

JASON ANTHONY DOMANICO

Member,Stockholder

100.00

PASSION CELLARS LLC - Member,Stockholder

Name: JASON ANTHONY DOMANICO
Gender: Male
Correspondence Address: 3052 N FORT GRANT ROAD
WILLCOX, AZ 85643
USA
Phone: (602)750-7771
Alt. Phone:
Email: JASON@PASSIONCELLARS.COM

APPLICATION INFORMATION

Application Number: 70540
Application Type: Multi-License Acquisition of Control
Created Date: 07/22/2019



19 JUL 22 Lic. Lic. #10537

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**

#70534M

The fees allowed by R19-1-102 will be charged for all dishonored checks.

Fr Current 9/1/17

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#: See Attached list

1. Check the Appropriate Box. →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent <i>HL</i>	<input type="checkbox"/> Premises Manager (complete all questions except #12)
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2. Name: Domanico Arlene Linda Birth Date: ~~12/15/1972~~
Last First Middle (NOT a public record)

3. Social Security #: ~~██████████~~ Driver License #: ~~██████████~~ State: AZ

4. Place of birth: Niagara Falls NY USA Height: ~~███~~" Weight: ~~███~~ Eyes: ~~███~~ Hair: ~~███~~
City State COUNTRY (not county)

5. Name of current/most recent spouse: Domanico Joseph Phillip 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: 1972

7. Daytime telephone number: 602-750-7111 CA e-mail address: jason@passioncellars.com

8. Business Name: See Attached list Business Phone: 602, 750, 7111

9. Business Location Address: See Attached list
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	EMPLOYER'S NAME OR NAME OF BUSINESS (Street Address, City, State, Zip)
5/2012	CURRENT	Owner / manager	Passion Cellars LLC 3052 N. Fort Grant Rd Tucson, AZ 85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)



19 JUL 22 117. LIC #11037

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QUESTIONNAIRE
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Fp Current 2/17/18

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#: See Attached list

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: Domanico, Jason Anthony Birth Date: ~~2/12/81~~
Last First Middle (NOT a public record)

3. Social Security #: ~~602-750-7771~~ Driver License #: ~~602-750-7771~~ State: AZ

4. Place of birth: Cleveland OH USA Height: ~~5'10"~~ Weight: ~~180~~ Eyes: ~~Blue~~ Hair: ~~Brown~~
City State COUNTRY (not county)

5. Name of current/most recent spouse: Whiteside Cherise Monique Birth Date: 4/12/81
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: August 1977 C.A.

7. Daytime telephone number: 602-750-7771 E-mail address: Jason@PassionCellars.com

8. Business Name: See Attached list C.A. Business Phone: 602, 750, 7771

9. Business Location Address: See Attached list
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)
<u>5/17/12</u>	<u>CURRENT</u>	<u>winemaker/manager</u>	<u>Passion Cellars, LLC 3052 N. Fort Grand W. 11100 AZ 85042</u>

List of Licenses for Passion Cellars, LLC

For Questions 8 & 9 of Questionnaire

Business Name/License	Email	Address
1.) Cabal Cellars 13133033	Jason@passioncellars.com	417 Hull Ave., Jerome, Yavapai 86331
2.) Passion Cellars at Salvatore Vineyards 13023033	Same Email	3052 N. Fort Grant Rd., Willcox, Cochise 85643
3.) Salvatore Vineyards 13123019	Same Email	Parcel #109-47-026 ^{← Elgin Rd. CA} Santa Cruz County 85611
4.) Salvatore Vineyards 1907002 ^{CA} 19073008	Same Email	7064 ^{E. CA} 5th Ave., Scottsdale, Maricopa 85251
5.) Passion Cellars at Salvatore Vineyards 19133008	Same Email	301 Main St., Jerome, Yavapai 86331
6.) Cabal Cellars 019020005684	Same Email	410 E. Allen St., Tombstone, Cochise 85638
7.) Passion Cellars 019020006471	Same Email	2 Main St. Suite B, Bisbee, Cochise 85603

All locations business phone is 602-750-7771

19 JUL 22 Lic. Lic. #1037

List of Licenses for Passion Cellars, LLC

For Questions 8 & 9 of Questionnaire

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1.) Cabal Cellars 13133033	Jason@passioncellars.com	417 Hull Ave., Jerome, Yavapai 86331
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4.) Salvatore Vineyards 4907002 ^{1907360 CA}	Same Email	7064 ^{E. CA.} 5th Ave., Scottsdale, Maricopa 85251
5.) Passion Cellars at Salvatore Vineyards 19133008	Same Email	301 Main St., Jerome, Yavapai 86331
6.) Cabal Cellars 019020005684	Same Email	410 E. Allen St., Tombstone, Cochise 85638
7.) Passion Cellars 019020006471	Same Email	2 Main St. Suite 8, Bisbee, Cochise 85603

All locations business phone is 602-750-7771

18 FEB 15 11:47 AM 2021

ENTERED

Certificate # 8492

Certificate of Completion For Title 4 BASIC Liquor Law Training

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

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

The State requires BASIC Title 4 training only as a condition for (MANAGEMENT) title training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the bottom of this Certificate. Licenses and permits 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

Jason Domanico

Full Name (please print)

[Signature]
Signature

February 13, 2018

February 12, 2021

Training Completion Date

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA: SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

Kelly Bailey

Instructor Name (please print)

certify that the above named individual did successfully complete

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. 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).

Kelly Bailey
Instructor Signature

February 13, 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) licensee, agent, and manager actively involved in the daily business operations of a liquor-licensed business of a series listed below

• Microbrewery (series 3)	• Government (series 6)	• Bar (series 4)	• Beer & Wine Bar (series 7)
• Convenience (series 4)	• Liquor Store (series 9)	• Private Club (series 14)	• Hotel/Motel w/restaurant (series 11)
• Restaurant (series 12)	• In-state Farm Winery (series 13)		• Beer & Wine Store (series 10)

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.

Applications (which designate 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.

12/1/2013

19 JUL 22 09:11 AM 2021

Certificate # AZM-01808

18 FEB 15 11:47 AM 1004

Certificate of Completion For Title 4 MANAGEMENT Liquor Law Training

ENTERED

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

Jason Domiano

Name (please print)


Signature

02/13/2018

Training Completion Date

02/13/2021

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com inc.

Company Name

6801 N Capital of Texas Hwy, Suite 158, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

Craig Douglas

Instructor Name (please print)

certify that the above named individual did successfully complete

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

02/13/2018

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

Beer & Wine Brewery (series 3)
Coffery (series 8)
Distillery (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.

License transfers (which designates a manager for 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.

02/13/2018