



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 # 22159
Date Accepted: 5-31-18
CSR: SG

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 Type of License

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

SECTION 2 Type of Ownership

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

SECTION 3 Type of Privilege

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1. Type of License (Series of license): Series 13- Farm Winery
2. LICENSE #

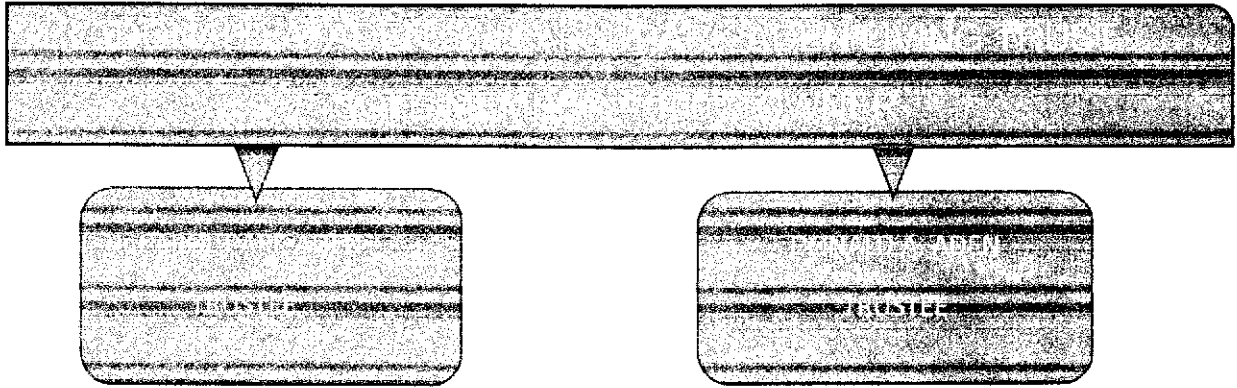
SECTION 4 Applicants

- 1. Agent's Name: ADEN CAROL PARK
2. Individual/Owner Name: AZ BACKROADS WINE LLC
3. Business Name (Doing Business As-DBA): AZ BACKROADS WINE
4. Business Location Address: Northeast Corner of Kansas Settlement Road and E. Fawn Ranch Road, Pearce, AZ 85625 COCHISE
5. Mailing Address: 19938 W MEADOWBROOK AVE LITCHFIELD PARK AZ 85340
6. Business Phone: 928-257-6278 Daytime Contact Phone: 928-257-6278
7. Email Address: parkadenwine@gmail.com
8. Is the Business located within the incorporated limits of the above city or town? No COCHISE COUNTY
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

Fees: Application 100.00, Interim Permit, Site Inspection, Finger Prints 44.00, Total of All Fees 170.00

ORGANIZATIONAL CHART

OWNERSHIP OF AZ BACKROADS WINE LLC:



DBA: AZ BACKROADS WINE
CAROL PARK ADEN

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

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

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

1. License #: _____
2. Individual Owner/Agent Name: _____
Last First Middle
3. Ownership Name: _____
(Exactly as it appears on the license)
4. Current Business Name: _____
(Exactly as it appears on the license)
5. Business Location Address: _____
Street City State County Zip
6. Current Daytime Phone: _____ Primary Email Address: _____
7. Does current licensee intend to operate the business while this application is pending? Yes No
8. I, (Signature): _____ authorize the transfer of this license to the applicant.

NOTARY

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

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

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

Signature of Notary

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

1. Current Business: Name: _____
Address: _____
(exactly as it appears on license)
2. New Business: Name: _____
Address: _____

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

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

The above paragraph DOES NOT apply to:

- a) Restaurants that do not sell growlers (A.R.S. §4-205.02) Series 12
- b) Hotel/motel license (A.R.S. §4-205.01) Series 11
- c) Microbrewery (A.R.S. §4-205.08) Series 03
- d) Craft Distillery (A.R.S. §4-205.10) Series 18
- e) Government license (A.R.S. §4-205.03) Series 05
- f) Playing area of a golf course (A.R.S. §4-207 (B)(5))
- g) Wholesaler/Distributor Series 04
- h) Farm Winery Series 13
- i) Producer Series 01

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

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

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

1. I am the:

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

2. If the premises is leased give lessors: Name: DONALD A ADEN AND CAROL PARK ADEN LIVING TRUST
 Address: 19938 W MEADOWBROOK AVE, LITCHFIELD ^{PARK} AZ 85340
Street City State Zip

3. What is the penalty if the lease is not fulfilled? \$ 0 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
NONE AT THIS TIME							

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.

6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 13 Diagram of Premises

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

Patio: Contiguous

Patio: Non-Contiguous within 30 feet

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

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

2. What type of business will this license be used for? (be Specific) _____
per custom crush-wine storage

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

DO NOT INCLUDE

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

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

ATTACH DIAGRAM

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

RESTAURANTS AND HOTELS/MOTELS ONLY

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

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

5b. Provide a restaurant operation plan.

SECTION 14 SIGNATURE BLOCK

NOTARY

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

Signature: Carol Park Aden State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on 21st Day of May, 2018
Day Month Year



[Signature]
Signature of Notary

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

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

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

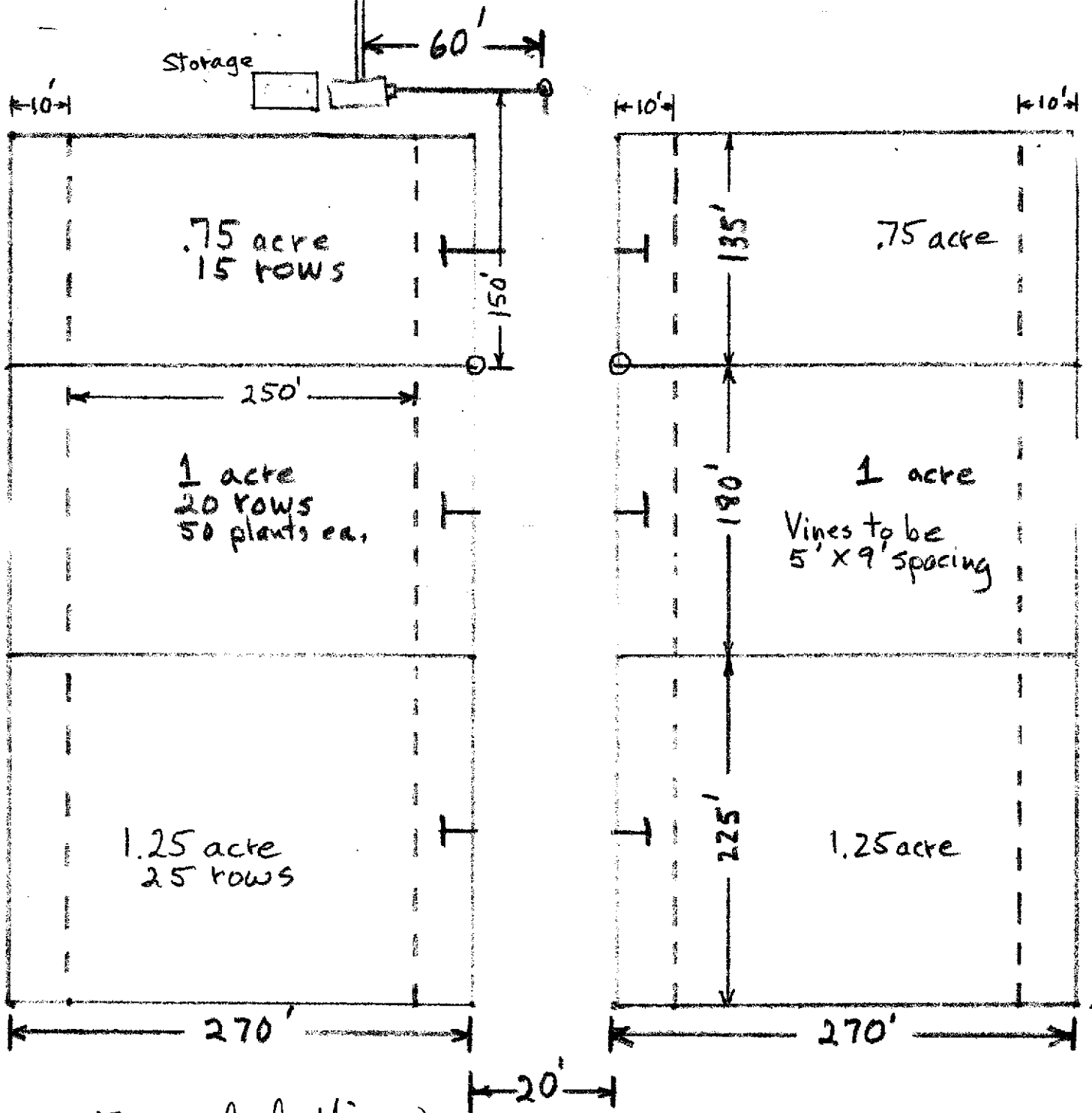
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

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

AZ Backroads
Wine LLC

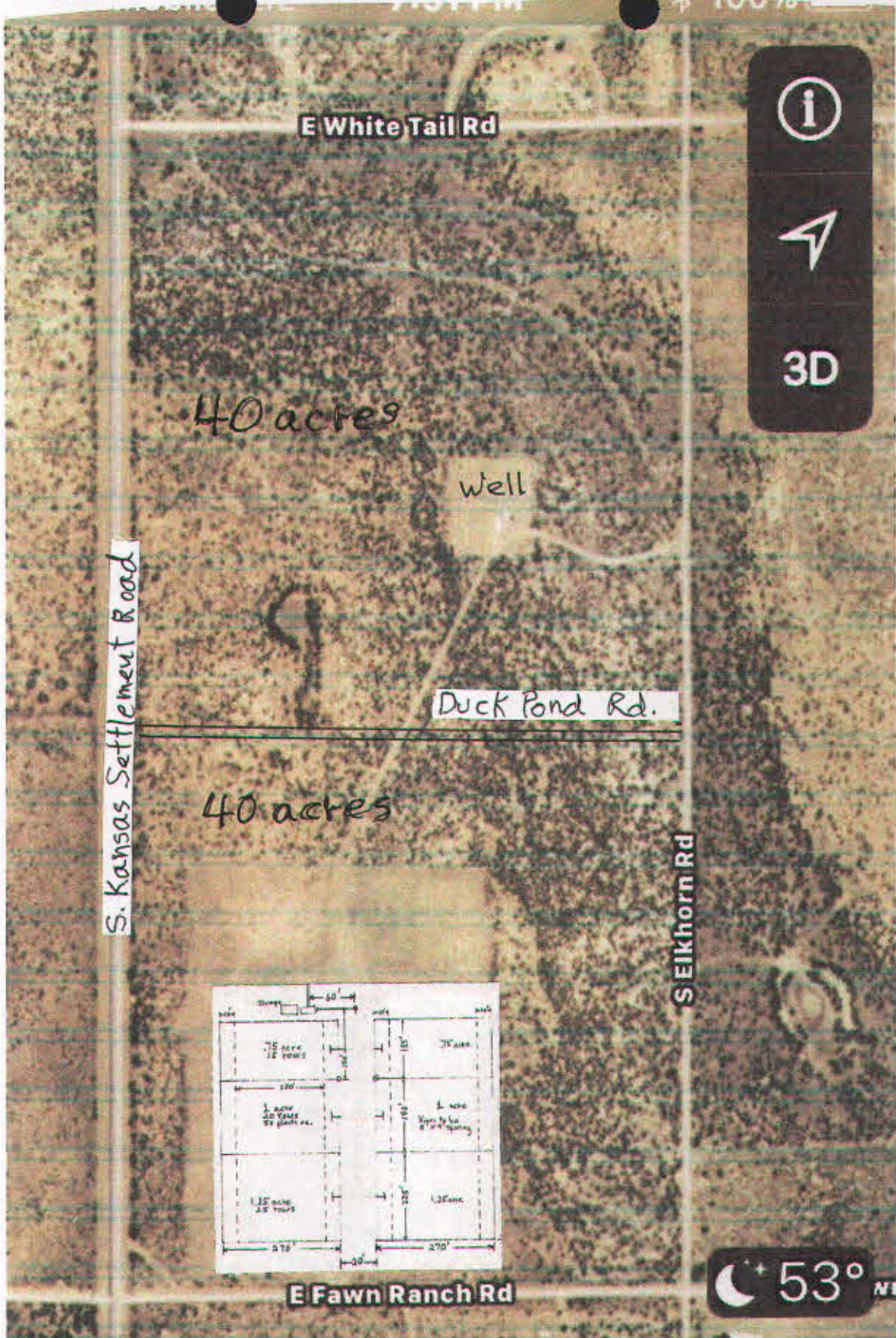
2" pipe to well

North ↑



Expanded view
Vineyard

AZ Backroads Wine LLC



Information icons: an 'i' in a circle, a compass arrow, and the text "3D".



S. Kansas Settlement Road

E White Tail Rd

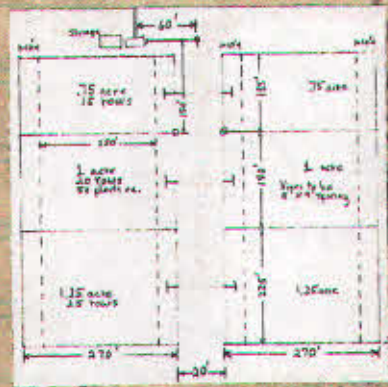
40 acres

Well

Duck Pond Rd.

40 acres

SEIKHORN Rd



E Fawn Ranch Rd

Weather icon: a moon and star, followed by "53°" and "NE".

Map footer: "Pearce Vineyard" in a white box, a close button 'X', and a search bar.

RE: AZ BACKROADS WINE LLC – APPLICATION FOR ARIZONA SERIES 13 FARM WINERY LIQUOR LICENSE

SWORN STATEMENT OF CAROL PARK ADEN

AS AGENT AND CONTROLLING PERSON

Under PENALTY OF PERJURY, I CAROL PARK ADEN DECLARE AND STATE THE FOLLOWING:

- 1) I am an agent and controlling person of AZ BACKROADS WINE LLC, Applicant for a Series 13 Arizona Farm Winery License;
- 2) BACKROADS WINE LLC controls production of wine from wine grapes grown on five producing acres of land, controlled by BACKROADS WINE LLC located at:
The Northeast Corner of Kansas Settlement Road and
E. Fawn Road, Pearce, AZ, Cochise County, 85625;
- 3) This land has been devoted to wine grape growing for at least three consecutive calendar years, beginning January 26, 2015; and
- 3) AZ BACKROADS WINE LLC will produce at least two hundred gallons and not more than forty thousand gallons of wine during calendar year 2018, by entering into a custom crush arrangement, meeting all statutory requirements, of A.R.S. Section 4-205.04 C and A.R.S. Section 4-205.04 E.

I CAROL PARK ADEN, hereby declare that I am the Agent and Controlling Person filing this Sworn Statement in support of this Arizona Series 13 Farm Winery Liquor License and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Carol Park Aden

CAROL PARK ADEN

AGENT AND CONTROLLING PERSON

AZ BACKROADS WINE LLC

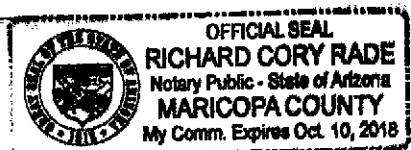
NOTARY:

STATE OF ARIZONA , COUNTY OF MARICOPA:

The foregoing instrument was acknowledged before me this

24th day of *May* 2018.

[Signature]
Signature of Notary





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

804,589

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 22159

1. Check the Appropriate Box →

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

2. Name: ADEN CAROL PARK Birth Date: _____
First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: AZ

4. Place of birth: DURHAM, NC USA Height: 5ft 7in Weight: 178 Eyes: blue Hair: blond
City State COUNTRY (not county)

5. Name of current/most recent spouse: ADEN DONALD A Birth Date: _____
Last First Middle (NOT a public record)

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

7. Daytime telephone number: 928-257-6278 E-mail address: parkadenwine@gmail.com

8. Business Name: AZ BACKROADS WINE LLC Business Phone: 928, 257, 6278

9. Business Location Address: Northeast Corner of Kansas Settlement Road and E. Fawn Road, Pearce, AZ, Cochise County, 85625
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
07/2014	CURRENT	Attorney	Community Legal Services, Inc 205 S Second Ave., Phoenix, AZ 85003
05/2013	07/2014	Retired	19938 W Meadowbrook Ave, Litchfield Pk, AZ 85340

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2013	CURRENT	19938 W Meadowbrook Ave., Litchfield Pk, AZ 85340

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
 If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

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

NOTARY

I (Print Full Name) CAROL PARK A DEN hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Carol Park Aden* State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 21st Day of May, 2018

Day Month Year

[Signature]
Signature of Notary

OFFICIAL SEAL
RICHARD CORY RADE
 Notary Public - State of Arizona
MARICOPA COUNTY
 My Comm. Expires Oct. 10, 2018

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

PRINT NAME: _____ SIGNATURE: _____



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

18 MAY 31 Lic. Lic. AM 9 62

**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) Carol Park Aden

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 Durham State (or equivalent) ~~Arizona~~ NORTH CAROLINA Country or Territory USA

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

2) Name of document: US Passport
 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.

Carol Park Aden

Individual Owner/Agent Printed Name

05/24/18
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.



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804,589

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 22159

1. Check the Appropriate Box

Form with checkboxes: [x] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: ADEN DONALD A Birth Date: (NOT a public record)

3. Social Security # Driver License#: State: AZ

4. Place of birth: WALTHAM MA USA Height: 6ft 0in Weight: 255 lb Eyes: blue Hair: silver

5. Name of current/most recent spouse: ADEN CAROL PARK Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? [x] Yes [] No If yes, what is your date of residency: 1958

7. Daytime telephone number: 602-762-0009 E-mail address: parkadenwine@gmail.com

8. Business Name: AZ BACKROADS WINE Business Phone: 928, 257, 6278

9. Business Location Address: Northeast Corner of Kansas Settlement Road and E. Fawn Road, Pearce, AZ, Cochise County, 85625

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or 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: 05/2013, CURRENT, Retired, 19938 W Meadowbrook Ave., Litchfield Park, AZ 85340

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2013	CURRENT	19938 W Meadowbrook Ave., Litchfield Pk ^{PARK} , AZ 85340

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No


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

NOTARY

I (Print Full Name) Donald A. Aden hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Donald A. Aden State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 21st Day of May, 2018

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

[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

Save Retrieve New Reports Remember **New Application**

New Application #22159 (In Review) Created: **May 31, 2018** Completed: **06/01/2018**
License: - **AZ BACKROADS WINE (AZ BACKROADS WINE LLC)** Created By: **Selena Gonzales**

Details Processes Questions Fees & Payments Case Notes Documents

*Application Received: **May 31, 2018**
Region: **AZ - Cochise**

Default Assignments

*Reviewer 1: **Selena Gonzales**
*Reviewer 2: **Jennifer Benson**
*Approver: **Selena Gonzales**

Related Information

- License**
License (pending) - **D13 Farm Winery**
AZ BACKROADS WINE (AZ BACKROADS WINE LLC)
- Licensee (Legal Entity)**
AZ BACKROADS WINE LLC
Limited Liability Company
- Premises**
AZ BACKROADS WINE (Location)
NORTHEAST CORNER OF CANAS SETTLEMENT ROAD AND E FAWN ROAD

Create a new...

- Backlogs
- Application Case



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey
GOVERNOR

May 31, 2018

John Cocca
DIRECTOR

**Carol Park Aden
AZ Backroads Wine
19938 W. Meadowbrook Ave.
Litchfield Park, AZ 85340**

Re: Application No. 22159

Ms. Aden:

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) 542-9040.

Thank you,

**Selena Gonzales
Customer Service Representative**

Enclosures

800 WEST WASHINGTON, 5th FLOOR PHOENIX, ARIZONA 85007-2934 PHONE (602) 542-5141 FAX (602) 542-5707

WWW.AZLIQUOR.GOV

Individuals requiring special accommodations please call (602)542-9027