business Name: The Thirsty Lizard Business Phone: 520, 456, 2337

9. Business Location Address: 5838 W. Double Adobe Road, Mc Neal, AZ, Cochise, 85617
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)
03/2006	CURRENT	Stay-At-Home Mom	427 E. Allen Lane, Huachuca City AZ 85616

(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
06/2015	CURRENT	Own	427 E. Allen Lane	Huachuca City	AZ	85616
12/2014	06/2015	Rent	485 W. Sunset Road	Huachuca City	AZ	85616
09/2004	12/2014	Own	800 Lancer Way	Lebec	CA	93243

(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) Pamela Karen Cohen, 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: *Pamela Cohen*

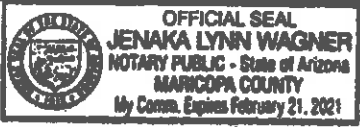
NOTARY

State of Arizona)
County of Maricopa)

On this 19 Day of January, 2018 before me personally appeared Pamela Karen Cohen
(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



(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: _____



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

*18 JAN 19 Lic. Lic. PM1234

**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) Pamela Karen Cohen

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 Tarzana State (or equivalent) California Country or Territory USA

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

2) Name of document: Birth Certificate
 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.

^{Yoren}
Pamela Cohen

Individual Owner/Agent Printed Name

January 18, 2018

Today's Date



Individual Owner/Agent Signature

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

Certificate of Completion
For

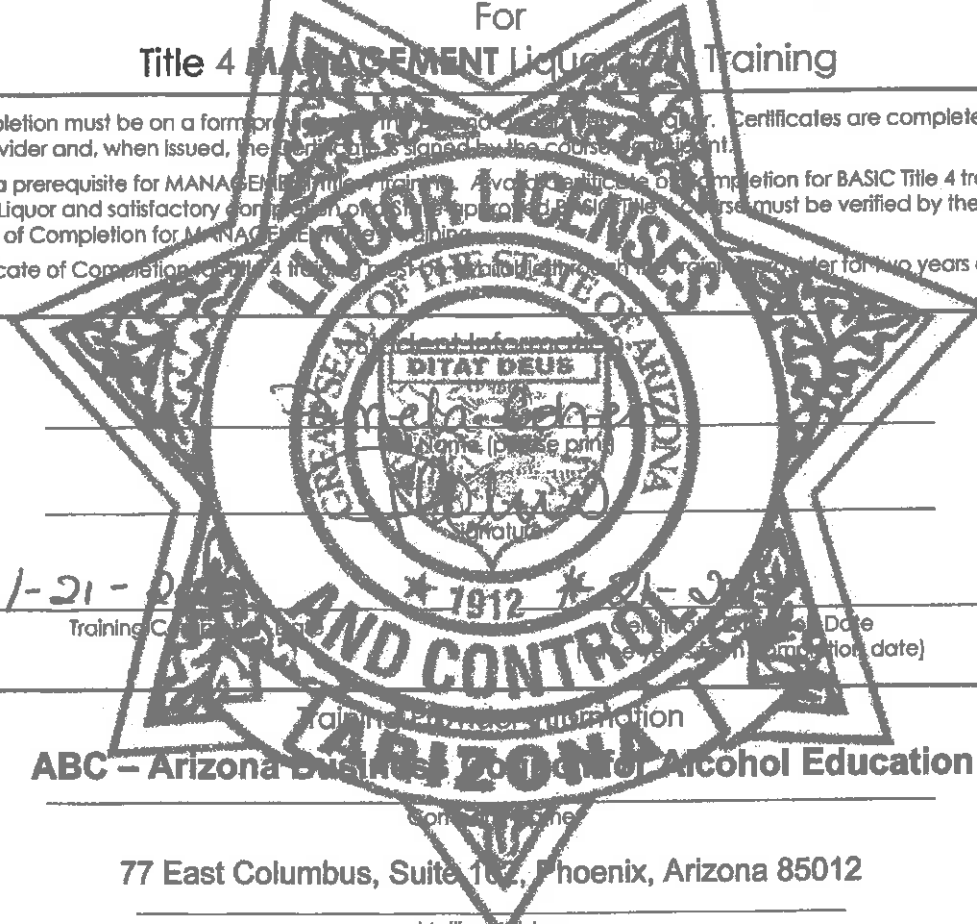
*18 JAN 19 Lic. Lic. #M1234

Title 4 **MANAGEMENT** Liquor License Training

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

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 a state-approved **BASIC** Title 4 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 obtained through the training provider for two years after the training completion date.



1-21-2015

Training Completion Date

* 21 - 2015

Training Provider Date (month, day, year)

ABC - Arizona Business Alcohol Education

77 East Columbus, Suite 102, Phoenix, Arizona 85012

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Jesus Altamirano, 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).

Jesus Altamirano
Instructor Signature

21 / 1 / 2015
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)
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.

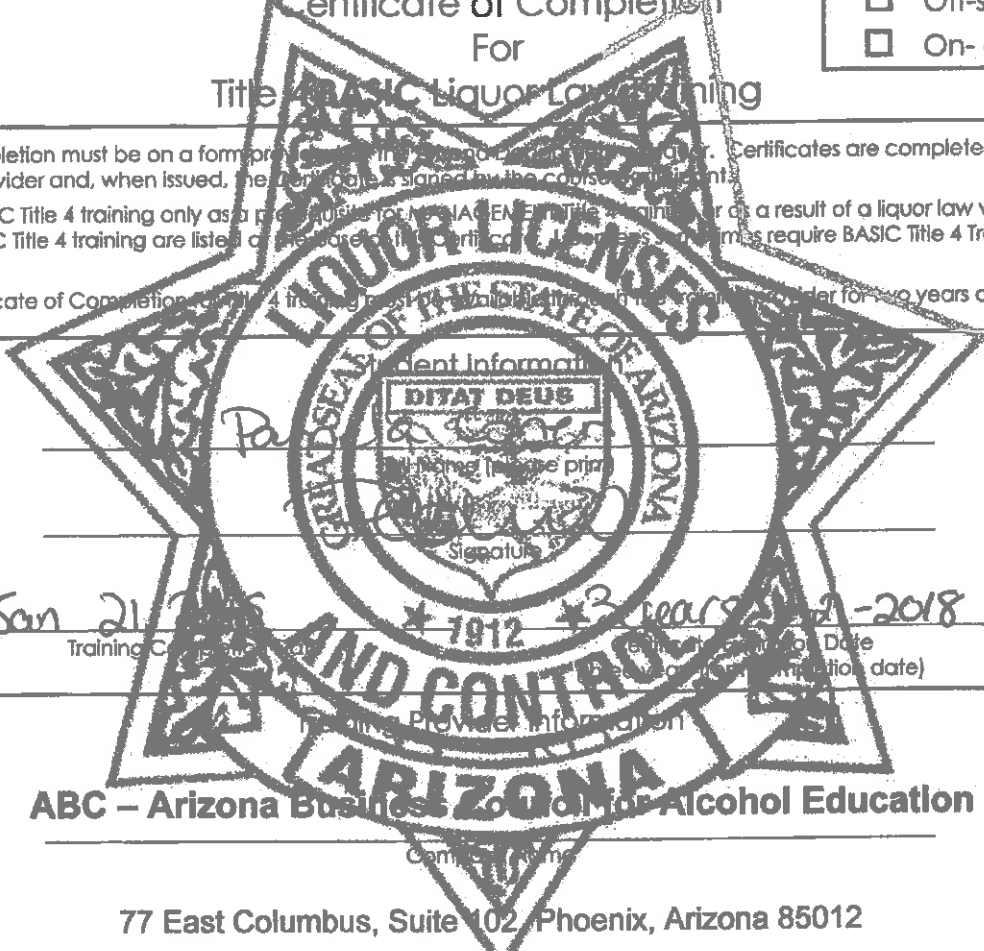
<input checked="" type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor Licenses and Control. Certificates are completed by a state-approved training provider and, when issued, the certificate is signed by the course 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 base of this certificate. Licensees in some circumstances require BASIC Title 4 Training a condition of employment.

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



Student Information
 Name: Jesus Altamirano
 License Number: 18 JAN 19 Lic. M1234
 Training Completion Date: Jan 21, 2015
 Expiration Date: 3 years 01-21-2018

Training Provider Information
 Name: ABC - Arizona Business Council for Alcohol Education
 Address: 77 East Columbus, Suite 102, Phoenix, Arizona 85012
 Phone: (602) 285-1396

I, Jesus Altamirano, 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).

Jesus Altamirano Instructor Signature 1 / 21 / 2015
 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.



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

8041541

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

P1072716

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.

1. Check the Appropriate Box
Liquor License#: 06020020
Controlling Person (checked)
Agent (checked)
Manager (unchecked)

2. Name: Ferguson, William Cannon Birth Date: (NOT a public record)

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

4. Place of birth: Tucson, Arizona USA Height: 6' Weight: 220 Eyes: Brn Hair: Brn

5. Name of current/most recent spouse: N/A 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: 12/2014

7. Daytime telephone number: 661-289-2799 E-mail address: lancerway@yahoo.com

8. Business Name: The Thirsty Lizard Business Phone: 520 / 456 / 2337

9. Business Location Address: 5838 W. Double Adobe Road, McNeal, AZ, Cochise, 85617

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). Includes entries for Mechanic at Lawley Ford and Lebec Automotive, and a handwritten entry for Mechanic at Jim Burke Ford.

(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
6/2015	CURRENT	Own	427 E. Allen Lane	Huachuca City	AZ	85616
12/2014	06/2015	Rent	485 W. Sunset Road	Huachuca City	AZ	85616
09/2006	12/2014	Own	800 Lancer Way	Lebec	CA	93243

(ATTACH ADDITIONAL SHEET IF NECESSARY)

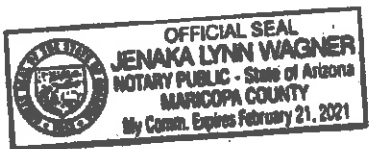
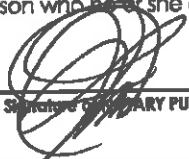
12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide the DLLC-approved certificate 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) William Cannon Ferguson, 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 <u>Maricopa</u>)	
On this <u>19</u> Day of <u>January</u> , 20 <u>18</u> before me personally appeared <u>William Cannon Ferguson</u> <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.	
(Affix Seal Above)	<u></u> 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: _____

This is to notify all that my full and legal
name is William Cannon Ferguson

Signed  1/19/2018

18 JAN 19 11:47. LIC. M1234

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

18 JUN 19 11:19 AM PM1234

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE BIRTH CERTIFICATE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1a. NAME OF CHILD—FIRST NAME PAMELA	1b. MIDDLE NAME JANE	1c. LAST NAME COHEN		
	2. SEX Female	3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET? single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR 1:10 A.
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Medical Center of Tarzana		5b. STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) 18321 Clark Street		5c. BIRTH CITY, COUNTY, STATE (SPECIFY YES OR NO) yes
	5d. CITY OR TOWN Tarzana		5e. COUNTY Los Angeles		
MOTHER OF CHILD	6a. MARRIED NAME OF MOTHER—FIRST NAME Jane		6b. MIDDLE NAME Toby		7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California
	8. AGE OF MOTHER (BY THIS BIRTH) 28 YEARS	8a. SOCIAL SECURITY NUMBER OF MOTHER	9. COLOR OR RACE OF MOTHER white	9a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET, AND NUMBER, OR LOCATION) 6941 Wilbraunt Avenue	9b. BIRTH CITY, COUNTY, STATE (SPECIFY YES OR NO) yes
	10a. RESIDENCE OF MOTHER—CITY OR TOWN Van Nuys		10b. RESIDENCE OF MOTHER—COUNTY Los Angeles		10c. RESIDENCE OF MOTHER—STATE California
	11a. NAME OF FATHER—FIRST NAME Robert		11b. MIDDLE NAME Saul		11c. LAST NAME Cohen
FATHER OF CHILD	12. AGE OF FATHER (BY THIS BIRTH) 32 YEARS	13a. SOCIAL SECURITY NUMBER OF FATHER	14. COLOR OR RACE OF FATHER white	15a. PRESENT OR LAST OCCUPATION Manager	15b. KIND OF INDUSTRY OR BUSINESS Printing
	16a. FATHER OR OTHER GUARDIAN—SIGNATURE (BY OTHER THAN FATHER, SPECIFY) <i>Jane Cohen</i>		16b. DATE BORN AND BIRTHED BY INFORMANT		
INFORMANT'S CERTIFICATION	I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-ENTERED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17a. PHYSICIAN FOR OTHER PERSON (SIGNATURE AND BIRTH SIGNATURE—DEGREE OR TITLE) <i>Debra L. Delaney</i>		17b. DATE BORN AND BIRTHED BY OTHER PERSON
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.		17c. ADDRESS 14542 Ventura Blvd., Encino		17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A-14703
LOCAL REGISTRAR	18. LOCAL REGISTRAR SIGNATURE <i>Debra L. Delaney</i>		19. LOCAL REGISTRAR NAME Debra L. Delaney		20. LOCAL REGISTRAR ADDRESS

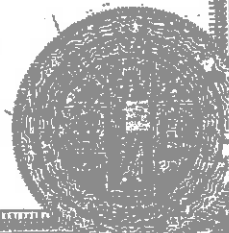
This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Acting Registrar-Recorder/County Clerk

JUN 03 2008

019492328

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.



STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06020020

Issue Date: 4/7/2015

Expiration Date: 6/30/2018

Issued To:

PAMELA KAREN COHEN, Agent
THIRSTY LIZARD LLC, Owner

Location:

THIRSTY LIZARD
2092 N HWY 90
HUACHUCA CITY, AZ 85616

Mailing Address:

PAMELA KAREN COHEN
THIRSTY LIZARD LLC
THIRSTY LIZARD
485 W SUNSET RD
HUACHUCA CITY, AZ 85616



EXP 6/30/2018

POST THIS LICENSE IN A CONSPICUOUS PLACE

18 JAN 19 Lic. Lic