



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

Job # 28933
Date Accepted: 8/17/18
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 (series 6, 7 and 9)
Location Transfer (series 6, 7 and 9)
Probate/ Will Assignment/ Divorce Decree (No Fees)
Seasonal

Apply to become Arizona Lottery retailer

SECTION 2 Type of Ownership

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

AMENDMENT
28933
Rookie's #2

- 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):
2. LICENSE #

SECTION 4 Applicants

1. Agent's Name: Patel, Chirakumar, R. (Last, First, Middle)

2. Individual/Owner Name: (Ownership name for type of ownership checked in section 2)

3. Business Name (Doing Business As-DBA): Rookie's #2

4. Business Location Address: (Do not use PO Box)

5. Mailing Address: 2239 E. Fair Blvd, Sierra Vista, AZ 85635

6. Business Phone: Daytime Contact Phone:

7. Email Address:

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?

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

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



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 # 28933
Date Accepted: 8/17/18
CSR: Jr

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
Add Growler privileges (restaurant, series 12, license only)

1. Type of License (Series of license): #6-Bar 2. LICENSE # 06020083

SECTION 4 Applicants

- 1. Agent's Name: PATEL CHIRACKUMAR R.
2. Individual/Owner Name: SHREE GANESH ENTERPRISES, INC.
3. Business Name (Doing Business As-DBA): ROOKIES #2
4. Business Location Address: 4301 S. HIGHWAY 92 SIERRA VISTA AZ 85630 COCHISE
5. Mailing Address: 5022 E. CREAM CUPS PL. TULSON AZ 85756
6. Business Phone: PENDING Daytime Contact Phone: (520) 873-8711
7. Email Address: CHIRAGVENNABIZ@YAHOO.COM
8. Is the Business located within the incorporated limits of the above city or town? No
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ 22,500.00

Department Use Only
Fees: Application Interim Permit Site Inspection Finger Prints Total of All Fees

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 _____ Day of _____, _____ Year

My Commission Expires on: _____ Date _____ Day _____ 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: 07/01/2013 State where Incorporated/Organized: ARIZONA

b) AZ Corporation or AZ L.L.C. File No: 18578690 Date authorized to do business in AZ: 05/31/2018

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
PATEL	CHIRAKUMAR	R.	Pres/CEO/Dia	100%	5022 E. CREAM CUPS R.	TULSON	AZ	85756

(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 #: 06020083

2. Individual Owner/Agent Name: MINAKES JR. MATHEW N/A
Last First Middle

3. Ownership Name: MINAKES JR. MATHEW
(Exactly as it appears on the license)

4. Current Business Name: DESERT STAR
(Exactly as it appears on the license)

5. Business Location Address: 3854 W. COUNTRY LN. MCNEAL AZ COCHISE 85617
Street City State County Zip

6. Current Daytime Phone: 815-345-1149 Primary Email Address: MBABER10@GMAIL.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.

MATHEW MINAKES JR. **NOTARY** *SEE ATTACHED AFFIDAVIT AND POWER OF ATTORNEY*

I (Print Full Name) BY TERESA TUBER 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 _____ Day of _____ Month _____ Year _____

ATTACHED _____
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: DESERT STAR

Address: 3854 W. COUNTRY LN. MCNEAL, AZ 85617
(exactly as it appears on license)

2. New Business: Name: ROOKIES #2

Address: 4301 S. HIGHWAY 92 SIERRA VISTA, AZ
85630

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: 1.35 miles
(If less than one (1) mile, note footage)

Name of School: MOACHULA MOUNTAIN ELEMENTARY SCHOOL
Address: 3228 ST. ANDREWS DR. SIERRA VISTA, AZ 85650

2. Distance to nearest Church: 2,678 FEET
(If less than one (1) mile, note footage)

Name of Church: LIVING WORLD FAMILY CHURCH
Address: 4060 E. MONSANTO DR. B SIERRA VISTA, AZ 85650

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: N/A
Address: N/A
Street City State Zip

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

4. Total money borrowed for the Business, not including lease? \$ 100,000.00

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

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
MACELHEENY	1999	TRUST	100,000 -	219 ANACAPA ST.	SANTA BARBARA	CA	93101
DATE 02/03/1999							

(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 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 #: 06020083
2. Individual Owner/Agent Name: MINAKES JR, MATTHEW N/A
Last First Middle
3. Ownership Name: MINAKES JR, MATTHEW
(Exactly as it appears on the license)
4. Current Business Name: DESERT STAR
(Exactly as it appears on the license)
5. Business Location Address: 3854 W. COUNTRY LN. McNEAL AZ COCHISE 85617
Street City State County Zip
6. Current Daytime Phone: 815-345-1149 Primary Email Address: MBABER210@gmail.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 *SEE ATTACHED AFFIDAVIT AND POWER OF ATTORNEY*
I (Print Full Name) MATTHEW MINAKES JR. hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.
Signature: Teresa Baber State of IL County of McHenry
The foregoing instrument was acknowledged before me this
My Commission Expires on: 11.1.20 10 Day of August, 2018
Date Day Month Year
ROBERT S WITT
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 1, 2020
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: DESERT STAR
Address: 3854 W. COUNTRY LN. McNEAL, AZ 85617
(exactly as it appears on license)
2. New Business: Name: ROOKIES #2
Address: 4301 S. HIGHWAY 92 SIERRA VISTA, AZ
85630

JB

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:

Matthew Minakes, Jr., hereby grants, bargains, sells and transfers unto the BUYER:

Shree Ganesh Enterprises Inc., an Arizona Corporation, 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 #06020083

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.

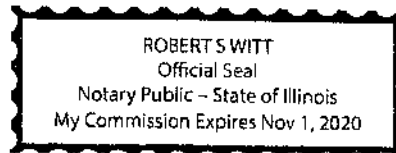
DATED: August 10, 2018



**Matthew Minakes, Jr. by Teresa Baber as
his executor of his estate**

State of IL } ss:
County of McHenry

On August 10, 2018, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Matthew Minakes, Jr. by Teresa Baber as his executor of his estate 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.: 00187168

17 JUN 23 11:49:49 AM 2017

AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY

THE STATE OF Illinois)
)
COUNTY OF McHenry) ss.

Teresa M. Baber, being duly sworn, on her oath deposes and says:

1. Matthew Minakes died on August 3, 2016, in Tucson, Pima County, Arizona. More than thirty days have elapsed since the death of the decedent.

2. An application or petition for the appointment of a personal representative is not pending and a personal representative has not been appointed in any jurisdiction.

3. The value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed seventy-five thousand dollars as valued as of the date of death.

4. The affiant is one of four statutory heirs entitled to receive payment of any debt due the decedent, and is acting for herself and under authority of the attached Powers of Attorney, to collect and receive (on behalf of all statutory heirs) decedent's tangible personal property or an instrument evidencing the transfer to affiant of any debt, obligation, stock or chose in action belonging to decedent. Affiant will thereafter distribute any debt, obligation, stock or chose in action equally between the statutory heirs.

5. Decedent owned the following personal property:
ARIZONA SERIES 6 LIQUOR LICENSE
06020083

6. The affiant is entitled to receive decedent's tangible personal property belonging to decedent on behalf of all the statutory heirs.

This Affidavit is made pursuant to A.R.S. § 14-3971, as amended, for the purpose of making claim to property of the decedent.

DATED: 3-10-17

Teresa M. Baber
Teresa M. Baber

SUBSCRIBED AND SWORN TO before me on: 3/10/2017

Grace L. Mercuri
Notary Public

My Commission Expires: March 6, 2019



AFFIDAVIT

THE STATE OF Illinois)
COUNTY OF McHenry) ss.

I, Teresa M. Baber; hereby swear, upon my oath, as follows:

Matthew Minakes died on August 3, 2016.

I am acting as executor for the Estate of Matthew Minakes, making funeral arrangements, collecting property, paying final bills of decedent, and distributing any remaining assets to the heirs of Matthew Minakes. I am acting for myself and under authority of the Arizona Revised Statutes Sections 14-3971 and 14-5103, and Powers of Attorney executed by the heirs of Matthew Minakes to so act.

FURTHER AFFIANT SAYETH NOT.

DATED: 12-14-16

Teresa M. Baber
Teresa M. Baber

SUBSCRIBED AND SWORN to before me this 14th day of Dec, 2016.

[Signature]
Notary Public

My Commission Expires:

Aug 15, 2020



AZ

CERTIFICATION OF VITAL RECORDS



STATE OF ARIZONA

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102-2016-037287

17 JUN 23 11:49 AM Dept MISC07 18 AUG 17 11:49 AM PC:PM1103

Form with fields for decedent's name (MATTHEW MINAKES), date of death (78), place of death (CARONDELET ST. JOSEPH'S HOSPITAL AND HEALTH CENTER), and certifier information (CYNTHIA M PORTERFIELD, D.O.).

DATE ISSUED: 09/07/2016



H 049518

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA Revised 07/2015

Signature of Krystal Colburn, Assistant State Registrar



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, Michael Minakes, hereby appoint as my attorney-in-fact, **Teresa M. Baber**, of Marengo, Illinois, to be my attorney-in-fact and to act in my place and stead with the following powers:

- (a) To sign any and all documents which may be necessary or required in connection with the Estate of Matthew Minakes;
- (b) To obtain, make inquiries about, discuss, negotiate and review any information from any taxing authority, including but not limited to the Arizona Department of Revenue and the Internal Revenue Service, regarding the Estate of Matthew Minakes;
- (c) To receive income and/or property tax waivers from the Arizona Department of Revenue regarding the Estate of Matthew Minakes; and
- (d) To collect and receive assets and/or income payable to Matthew Minakes or the Estate of Matthew Minakes.

The powers and authority hereby conferred upon my said attorney shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and wherever situated.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these present. When the context so requires, the masculine gender includes the feminine or neuter, and the singular number includes the plural.

I, Michael Minakes, the Principal, sign my name to this Power of Attorney this 14th day of DECEMBER, 2016, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my Power of Attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the Power of Attorney and that I am eighteen years of age or older, of sound mind and under no constraint and undue influence.

Michael Minakes
Michael Minakes
512 Willow Road
Marengo, IL 60152

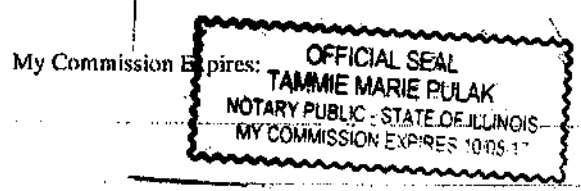
I, William D. Pulak, the Witness, sign my name to the foregoing Power of Attorney being first duly sworn and do declare to the undersigned authority that the Principal signs and executes this instrument as his Power of Attorney and that he signs it willingly, or willingly directs another to sign for him, and that I, in the presence and hearing of the Principal, sign this Power of Attorney as witness to the Principal's signing and that to the best of my knowledge the Principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

William D. Pulak
Witness

THE STATE OF ILLINOIS)
COUNTY OF MCHENRY) SS.

Subscribed, sworn to and acknowledged before me by Michael Minakes, the principal, and subscribed and sworn to before me by William D. Pulak, witness, this 14th day of DECEMBER, 2016.

Tammie Marie Pulak
Notary Public



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? 09/15/2018

2. What type of business will this license be used for? (be Specific) Bar/RESTAURANT

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) CHIRAKKUMAR R. PATEL hereby declare that I am the Individual Agent, Owner, Or Controlling Person on the stated license and location.

Signature: [Handwritten Signature] State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on: 06/05/2021 Date

15TH Day of August, 2018
Day Month Year



[Handwritten 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.

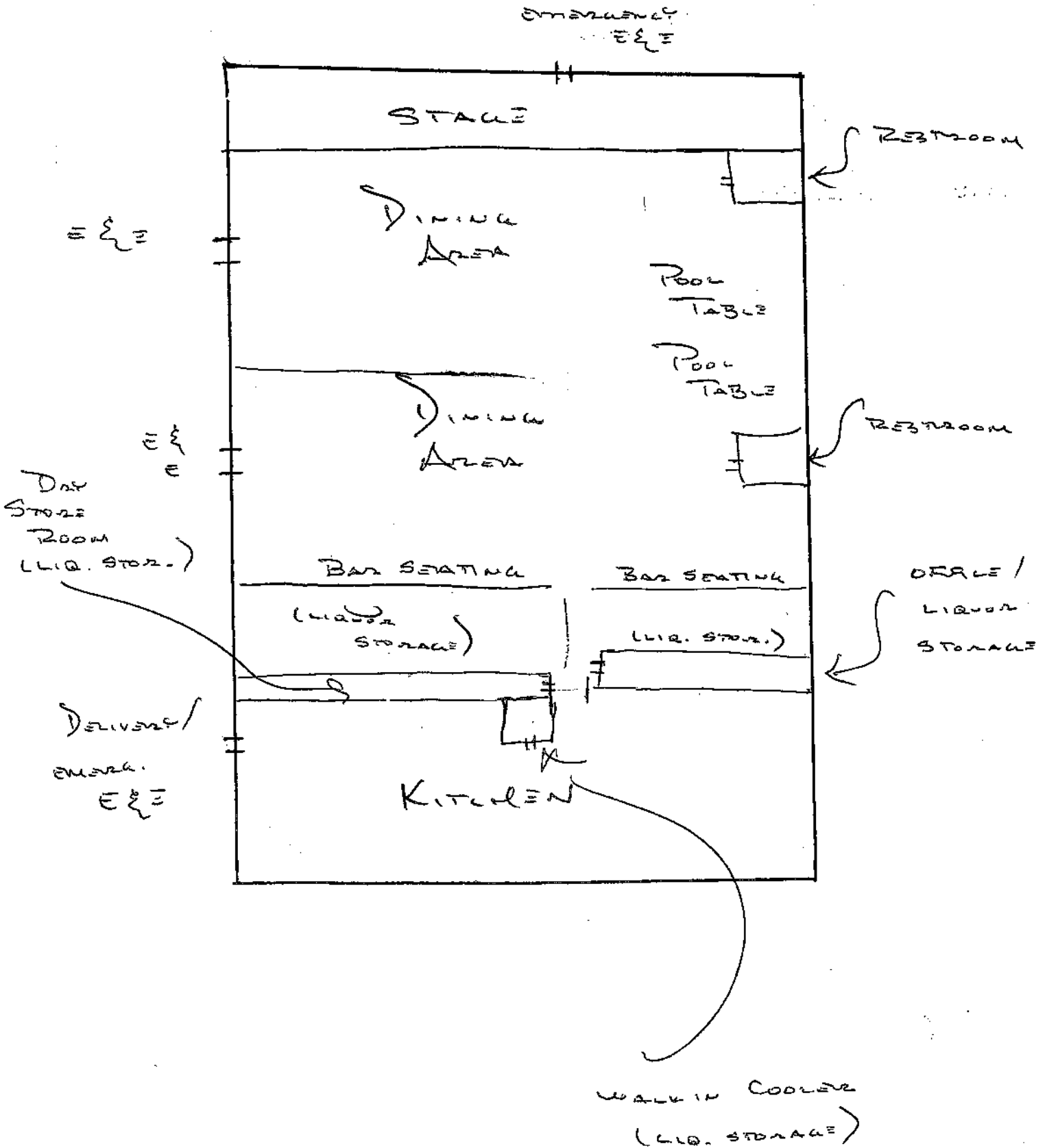
F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

SECTION 13 CONT

18 AUG 17 LIQ. LIC. PM 104

"ZOOKIES #2"

3,300
SQ. FT.





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

804,020

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#: 010020083

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: PATEL CHIRAKUMAR R. Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: AMAD GUZARAT INDIA Height: 5'06" Weight: 190 Eyes: BRO Hair: BRO
City State COUNTRY (not County)

5. Name of current/most recent spouse: PATEL VERNA ASUTOSH 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: 06/08/2007

7. Daytime telephone number: (520) 873-8711 E-mail address: CHIRAKVERNABIZ@YAHOO.COM

8. Business Name: ROOKIES #2 Business Phone: PENDING

9. Business Location Address: 4301 S. HIGHWAY 92 SIERRA VISTA AZ COCHISE 85630
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)
07/2013	CURRENT	OWNER	ROOKIES 2239 E. RAY BLVD. SIERRA VISTA, AZ 85635
06/2007	02/2018	ASST. MANAGER	7-11 #17403 E 1080 N. COLUMBUS BLVD. TULSON, AZ 85711
11/2010	07/2017	MANAGER	7-11 23347 D 3856 E. 5TH ST. TULSON, AZ 85710

(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
03/2011	CURRENT	5022 E. CREAM CUPS PL. TULSON, AZ 85756


(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. §4-210 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**

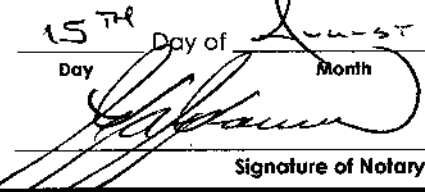
NOTARY

I (Print Full Name) CHIZAKKUMAR R. PATEL 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 Arizona County of Pima

The foregoing instrument was acknowledged before me this 15TH Day of AUGUST 2018

My Commission Expires on: 06/05/2021 Day Month Year


Signature of Notary

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 AUG 17 Lic. Lic. PH 1 04

**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) CHIRACKUMAR R. PATEL

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 LAHORE State (or equivalent) GUJARAT Country or Territory INDIA

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.

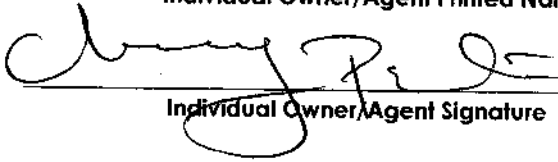
I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

CHIZAKKUMAR R. PATEL

Individual Owner/Agent Printed Name

08/15/2018

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 # _____

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

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

Chinakkumar Patel
Full Name (please print)

[Signature]
Signature

AUGUST 5, 2018
Training Completion Date

AUGUST 5, 2021
Certificate Expiration Date
(three years from completion date)

18 AUG 17 4:11 PM 104

Training Provider Information

AZLiquorTraining.com
Company Name

536 East Wagon Bluff Drive Tucson, AZ 85704
Mailing Address

(520) 235-5684
Daytime Contact Phone Number

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

[Signature]
Instructor Signature

05 / 08 / 2018
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 # DhEC6LPvxA

Certificate of Completion For On/Off Premise Management (2 hours)

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

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

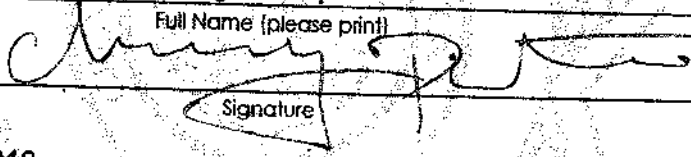
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Student Information

Chiragkumar patel

Full Name (please print)



Signature

April 19, 2018

Training Completion Date

April 19, 2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).



Instructor Signature

19 / 04 / 2018
 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 AUG 17 10:49 AM 1 04



License 06020083 (pending) - 006 Bar
 ROOKIE'S #2 (SHREE GANESH...

Seized

→ License History

Issued:

Reverted

Preview License Certificate

Original Issue f

Seasonal

Parent License:

Details

Conditions

Jobs

Warnings

Case Notes

Documents

Letters

Related Information

Premises

ROOKIE'S #2 (Bar)
 4301 S HIGHWAY 92



Amendment
 Amendment #28933 (In Review) - Location / Owner Tra...
 License: 06020083 - ROOKIE'S #2 (SHREE GANESH ENTERPRISES INC)

Licensee (Legal Entity)

SHREE GANESH ENTERPRISES INC
 Corporation



Agent (Legal Entity)

CHIRAGKUMAR R. PATEL
 Individual



*Region:

*Risk Factor:

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

BAR

License 06020083

Issue Date: 8/1/2018 Expiration Date: 6/30/2019

Issued To:
MATTHEW MINAKES JR., Owner
Location:
DESERT STAR
3854 W COUNTRY LANE
MCNEAL, AZ 85617
USA



Mailing Address:
MATTHEW MINAKES JR.
DESERT STAR
2014 FRINGLE DRIVE
MARENGO, IL 60152
USA

INACTIVE

EXP 6/30/2019

POST THIS LICENSE IN A CONSPICUOUS PLACE