

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 10/22/2018 @ 04:24:58 PM

Local Governing Body Report

**LICENSE**

Number: \_\_\_\_\_ Type: 013 FARM WINERY  
Name: FLYING LEAP VINEYARDS  
State: Pending  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_  
Location: ROBBS & WAYWARD WINDS ROAD WILLCOX, AZ 85643  
Mailing Address: 16500 S CREOSOTE VIEW LANE  
VAIL, AZ 85641  
USA  
Phone: (520)954-2935  
Alt. Phone: \_\_\_\_\_  
Email: MARKBERES@MSN.COM

**AGENT**

Name: MARK WALTER BERES  
Gender: Male  
Correspondence Address: 16500 S CREOSOTE VIEW LANE  
VAIL, AZ 85641  
USA  
Phone: (520)954-2935  
Alt. Phone: \_\_\_\_\_  
Email: MARKBERES@MSN.COM

**OWNER**

Name: FLYING LEAP VINEYARDS INC  
Contact Name: MARK WALTER BERES  
Type: CORPORATION  
AZ CC File Number: 16400959 State of Incorporation: AZ  
Incorporation Date: 11/17/2010  
Correspondence Address: 16500 S CREOSOTE VIEW LANE  
VAIL, AZ 85641  
USA  
Phone: (520)954-2935  
Alt. Phone: \_\_\_\_\_  
Email: MARKBERES@MSN.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
MARC OLIVER MOELLER	Stockholder, VP/Sec/Treas	37.00
MARK WALTER BERES	Pres, Stockholder	21.30

**FLYING LEAP VINEYARDS INC -  
Stockholder,VP/Sec/Treas**

Name: MARC OLIVER MOELLER  
Gender: Male  
Correspondence Address: 16500 S CREOSOTE VIEW LANE  
VAIL, AZ 85641  
USA  
Phone: (520)954-2935  
Alt. Phone: (520)954-3245  
Email: MARCMOELLER@FLYINGLEAPVINEYARDS.COM

**FLYING LEAP VINEYARDS INC - Pres,Stockholder**

Name: MARK WALTER BERES  
Gender: Male  
Correspondence Address: 16500 S CREOSOTE VIEW LANE  
VAIL, AZ 85641  
USA  
Phone: (520)954-2935  
Alt. Phone:  
Email: MARKBERES@MSN.COM

**MANAGERS**

Name: KATHERINE ELIZABETH FELTMANN  
Gender: Female  
Correspondence Address: 25 BUFFALO COURT  
SONOITA, AZ 85637  
USA  
Phone: (520)954-2935  
Alt. Phone: (520)559-2563  
Email:

\*\*\*\*\*

Name: YIHUA KRONGAARD  
Gender: Female  
Correspondence Address: 351 N PEART ROAD  
#422  
CASA GRANDE, AZ 85122  
USA  
Phone: (520)954-2935  
Alt. Phone: (520)429-5667  
Email:

## APPLICATION INFORMATION

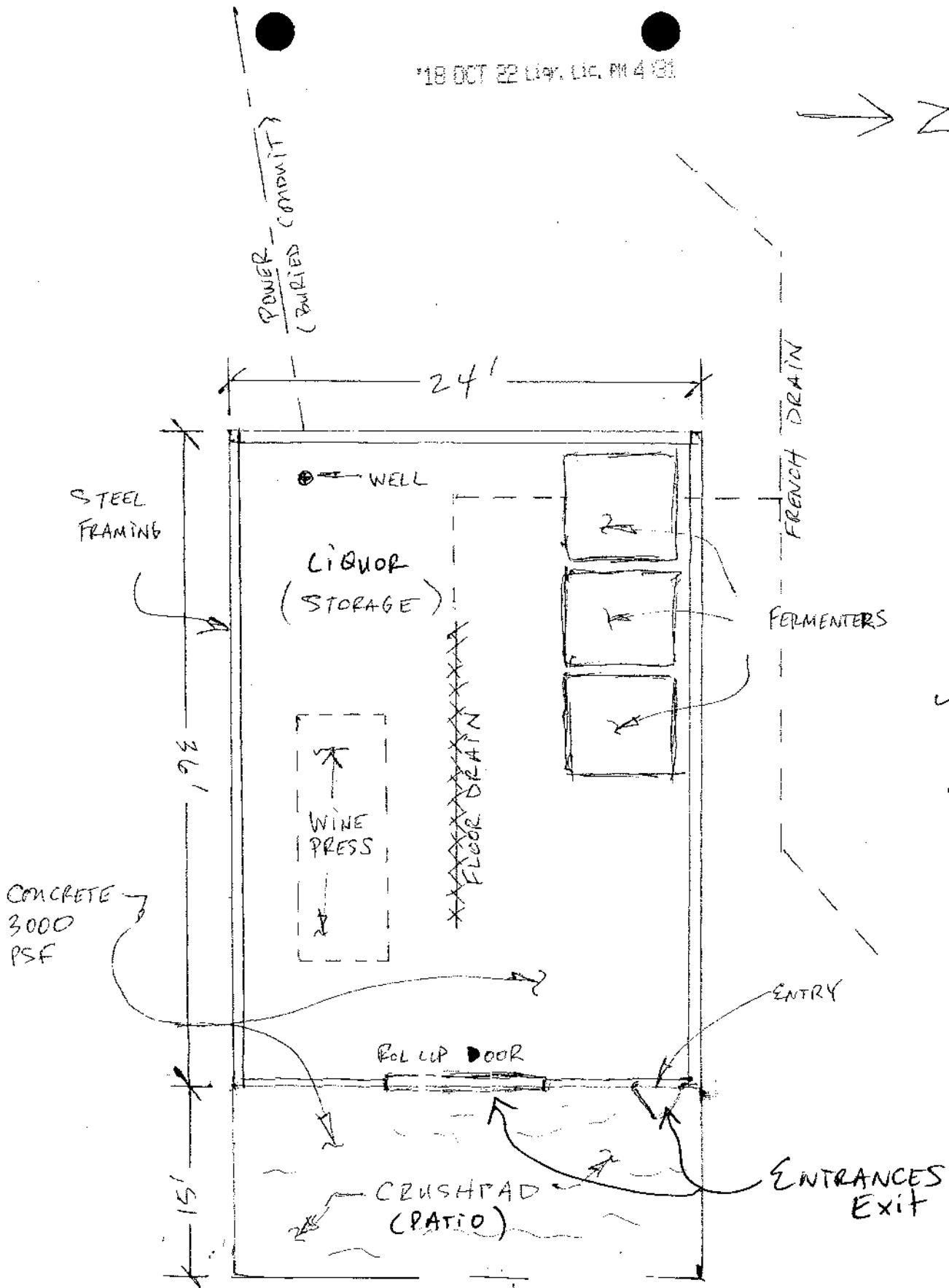
Application Number: 35700  
Application Type: New Application  
Created Date: 10/22/2018

## QUESTIONS & ANSWERS

### 013 Farm Winery

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01. Would you like to apply for an Interim Permit?  
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.  
No
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.  
Yes
- 3) Are you a tenant? (A person who holds the lease of a property; a lessee)  
No
- 4) Is there a penalty if lease is not fulfilled?  
No
- 5) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)  
No
- 6) Are you the owner?  
Yes  
A Document of type BILL OF SALE is required.
- 7) Are you a purchaser?  
No
- 8) Are you a management company?  
No
- 9) Is the Business located within the incorporated limits of the city or town of which it is located?  
No  
If no, in what City, Town, County or Tribal/Indian Community is this business located?  
COCHISE COUNTY
- 10) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
\$3.14 MILLION
- 11) Have you provided a diagram of your premises?  
Yes
- 12) Is there a drive through window on the premises?  
No
- 13) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
CONTIGUOUS
- 14) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

\*18 OCT 22 W. L. L. PH 4 131



TOTAL SQUARE FEET  
1,224 ft<sup>2</sup>

18 OCT 22 11:47 AM 4 61

18 OCT 3 11:47 AM 3 17

18 SEP 5 11:47 AM 3 40



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

Fp current 8/17/18

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#: 35700

1. Check the Appropriate Box

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

2. Name: BERES MARK WALTER Birth Date: (NOT a public record)

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

4. Place of birth: SEATTLE WASHINGTON USA Height: 5'10" Weight: 230/40 Eyes: BLU Hair: BLN

5. Name of current/most recent spouse: BERES MICHELLE MARIE 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: 11/2006

7. Daytime telephone number: (520) 954-2935 E-mail address: MarkBeres@msn.com

8. Business Name: Flying Leap Vineyards, Inc. Business Phone: 520/954/2935

9. Business Location Address: 5051 E Flying Leap Way Willcox AZ Cochise 85643

Robbs & WAYWARD WINDS ROAD

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: 08/2013, CURRENT, Principal Engineer, Raytheon Missile Systems, 1151 E. Hermans Rd., Tucson, AZ 85756.

(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
08/2013	CURRENT	16500 S. Creosote View Ln., Vail, AZ 85641

(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) MARK WALTER BERES 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: [Handwritten Signature] State of Arizona County of Pima

The foregoing Instrument was acknowledged before me this 24th Day of August, 2018

My Commission Expires on: 8/29/18 Date

[Handwritten Signature]  
Signature of Notary

**OFFICIAL SEAL**  
**GAYLE STEWART**  
Notary Public - Arizona  
**PIMA COUNTY**  
My Commission Expires  
**AUGUST 29, 2018**

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

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



18 OCT 22 11:41 AM PH 4 131

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

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

MARK WALTER BERES

INDIVIDUAL OWNER/AGENT NAME (Print or type)

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? [X] Yes [ ] No

If Yes, indicate place of birth:

City SEATTLE State (or equivalent) WASHINGTON Country or Territory USA

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

2) Name of document: Arizona 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.

MB ~~\_\_\_\_\_~~ N/A

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.**

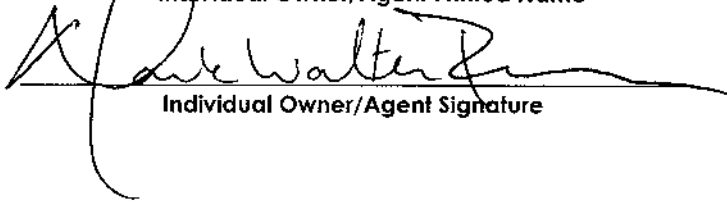
I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

**MARK WALTER BERES**

Individual Owner/Agent Printed Name

**8/24/2018**

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

Number  
Expires 10/19/2034  
Date of Birth  
Issued 02/04/2014

MARK WALTER BERES  
16500 S CREOSOTE VIEW LN  
VAIL AZ 85841-2197

Class D Sex M  
Eyes BLU Height 5-10  
Hair BN Weight 190



18 OCT 22 Lique. Lic. PM 4 31

18 SEP 5 Lique. Dept PM 3 40

Certificate # AZB-ON-15664

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

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

18 OCT 3 Lique. Dept PM 3 17

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.

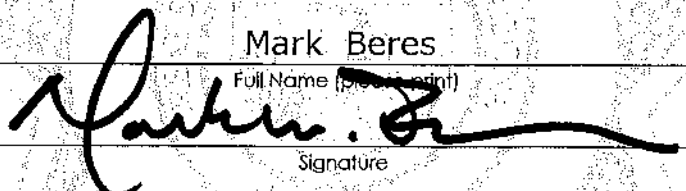
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Mark Beres

Full Name (Please Print)



Signature

08/22/2018

Training Completion Date

08/21/2021

Certificate Expiration Date  
(Three years from completion date)

Training Provider Information

**360training.com Inc.**

Company Name

6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731


Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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

08/22/2018

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)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

18 OCT 22 LIQ. LIC. PM 4 31

18 SEP 5 LIQ. DEPT PM 3 40

18 OCT 3 LIQ. DEPT PM 3 17

Certificate # AZM-02190

### 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

Mark Beres

Full Name (please print)

*Mark Beres*

Signature

08/21/2018

Training Completion Date

08/21/2021

Certificate Expiration Date

(Three years from completion date)

#### Training Provider Information

**360training.com Inc.**

Company Name

6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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).

*Samantha Montalbano*

Instructor Signature

08/21/2018

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)  
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Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

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

FP Current 8/17/18

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.

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Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box

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

2. Name: Moeller, Marc Oliver Birth Date: \_\_\_\_\_

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: Arizona

4. Place of birth: San Diego, CA, USA Height: 71" Weight: 200lb Eyes: Brwn Hair: Bald

5. Name of current/most recent spouse: Moeller, Audrey (No Middle Name) Birth Date: \_\_\_\_\_

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: September, 2012

7. Daytime telephone number: 520 954-3245 E-mail address: marcmoeller@flyingleapvineyards.com

8. Business Name: Flying Leap Vineyards, Inc. Business Phone: 520 / 954 / 3245 2935

9. Business Location Address: Robbs & Wayward Winds Rd Willcox AZ Cochise 85643

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). Rows include Senior Business Analyst, Mission Information Specialist, and US Air Force Instructor Pilot.

(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
06/2014	CURRENT	10512 E. Eleanor Maldonado Pl., Tucson, AZ 85747
09/2012	06/2014	10475 E. George Tolman Ln., Tucson, AZ 85747
11/2004	08/2012	8729 Talbott Farm Dr., Alexandria, VA 22309

(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**

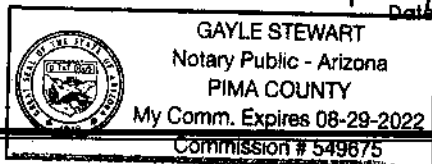
I (Print Full Name) MARC MOELLER hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Pima  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 8/29/22 Date

29th Day of August, 2018  
Day Month Year



Gayle Stewart  
Signature of Notary

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

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

Marc Moeller

Full Name (please print)

  
Signature

09/18/2018

Training Completion Date

09/17/2021

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731

Mailing Address

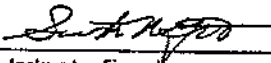
(877) 881-2235

Daytime Contact Phone Number

\*18 SEP 18 11:47 AM 3:20

I, Samantha Montalbano, 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

09/18/2018

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)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # AZM-02129

### 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

Marc Moeller

Full Name (please print)

  
Signature

07/18/2018

Training Completion Date

07/18/2021

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

360training.com Inc.

Company Name

6801 N Capital of Texas Hwy, Suite 150, Austin, TX 78731

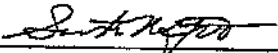
Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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

07/18/2018

Day    Mo    Year

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July 11, 2013

\*18 OCT 22 Lique. Lic. PM 4 01