

State of Arizona
Department of Liquor Licenses and Control

Created 06/19/2019 @ 10:43:18 AM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	PORTAL STORE	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	2358 S ROCK HOUSE ROAD PORTAL, AZ 85632 USA	
Mailing Address:	PO BOX 16282 PORTAL, AZ 85632 USA	
Phone:	(520)558-2223	
Alt. Phone:	(520)820-1994	
Email:	PORTALLODGE@GMAIL.COM	

AGENT

Name:	MITCHELL RYAN WEBSTER
Gender:	Male
Correspondence Address:	PO BOX 16282 PORTAL, AZ 85632 USA
Phone:	(520)820-1994
Alt. Phone:	
Email:	PORTALLODGE@GMAIL.COM

OWNER

Name:	WEBSTER ENDEAVORS LLC	
Contact Name:	MITCHELL WEBSTER	
Type:	CORPORATION	
AZ CC File Number:	L-1077214-5	State of Incorporation: AZ
Incorporation Date:		
Correspondence Address:	PO BOX 16282 PORTAL, AZ 85632 USA	
Phone:	(520)820-1994	
Alt. Phone:		
Email:	PORTALLODGE@GMAIL.COM	

Officers / Stockholders

Name:	Title:	% Interest:
MITCHELL AND YOLANDA WEBSTER TRUST	MEMBER	80.00
SUSAN ANN BURKHART & LISA LOUISE FUSCO JTRS	MEMBER	20.00

**SUSAN ANN BURKHART & LISA LOUISE FUSCO
JTRS - JOINT TENANT**

Name: SUSAN ANN BURKHART
Gender: Female
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (413)896-0680
Alt. Phone:
Email: SUEBURKHART@GMAIL.COM

WEBSTER ENDEAVORS LLC - MEMBER

Name: MITCHELL AND YOLANDA WEBSTER TRUST
Contact Name: MITCHELL RYAN WEBSTER
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

**MITCHELL AND YOLANDA WEBSTER TRUST -
TrUSTEE**

Name: MITCHELL RYAN WEBSTER
Gender: Male
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

WEBSTER ENDEAVORS LLC - MEMBER

Name: SUSAN ANN BURKHART & LISA LOUISE FUSCO JTRS
Contact Name: MITCHELL RYAN WEBSTER
Type: JTWROS
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (520)820-1994
Alt. Phone:
Email: PORTALLODGE@GMAIL.COM

SUSAN ANN BURKHART & LISA LOUISE FUSCO JTRS - JOINT TENANT

Name: LISA LOUISE FUSCO
Gender: Female
Correspondence Address: PO BOX 16282
PORTAL, AZ 85632
USA
Phone: (413)218-7823
Alt. Phone:
Email: LLFUSCO@COMCAST.NET

APPLICATION INFORMATION

Application Number: 66123
Application Type: New Application
Created Date: ~~05/31/2019~~ 6-19-19 AP

QUESTIONS & ANSWERS

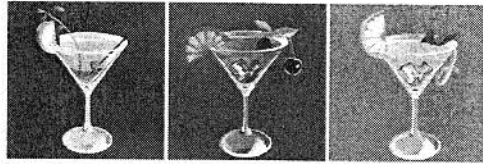
010 Beer and Wine Store

- 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) Please provide name, address, and Distance of nearest school.
Portal Elementary School
2368 S. Cathedral Rock Rd., Portal, AZ 85632
644 feet
- 4) Please provide name, address, and distance of nearest church.
First Baptist Church
Hwy 9, Animas, NM 88020
8.07 miles

- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 6) Is there a penalty if lease is not fulfilled?
No
- 7) 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
- 8) Are you the owner?
Yes
- 9) Are you a purchaser?
No
- 10) Are you a management company?
No
- 11) 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
- 12) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$140,000.00
Peter & Francis Grill
837 Noland Rd., Portal, AZ 85632
- 13) Have you provided a diagram of your premises?
Yes
- 14) Is there a drive through window on the premises?
Yes
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
No
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	Burkhart Q.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Flow Chart.pdf	05/31/2019
QUESTIONNAIRE	Fusco Q.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Series 10 app cover letter.pdf	05/31/2019
DIAGRAM/FLOOR PLAN	Store floor plan.pdf	05/31/2019
QUESTIONNAIRE	Webster Q ASF DL.pdf	05/31/2019
ALIEN STATUS	Webster Q ASF DL.pdf	05/31/2019



DBL K LIQUOR CONSULTING

May 31, 2019

Arizona Department of Liquor Licenses and Control
800 West Washington
5th Floor
Phoenix, Arizona 85007

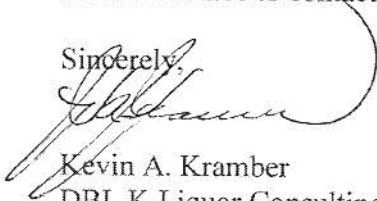
Re: "Portal Store", 2358 South Rock House Road, Portal, Arizona 85632
Cochise County Series 10 Application

To Whom It May Concern:

This letter is to inform the Department of my client's submission of a Series 10, Off Sale Beer & Wine, liquor license. My client currently possess and are operating the aforementioned business under Arizona Cochise County Liquor License 07020014. It is my client's intention to go through the Series 10 licensing process and pay the Department its final fees when due and finally approved. Once the application for the Series 10 license is approved for the Store we will immediately place the Series 7 on "Inactive" status and market for sale.

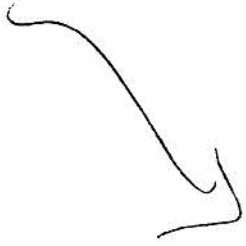
Please feel free to contact me with any additional questions or comments that may arise.

Sincerely,


Kevin A. Kramber
DBL K Liquor Consulting, LLC

19 JUN 19 09P. LIC. RM1045

WEBSTER ENDORSEES, LLC



MITCHELL AND
FORANJA WEBSTER
Trust
(mem - 80%).)



SUSAN ANN BRANKHART &
LISA LOUISE FUSCO, STAS
(mem - 20%).)



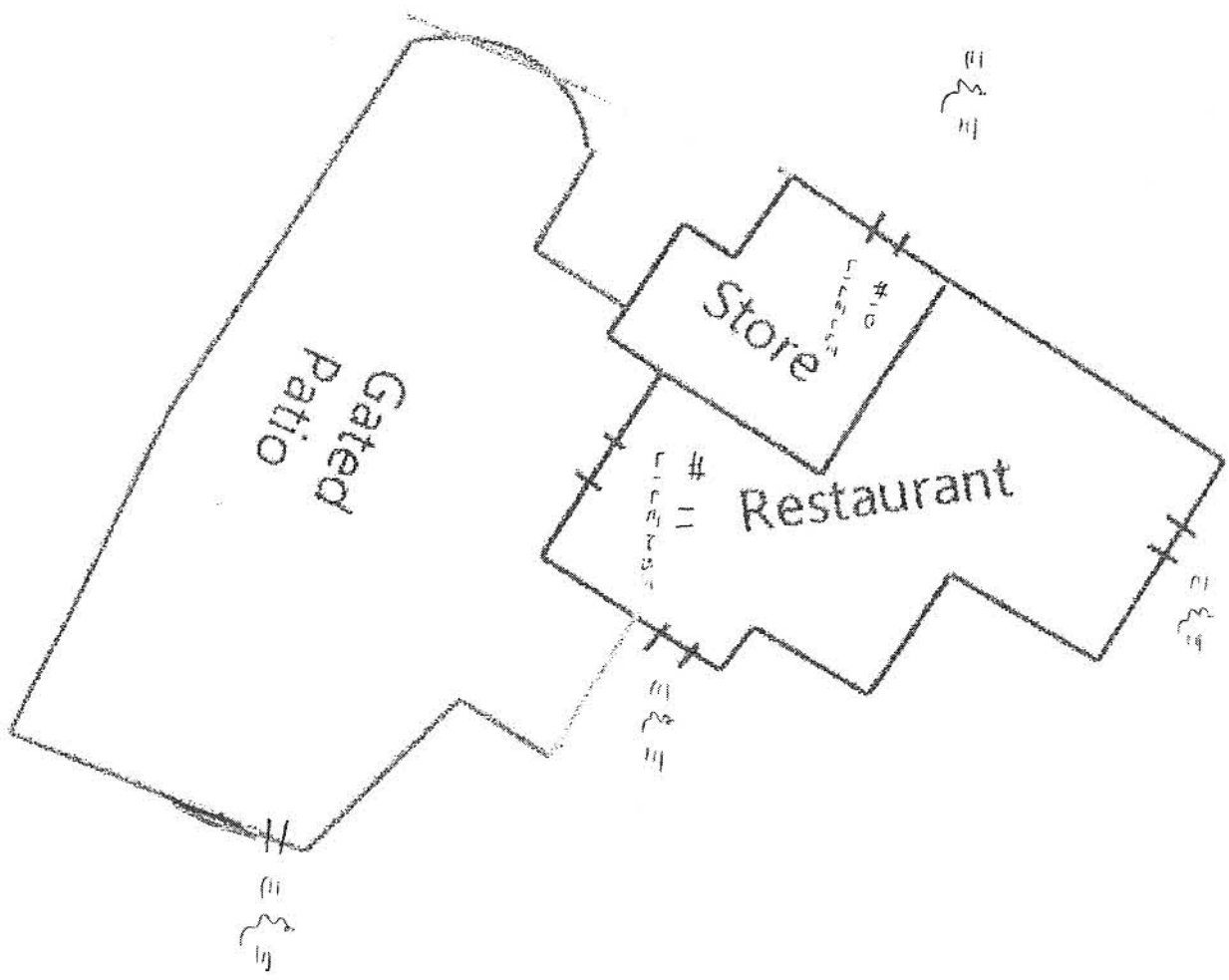
SUSAN
ANN
BRANKHART
(50%).)



LISA LOUISE
FUSCO
(50%).)

A
MITCHELL
WEBSTER
(Trustee)

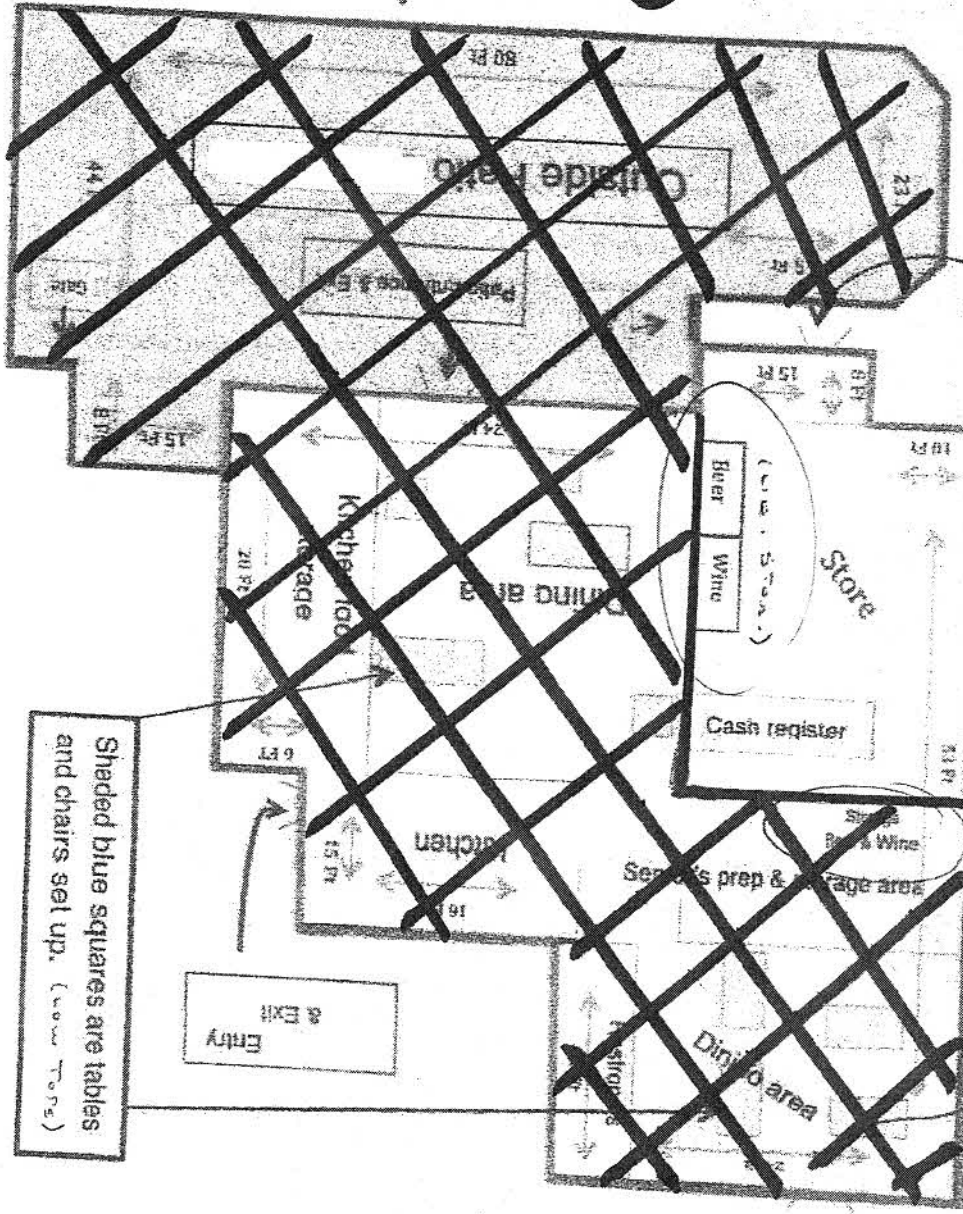
ENTIRE PROPERTY FLOOR PLAN





EXCLUDED
#11 HOTEL/WATER
PATTERN IS

Patio is enclosed with 3 1/2 foot fencing shown on diagram.



Shed blue squares are tables and chairs set up. (new tops)

Employee & Receiving Only

Entrance & Exit

EXIT

Entry

Approx. 675 SQ. FT

STORAGE



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

19 JUN 19 14P. CC. RM1046

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.

604-749

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#: 606123

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: Webster Mitchell Ryan Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Phoenix AZ USA Height: 5'09" Weight: 165 Eyes: Bro Hair: Bro
City State COUNTRY (not county)

5. Name of current/most recent spouse: Webster Yolonda Michelle 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: 1975

7. Daytime telephone number: 520.820.1994 E-mail address: portallodge@gmail.com

8. Business Name: PORTAL STORE Business Phone: 520,558,2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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)
11/2003	CURRENT	Owner/Co-Owner	Portal Store, 2358 S. Rock House Rd., Portal, AZ 85632

(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
11/2003	CURRENT	2354 S. Rock House Rd., Portal, AZ 85632

(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

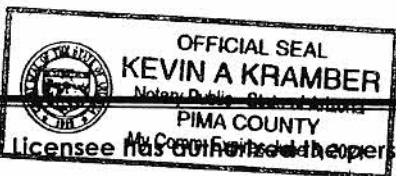
I (Print Full Name) Mitchell Ryan Webster hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete to the best of my knowledge.

Signature: [Handwritten Signature]

State of Arizona County of Pima

My Commission Expires on: 06/05/2021
Date

The foregoing instrument was acknowledged before me this
29TH Day of MAY 2019
Day Month Year



[Handwritten Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

INDIVIDUAL OWNER/AGENT NAME (Print or type) MITCHELL RYAN WEBSTER

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 Phoenix State (or equivalent) AZ Country or Territory USA

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

2) Name of document: AZ. Drivers License
Go to Section IV.

If you answered No, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

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

Mitchell Stan Webster
Individual Owner/Agent Printed Name

[Signature]
Individual Owner/Agent Signature

08/29/18
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.

The reason my drivers license address is different then my physical address is we do not receive mail delivery to my physical address it is delivered to my P. O. Box which is located approximately 500 feet west of my physical address.

Mitchell R Webster

A handwritten signature in black ink, appearing to read 'M Webster', written in a cursive style.

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D
9b END NONE 4d DLN
12 REST NONE 3 DOB

1 WEBSTER
2 MITCHELL RYAN
6 PO BOX 16282
PORTAL, AZ 85632-1282

4b EXP 02/28/2040 4a ISS 11/14/2016

15 SEX M 14 EYES BRO
16 HGT 5'-09" 13 HAIR BRO
17 WGT 170 lb

Handwritten signature



CLASS:

ENDORSEMENTS:
None

RESTRICTIONS:
None

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days





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

19 JUN 19 09:41:11 AM 1045

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.

204-749

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#: 66123

1. Check the Appropriate Box →

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

2. Name: Burkhart Susan Ann Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Ephrata PA USA Height: 5'04" Weight: 165 Eyes: Hzi Hair: Gry
City State COUNTRY (not county)

5. Name of current/most recent spouse: Fusco Lisa Louise 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: 10/2018

7. Daytime telephone number: 413-896-0680 E-mail address: sueburkhart@gmail.com

8. Business Name: Portal Stone Business Phone: 520, 558, 2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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)
01/2014	CURRENT	Self Employed/Pilot	130 Cross Path Rd., Northhampton, MA 01060

(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
10/2018	CURRENT	2727 S. Brittany Lane, Portal, AZ 85632
01/2014	10/2018	130 Cross Path Rd., Northhampton, MA 01060

(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 *w/a*
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) Susan Ann Burkhart 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

My Commission Expires on: 06/05/2021

29th Day of May, 2019

Day Month Year



[Handwritten Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

19 JUN 19 11:47:11 AM 1046

QUESTIONNAIRE
 A.R.S. §4-202, 4-210
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The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-749

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Liquor License#: 66123

1. Check the Appropriate Box →

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

2. Name: Fusco Lisa Louise Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Springfield MA USA Height: 5'02" Weight: 175 Eyes: Bro Hair: Gry
City State COUNTRY (not county)

5. Name of current/most recent spouse: Burkhart Susan Ann 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: 10/2018

7. Daytime telephone number: 413.218.7823 E-mail address: lffusco@comcast.net

8. Business Name: Portal Stone Business Phone: 520,558,2223

9. Business Location Address: 2358 S. Rock House Rd. Portal AZ Cochise 85632
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 <small>(Street Address, City, State & Zip)</small>
05/1999	CURRENT	Self Employed/Pilot	130 Cross Path Rd., Northampton, MA 01060
06/2007	04/2018	Owner	Casey's Bar, 40 1/2 Holyoke St., Easthampton, MA 01027

(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
10/2018	CURRENT	2727 S. Brittany Lane, Portal, AZ 85632
08/2004	10/2018	130 Cross Path Rd., Northampton, MA 01060

(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. N/A Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? N/A 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) Lisa Louise Fusco 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: 06/05/2021
Date

29TH Day of MAY, 2019
Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____