

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

Created 06/19/2019 @ 10:15:02 AM

Local Governing Body Report

**LICENSE**

Number:	07020014	Type:	007 BEER AND WINE BAR
Name:	PORTAL STORE		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2020
Original Issue Date:	07/28/1986		
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		

Currently, this license has pending applications.

**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

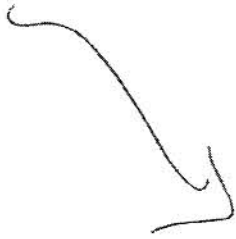
Application Number: 67885  
Application Type: Acquisition of Control  
Created Date: 06/19/2019

### QUESTIONS & ANSWERS

#### 007 Beer and Wine Bar

- 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

WEBSTER EMPLOYERS, LLC

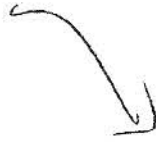


MITCHELL AND  
YVONYA WEBSTER  
TRUST  
(MEM - 80%)

MITCHELL  
WEBSTER  
(TRUSTEES)



SUSAN ANN BRAKHART &  
LISA LOUISE FUSCO, ITMS  
(MEM - 20%)

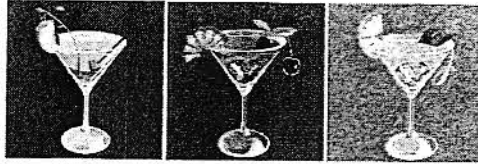


SUSAN  
ANN  
BRAKHART  
(50%)  
(JOINT TENANT)



LISA LOUISE  
FUSCO  
(50%)  
(JOINT TENANT)

19 JUN 19 11:41 AM 1028



# DBL K LIQUOR CONSULTING

June 13, 2019

Ms. Aizee Pama  
Arizona Department of Liquor  
800 West Washington  
5<sup>th</sup> Floor  
Phoenix, Arizona 85007

Re: "Portal Store", 2358 South Rock House Road, Portal, Arizona  
Cochise County Liquor License 07020014

Dear Ms. Pama,

Please accept this letter as a written request to remove the former Members of the Limited Liability Company from the Department ownership records as they have been bought out;

- John Favorite and Clara Favorite Irrevocable Trust
- Scott Thomas Webster
- Mitchell Ryan Webster

Through the Acquisition of Control please add the Mitchell and Yolanda Webster Trust as a Member, as that trust has acquired eighty percent (80%) of the Membership Interest in Webster Endeavors, LLC. Susan Ann Burkhart & Lisa Louise Fusco, Joint Tenants with Right of Survivorship, has acquired twenty percent (20%) of the Membership Interest in Webster Endeavors, LLC. The new Membership Interest allocation should be as follows:

- |   |     |
|---|-----|
| - Mitchell and Yolanda Webster Trust, Member              | 80% |
| - Susan Ann Burkhart & Lisa Louise Fusco (JTWROS), Member | 20% |

Please let me know if there is anything else you may require. Thank you for your time in this matter.

Sincerely,

Kevin A. Kramber

19 JUN 19 11:47:11 AM 028



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

110 JUN 13 11:47 AM Dept 401222

19 JUN 19 11:47 AM 401222

**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.

804-749

**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#: 07020014 / 67885

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)

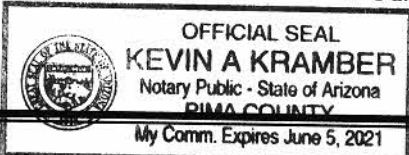
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. 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: [Signature] State of Arizona County of Pima  
 The foregoing instrument was acknowledged before me this 29<sup>TH</sup> Day of MAY 2019  
 My Commission Expires on: 06/05/2021 Date 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: \_\_\_\_\_



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

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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

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

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

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

**SECTION I – APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type) 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 Ryan Webster  
Individual Owner/Agent Printed Name

[Signature]  
Individual Owner/Agent Signature

05/29/2019  
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.

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



3 CLASS D  
3a END NONE  
12 REST NONE

4d DLN  
3 DOB

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

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

15 SEX M 18 EYES BRO  
16 HGT 5'-09" 19 HAIR BRO  
17 WGT 170 lb

*Handwritten signature*


**CLASS:** D-Operator  
**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 5<sup>th</sup> Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

19 JUN 19 14:14:14

19 JUN 19 14:14:14

**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.

804-749

**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#: 07020014 / 67885

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: 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 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)
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

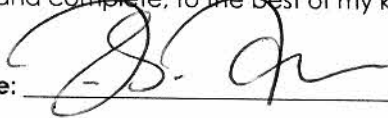
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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.  Yes  No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No *N/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**

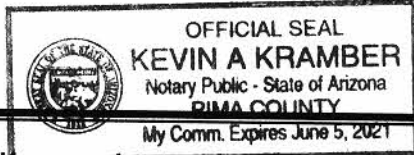
I (Print Full Name) Lisa Louise Fusco hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

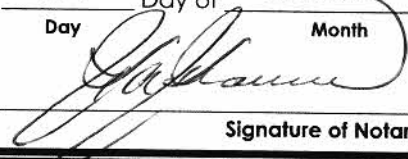
Signature: 

State of Arizona County of Pima

My Commission Expires on: 06/05/2021 Date

The foregoing instrument was acknowledged before me this 29<sup>TH</sup> Day of MAY, 2019 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: \_\_\_\_\_



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

19 JUN 3 Lique Dept PM1222

19 JUN 19 09:16:00

**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.

804-749-9100

**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#: 07020014 / 67885

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: Hzl 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 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)
01/2014	CURRENT	Self Employed/Pilot	130 Cross Path Rd., Northampton, 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 SEPARATE 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 *N/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**

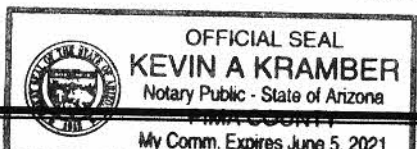
I (Print Full Name) Susan Ann Burkhart hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *[Handwritten Signature]*

State of Arizona County of Pima

My Commission Expires on: 06/05/2021  
Date

The foregoing instrument was acknowledged before me this 29<sup>TH</sup> 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: \_\_\_\_\_