

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

Created 04/25/2019 @ 04:34:12 PM

Local Governing Body Report

**LICENSE**

|                      |  |                  |                          |
|----------------------|--|------------------|--------------------------|
| Number:              | 07020026                                       | Type:            | 007 BEER AND WINE<br>BAR |
| Name:                | FAMILY IN AND OUT                              |                  |                          |
| State:               | Pending  |                  |                          |
| Issue Date:          |  | Expiration Date: | 06/30/2019               |
| Original Issue Date: | 03/30/1984                                     |                  |                          |
| Location:            | 3854 W COUNTRY LANE<br>MCNEAL, AZ 85617<br>USA |                  |                          |
| Mailing Address:     | 4940 W DUKE ROAD<br>MCNEAL, AZ 85617<br>USA    |                  |                          |
| Phone:               | (307)554-0520                                  |                  |                          |
| Alt. Phone:          | (307)262-7582                                  |                  |                          |
| Email:               | SKIDD@VCN.COM                                  |                  |                          |

Currently, this license has pending applications.

**AGENT**

|                         |   |
|-------------------------|---|
| Name:                   | SHARON MARIE KIDD                           |
| Gender:                 | Female                                      |
| Correspondence Address: | 4940 W DUKE ROAD<br>MCNEAL, AZ 85617<br>USA |
| Phone:                  | (307)554-0520                               |
| Alt. Phone:             | (307)262-7582                               |
| Email:                  | SKIDD@VCN.COM                               |

**OWNER**

|                         |   |                         |    |
|-------------------------|---|-------------------------|----|
| Name:                   | FAMILY IN AND OUT LLC                       |                         |    |
| Contact Name:           | SHARON MARIE KIDD                           |                         |    |
| Type:                   | LIMITED LIABILITY COMPANY                   |                         |    |
| AZ CC File Number:      | 1954634                                     | State of Incorporation: | WY |
| Incorporation Date:     | 03/28/2019                                  |                         |    |
| Correspondence Address: | 4940 W DUKE ROAD<br>MCNEAL, AZ 85617<br>USA |                         |    |
| Phone:                  | (307)262-7582                               |                         |    |
| Alt. Phone:             |   |                         |    |
| Email:                  | SKIDD@VCN.COM                               |                         |    |

**Officers / Stockholders**

Name:  
SHARON MARIE KIDD

Title:  
Managing Member

% Interest:  
100.00

### FAMILY IN AND OUT LLC - Managing Member

Name: SHARON MARIE KIDD  
Gender: Female  
Correspondence Address: 4940 W DUKE ROAD  
MCNEAL, AZ 85617  
USA  
Phone: (307)554-0520  
Alt. Phone: (307)262-7582  
Email: SKIDD@VCN.COM

## APPLICATION INFORMATION

Application Number: 63547  
Application Type: Location / Owner Transfer  
Created Date: 04/25/2019

## QUESTIONS & ANSWERS

### 007 Beer and Wine Bar

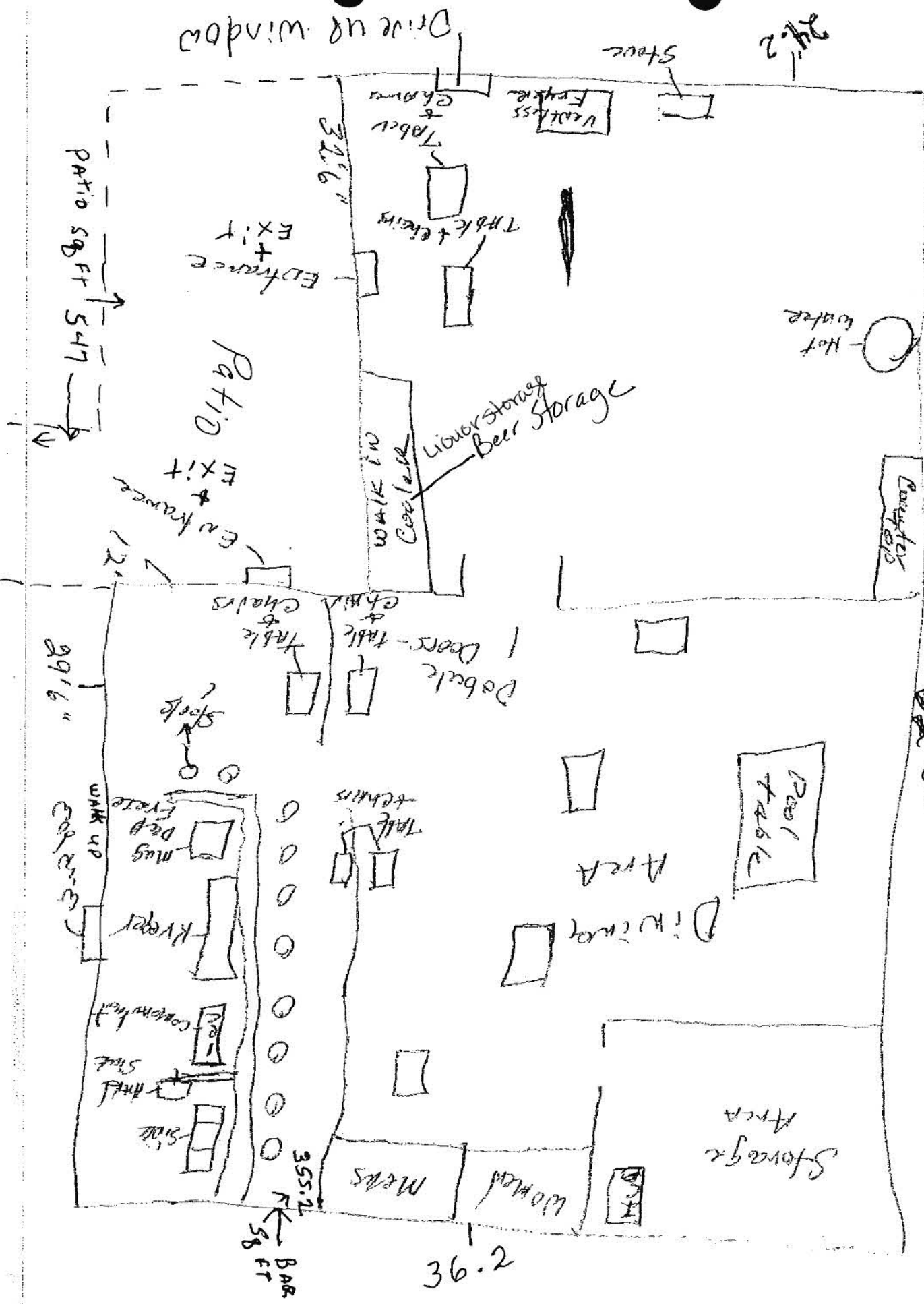
- 1) If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01. Would you like to apply for an Interim Permit?  
No
- 4) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.  
Yes
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?  
No
- 6) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
Yes  
If Yes, what City, Town or Tribal Reservation is this Business located in?  
COCHISE COUNTY
- 15) Please provide name, address, and Distance of nearest school.  
DOUBLE ADOBE SCHOOL 7081 N CENTRAL HWY MCNEAL, AZ 85617 2.6 MILES
- 16) Please provide name, address, and distance of nearest church.  
OUR LADY OF LASALETTE MISSION 3879 W NEW MISSION LANE MCNEAL, AZ 85617 3696 FT
- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)  
No
- 18) Is there a penalty if lease is not fulfilled?  
No
- 19) 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
- 20) Are you the owner?  
Yes

- 21) Are you a purchaser?  
No
- 22) Are you a management company?  
No
- 23) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
ZERO
- 24) Is there a drive through window on the premises?  
Yes
- 25) Have you provided a diagram of your premises?  
Yes
- 26) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
CONTIGUOUS
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

Total 58 ft 1854.52

19 APR 25 Upr. Lic. PH 4141

52 Corrected





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

804,723

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.

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.

Liquor License#: 07020026 / 63547

1. Check the Appropriate Box

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

2. Name: Kidd Sharon Marie Birth Date: (NOT a public record)

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

4. Place of birth: Bremerton, Washington Usa Height: 5'7" Weight: 187 Eyes: Hazel Hair: Gray

5. Name of current/most recent spouse: Kidd Lawrence LeRoy Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? [x] Yes [ ] No If yes, what is your date of residency: 01/22/2019

7. Daytime telephone number: 307-554-0520 E-mail address: skidd@vcn.com

8. Business Name: Family In and Out LLC Business Phone: 307,262,7582

9. Business Location Address: 3854 West Country Lane McNeal Arizona Cochise 85617

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: 08/2009, CURRENT, Retired, 4940 W. Duke Rd McNeal, AZ 85617

(ATTACH ADDITIONAL SHEET IF NECESSARY)

# AMENDMENT

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

| FROM<br>Month/Year | TO<br>Month/Year | RESIDENTIAL Street Address                |
|--------------------|------------------|---|
| 07/2018            | CURRENT          | 4940 West Dulce Road McNeal Arizona 85617 |
| 07/1979            | 07/2017          | 85 Farrar Rd GlenRock WYoming 82687       |
|                    |                  |   |
|                    |                  |   |

(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) \_\_\_\_\_ 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 \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ Year.

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ 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: \_\_\_\_\_

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              |
|-----------------|---------------|---|
| 07/2018         | CURRENT       | 4940 W. Duke Road McNeal, Arizona 85617 |
| 01/2017         | 07/2017       | 85 Farrar Road Glenrock, Wyoming 82637  |
|                 |               |   |
|                 |               |   |
|                 |               |   |

(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) Sharon Marie Kidd 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: Sharon Kidd State of Arizona County of Maricopa  
 The foregoing instrument was acknowledged before me this

My Commission Expires on: 2-12-2020 26 Day of March, 2019  
 Date Day Month Year



Selena Marie Gonzales  
 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 5<sup>th</sup> Floor  
 Phoenix, AZ 85007  
 (602) 542-5141

19 APR 25 11:41 AM 4 141

**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)

*Marie*  
 Sharon Kidd

**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 Bremerton 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:  
 Go to Section IV.

Arizona Drivers License

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.

<sup>Marie</sup>  
Sharon Kidd

Individual Owner/Agent Printed Name

Sharon Kidd

Individual Owner/Agent Signature

3-26-2019

Today's Date

**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



2 CLASS D  
 2a END NONE 4d DLN  
 12 REST B 3 DOB  
 1 KIDD  
 2 SHARON MARIE  
 8 4940 W DUKE RD  
 MC NEAL, AZ 85617-9702  
 4b EXP 08/30/2023 4a ISS 01/22/2019  
 15 SEX F 18 EYES GRN  
 16 HGT 5'-07" 19 HAIR GRY  
 17 WGT 190 lb

*Sharon Kidd*

DONOR



CLASS:  
ENDORSEMENTS:  
None

RESTRICTIONS:  
B-Corrective Lens Must Be Worn

Rev 02/14/2014

You Must Report a  
Change of Address  
Within 10 Days



# BILL OF SALE

IN CONSIDRATION OF THE SUM OF:

SIXTEEN THOUSAND AND AND 00/100 \*\*\*\*\*DOLLARS

lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

CASTLE & COOKE ARIZONA INC

hereby grants, bargains, sells and transfer unto the BUYER:

FAMILY IN AND OUT LLC

as his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods chattels:

State of Arizona Series #07 Liquor License #07020026

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 the 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.

Effective date of this Bill of Sale is

CASTLE & COOKE ARIZONA INC

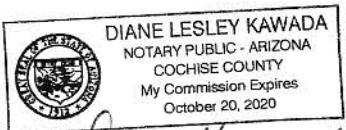
By: Richard S. Coffman  
Richard S. Coffman

By: Deanna G. Coffman  
Deanna G. Coffman

State of: Arizona

County: Cochise

Acknowledge, under oath, before me on this 21 day of November 2018



Diane Lesley Kawada  
10/20/2020

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

BWBABAR

License 07020026

Issue Date: 1/14/2019

Expiration Date: 6/30/2019

Issued To:  
JEFFREY M SIMS, Agent  
CASTLE & COOKE ARIZONA INC, Owner  
Location:  
PUEBLO DEL SOL GOLF COURSE  
2770 S ST ANDREWS DRIVE  
SIERRA VISTA, AZ 85650  
USA



Mailing Address:  
JEFFREY M SIMS  
CASTLE & COOKE ARIZONA INC  
PUEBLO DEL SOL GOLF COURSE  
2770 S ST ANDREWS DRIVE  
SIERRA VISTA, AZ 85650  
USA

19 APR 25 10:47. LIC. PM 4 41

EXP 6/30/2019



POST THIS LICENSE IN A CONSPICUOUS PLACE