



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 # 25815
Date Accepted: 7-16-18
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 09, LIQ STORE 2. LICENSE # 09020001

SECTION 4 Applicants

1. Agent's Name: THATHI SUMIT
2. Individual/Owner Name: S&S THATHI, LLC
3. Business Name (Doing Business As-DBA): QUICK PIC MARKET
4. Business Location Address: 62 N OAK DR BENSON AZ 85602 COCHISE
5. Mailing Address: 62 N OAK DR BENSON AZ 85602
6. Business Phone: (520) 586-2163 Daytime Contact Phone: (520)310-3997
7. Email Address: sthathi1993@gmail.com

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

9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 45,000

Table with 4 columns: Fees, Department Use Only, Finger Prints, Total of All Fees. Values: Application 200.00, Interim Permit, Site Inspection, Finger Prints 22.00, Total of All Fees 222.00

**SECTION 5 Interim Permit**

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

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

1. Enter license number currently at the location: \_\_\_\_\_
2. Is the license currently in use?  Yes  No If no, how long has it been out of use? \_\_\_\_\_

**NOTARY**

I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Agent, Current 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 6 Background Check**

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

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

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

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
THATHI	SHAMA		MGR/MEM	81%	4490 N CAMINO SUMO	TUCSON	AZ	85718
THATHI	SUMIT		MGR/MEM	19%	4490 N CAMINO SUMO	TUCSON	AZ	85718

(Attach additional sheet if necessary)

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

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

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on the license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. 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 #

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

1. License #: ~~09010001~~ 09020001  
SF

2. Individual Owner/Agent Name: FISHER GEORGE CALVIN  
Last First Middle

3. Ownership 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. Business Location Address: 1400 Fry Blvd Sierra Vista AZ Cochise 85635  
Street City State County Zip

6. Current Daytime Phone: 520-255-1601 Primary Email Address: gedandy12@yahoo.com

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) REFER TO ATTACHED BILL OF SALE 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: SIERRA VISTA FLOWERS & GIFTS

Address: 1400 FRY BLVD, SIERRA VISTA AZ 85635  
(exactly as it appears on license)

2. New Business: Name: QUICK PIC MARKET

Address: 62 N OAK DR, BENSON AZ 85602

**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: 2640' feet  
(if less than one (1) mile, note footage)

Name of School: New West K Charter School  
 Address: 3225 W Navajo Trail, Benson AZ 85602

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

Name of Church: Peace in the Valley Lutheran Church  
 Address: 551 S J-6 Ranch Rd, Benson AZ 85602

**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: \_\_\_\_\_  
 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 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) MARKET

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.

QUIC PIC  
62 N OAK DR  
BENSON AZ 85602

2628 SQ FT

N

FIRE

EXIT

STORAGE

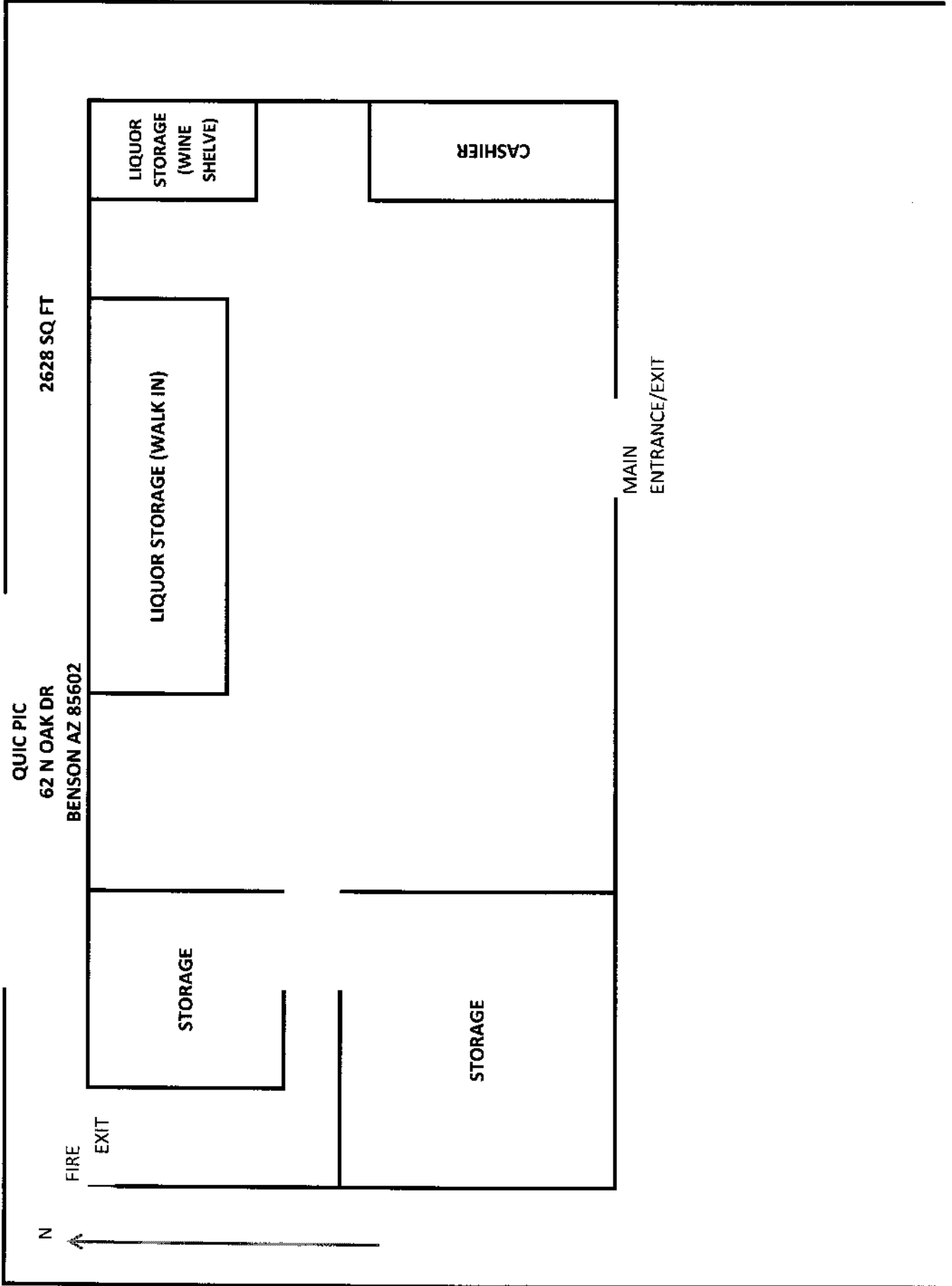
LIQUOR STORAGE (WALK IN)

LIQUOR  
STORAGE  
(WINE  
SHELVE)

STORAGE

CASHIER

MAIN  
ENTRANCE/EXIT



**SECTION 14 SIGNATURE BLOCK**


**NOTARY**

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

Signature: [Signature] State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this

My Commission Expires on: 6-7-2020 Date 8 Day of MAY, 2018 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.



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

804, 1207

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#: 09020001

1. Check the Appropriate Box

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

2. Name: THATHI SUMIT Birth Date (NOT a public record)

3. Social Security i. Driver License: State: ARIZONA

4. Place of birth: NEW DELHI INDIA Height: 5'6" Weight: 135 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: 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: 08/1997

7. Daytime telephone number: 520-310-3997 E-mail address: sthathi1993@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

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)

(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
04/2010	CURRENT	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 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) SUMIT THATHI 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: [Signature] State of: ARIZONA County of: PIMA  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 6-7-2020 Date 8 Day of MAY 2018  
Day Month Year



**JASON AMADORI**  
NOTARY PUBLIC  
PIMA COUNTY, ARIZONA  
MY COMM. EXPIRES 6-7-2020

[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: \_\_\_\_\_~~



\*18 JUL 16 Lic. Lic. PM 2 02

State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> 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) SUMIT 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 NEW DELHI 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.**

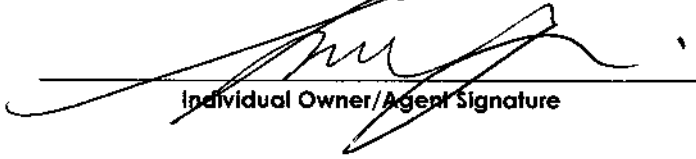
I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

**SUMIT THATHI**

Individual Owner/Agent Printed Name

**22 APRIL 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.

*Arizona* DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D  
54 END NONE  
17 REST NONE

4a DCN  
2 DOB

1 THATHI  
2 SUMIT  
7 4490 N CAMINO SUMO  
TUCSON, AZ 85718-7472



4b EXP 09/13/2058 4a ISS 12/23/2016

15 SEX M 16 EYES BLK  
16 HGT 5-06 19 HAIR BLK  
17 WGT 135 lb

*Sumit Thathi*

[Redacted]

18 JUL 16 Lic. Lic. PM 2 02

18 JUN 7 Lic. Dept PM1243

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

### Certificate of Completion For

### Title 4 BASIC Liquor Law Training

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

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

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

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

#### Student Information

**SUMIT THATHI**

Full Name (please print)

*[Handwritten Signature]*

Signature

**25 MARCH 2017**

Training Completion Date

**25 MARCH 2020**

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

**Eddie G. Rodriguez, Jr.**

Company Name

**3120 South Philamena 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]*

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.

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

18 JUL 16 Liq. Lic. PM 2 02

18 JUN 7 Liq. Dept PM1243

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

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

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

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

### Student Information

**SUMIT THATHI**

Full Name (please print)



Signature

**25 MAR 2017**

Training Completion Date

**25 MAR 2020**

Certificate Expiration Date  
(three years from completion date)

### Training Provider Information

**Eddie G. Rodriguez, Jr.**

Company Name

**3120 South Philamena 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).



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 JUL 16 Lic. Lic. PM 2 02

18 JUN 7 Lic. Dept PM1243



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

Top Current
Rev 1/5/18

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

CA

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#: 09020001

1. Check the Appropriate Box

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

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

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

4. Place of birth: TUCSON AZ USA Height: 5'6" Weight: 150 Eyes: BRO Hair: BLK

5. Name of current/most recent spouse: 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: 02/1988

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

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)

(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
04/2010	CURRENT	4490 N CAMINO SUMO, TUCSON AZ 85718

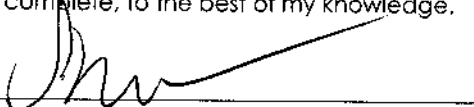
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 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) SHAMA THATHI 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.

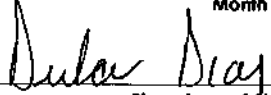
Signature:  State of AZ County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on: 02/04/2022 Date 14 Day of May 2018 Year



DULCE DIAZ  
Notary Public - Arizona  
Pima County  
My Comm. Expires Feb 1, 2022

  
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

**Amendment Application**

Amendment #25815 (In Review) - Location / Owner Transfer  
 License: 09020001 - QUICK PIC MARKET (S & S THATHI LLC)

Created: Jul 16, 2018 Completed: 10/16/2018  
 Created By: Selena Gonzales

Details Processes Questions Fees & Payments Case Notes Documents

\*Application Received Date: Jul 16, 2018  
 Region: 62 - Cochise

Amendment Description  
 OWNER LOCATION TRANSFER

- Related Information**
- License  
 License 09020001 (pending) - 009 Liquor Store  
 QUICK PIC MARKET (S & S THATHI LLC)
  - Licensee (Legal Entity)  
 S & S THATHI LLC  
 Limited Liability Company
  - Premises  
 QUICK PIC MARKET (Location)  
 62 N. GALT DRIVE

**Default Assignments**

\*Reviewer 1: Selena Gonzales  
 \*Reviewer 2: Jennifer Benson  
 \*Approver: Cynthia Abrigo

Create a new...

- Application Case

# BILL OF SALE

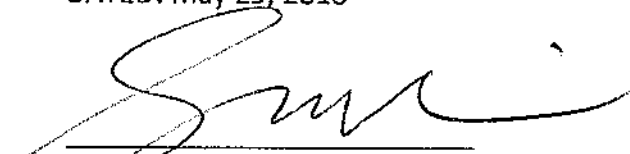
IN CONSIDERATION OF THE SUM OF:

\*\*\*TEN DOLLARS AND NO CENTS\*\*\* lawful currency of the United States of American, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER: Suresh Kumar Thathi, a previous member of S&S Thathi, LLC (recently removed as member of the S&S Thathi, LLC), 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

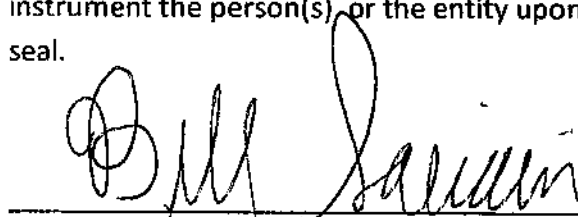
FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she, or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT,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

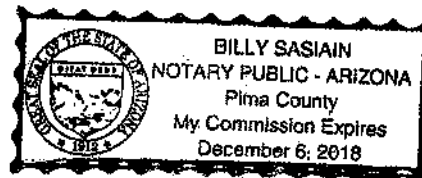
DATED: May 29, 2018

  
\_\_\_\_\_  
Suresh Kumar Thathi

State of ARIZONA County of PIMA

On May 30<sup>th</sup> 2018, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Suresh Kumar Thathi, personally known to me (or provided 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 this/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 WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public



# BILL OF SALE


IN CONSIDERATION OF THE SUM OF:

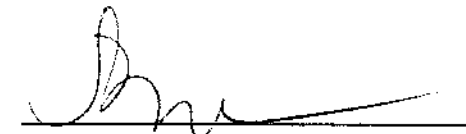
\*\*\*TEN DOLLARS AND NO CENTS\*\*\*lawful currency of the United States of American, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER: S&S Thathi, LLC , hereby grants, bargains, sells and transfers unto the BUYER: Suresh Kumar Thathi, and his, her, or their heirs, 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

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.

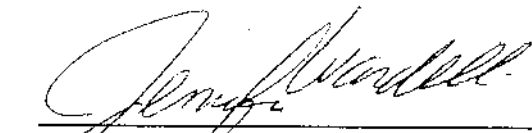
DATED: 30 OCT 2017

  
Sumit Thathi, Mem/Mgr  
S&S Thathi LLC

  
Shama Thathi, Mem/Mgr  
S&S Thathi LLC

State of ARIZONA County of PIMA

On July 16 <sup>2018</sup> ~~2017~~, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Shama Thathi and Sumit Thathi personally known to me (or provided 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 this/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 WITNESS my hand and official seal.

  
Notary Public



# 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:

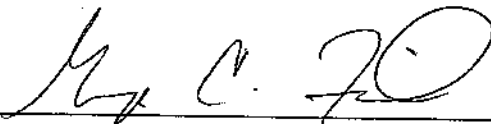
George Calvin Fisher, a married man dealing with his sole and separate property, hereby grants, bargains, sells and transfers unto the BUYER:

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

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.

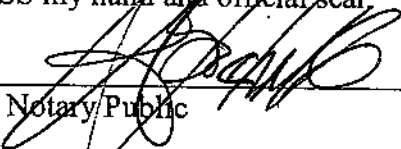
DATED: October 3, 2017

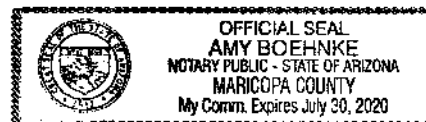
  
\_\_\_\_\_  
George Calvin Fisher

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 ALCOHOLIC BEVERAGE LICENSING  
AND CONTROL

ALCOHOLIC BEVERAGE LICENSE

License 09020001

Issue Date: 7/16/2018

Expiration Date: 6/30/2019

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



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

INACTIVE



EXP 6/30/2019

POST THIS LICENSE IN A CONSPICUOUS PLACE