

State of Arizona
Department of Liquor Licenses and Control

Created 02/13/2020 @ 04:45:53 PM

Local Governing Body Report

LICENSE

Number:	13023045	Type:	013 FARM WINERY
Name:	SANDOR VINEYARDS		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2020
Original Issue Date:	05/04/2016		
Location:	13154 S HIGHWAY 181 PEARCE, AZ 85625 USA		
Mailing Address:			
Phone:	(520)742-6422		
Alt. Phone:	(949)307-4645		
Email:	JOHN@SCITESTEC.COM		

Currently, this license has pending applications.

AGENT

Name:	DEMION SERGUS CLINCO
Gender:	Male
Correspondence Address:	1602 E FT LOWELL ROAD TUCSON, AZ 85719 USA
Phone:	(520)247-8969
Alt. Phone:	
Email:	DEMIONCLNCO@GMAIL.COM

OWNER

Name:	SANDOR VINEYARDS LLC		
Contact Name:	JOHN KOVACS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L14257923	State of Incorporation:	AZ
Incorporation Date:			
Correspondence Address:	PO BOX 37168 TUCSON, AZ 85740 USA		
Phone:	(520)742-6422		
Alt. Phone:	(949)307-4645		
Email:	JOHN@SCITESTEC.COM		

Officers / Stockholders

Name:	Title:	% Interest:
SONORAN WINES LLC	MEMBER-LLC	100.00

SONORAN WINES LLC - Manager-LLC

Name: DEMION SERGUS CLINCO
Gender: Male
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - Manager-LLC

Name: LISA KAREN WAGENHEIM
Gender: Female
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)370-8452
Alt. Phone:
Email: LISA.WAGENHEIM@GMAIL.COM

SANDOR VINEYARDS LLC - MEMBER-LLC

Name: SONORAN WINES LLC
Contact Name: DEMION SERGUS CLINCO
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - INTEREST HOLDER

Name: MICHAEL FASSETT
Gender: Male
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLNCO@GMAIL.COM

SONORAN WINES LLC - INTEREST HOLDER

Name: AGUSTIN FLORES
Gender: Male
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - INTEREST HOLDER

Name: MICHELLLE YACOOB
Gender: Female
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - INTEREST HOLDER

Name: GABRIELLE YACOOB
Gender: Female
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

OSERAN FAMILY TRUST - TRUSTEES

Name: RICHARD OSERAN
Gender: Male
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

OSERAN FAMILY TRUST - TRUSTEES

Name: JANET OSERAN
Gender: Female
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMION@CLINCO@GMAIL.COM

BCS SERVICES INC - INTEREST HOLDER

Name: JOCELYN STOLLER
Gender: Female
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - STOCKHOLDER

Name: OSERAN FAMILY TRUST
Contact Name: DEMION SERGUS CLINCO
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

SONORAN WINES LLC - STOCKHOLDER

Name: BCS SERVICES INC
Contact Name: DEMION SERGUS CLINCO
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 1602 E FT LOWELL ROAD
TUCSON, AZ 85719
USA
Phone: (520)247-8969
Alt. Phone:
Email: DEMIONCLINCO@GMAIL.COM

APPLICATION INFORMATION

Application Number: 98155
Application Type: Acquisition of Control
Created Date: 02/13/2020

QUESTIONS & ANSWERS

013 Farm Winery

- 3) Have you submitted questionnaires? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
No
- 5) 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

COMPLIANCE ACTIONS

000355-18

05/18/2018 - Incident Date
05/25/2018 - Fine
08/01/2018 - Fine Payment (\$250.00)
07/31/2018 - Case Closed

Violations

Statute	Counts	Description
4-205.04(B)	1	A farm winery shall report their production annually at the end of each calendar year.

1/31/2018 Incident date
5/24/2018 Mail In Consent issued/mailed, \$250.00 Penalty fine assessed
6/7/2018 Signed Mail In consent received
7/31/2018 \$250.00 Fine paid, Receipt #R7457

000248-19

04/22/2019 - Incident Date

06/21/2019 - Dismissed

05/20/2019 - Case Closed

1/1/2018-12/31/2018 Audit period

4/24/2019 Compliance letter

5/20/2019 Compliance meeting

5/20/2019 Case Dismissed



January 13, 2020

Aizee Pama
Arizona Department of Liquor
Licensing Division
800 W Washington St #5
Phoenix, AZ 85007

RE: Sandor Vineyards LLC Application for Agent Change and Acquisition of Control
License Number: 13023045

Dear Ms. Pama,

I am writing to notify the Department that John E. Kovacs and Karen Kovacs have been removed as management members of Sandor Vineyards, LLC and replaced by Sonoran Wines, LLC as the 100% owner of the LLC membership interests.

We have attached an organizational chart detailing the titles and ownership percentages for Sonoran Wines, LLC owners who hold 10% or more ownership interest and are submitting this chart and all supporting materials with the Application for Agent Change and Acquisition of Control.

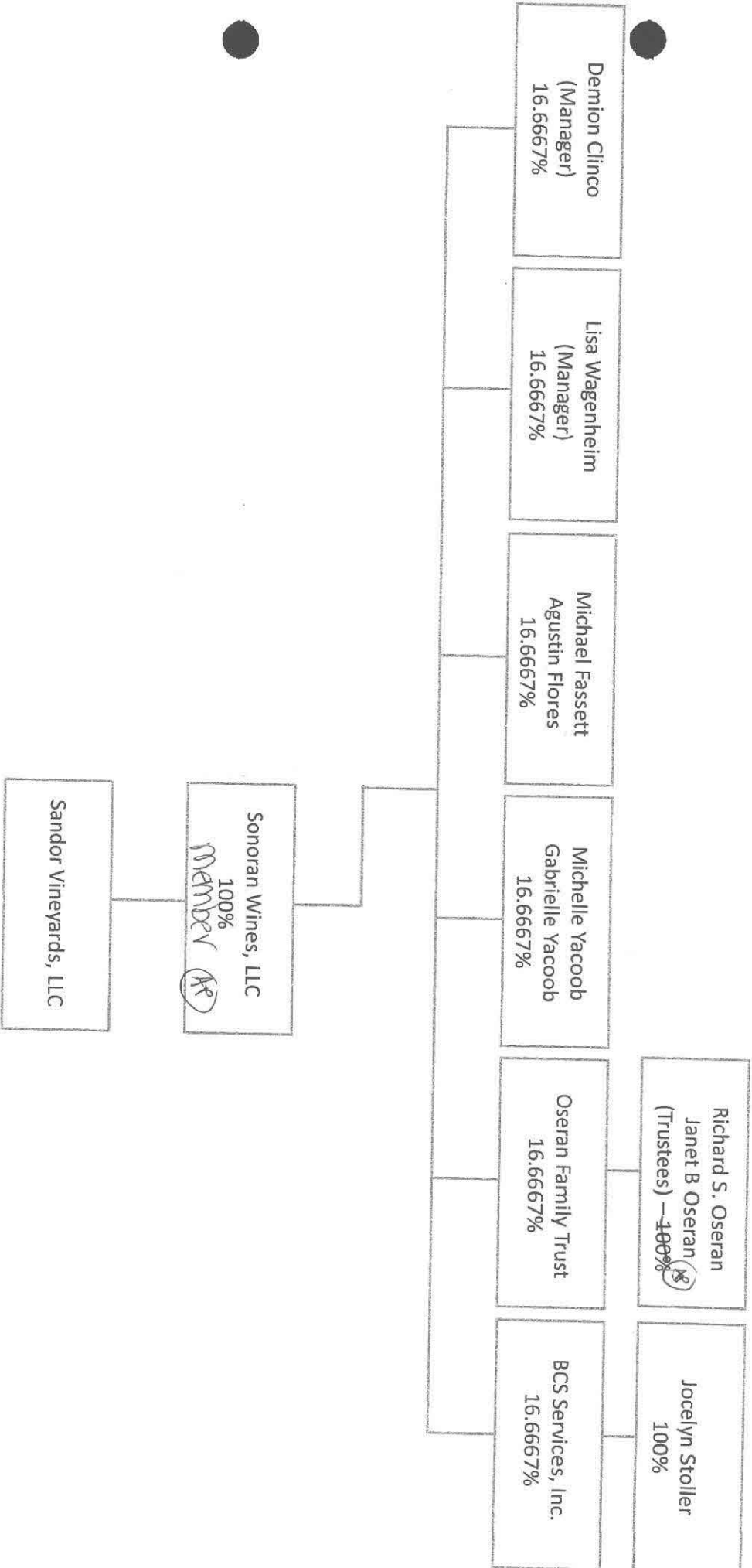
If you have any questions, please do not hesitate to contact me directly at the phone number or email address below.

Sincerely,

Lisa Wagenheim, Manager
Sonoran Wines, LLC
1602 East Ft. Lowell Road
Tucson, Arizona 85719
lisa.wagenheim@gmail.com
520.370.8452

20 FEB 13 11:41 AM '20

SANDOR VINEYARDS, LLC OWNERSHIP STRUCTURE





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

APPLICANT/CONTROLLING PERSON AFFIDAVIT

TO BE COMPLETED BY THE ORGANIZATION'S PRESIDENT.
IF THIS IS A CLUB, PARTNERSHIP, OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.

Organization: SANDOR VINEYARDS, LLC
Affidavit of: DEMION SERAUS CLINCO
Position/Title: MANAGER
State of: ARIZONA AZ Corp./L.L.C. #: L-14251923
County of: PIMA State Incorporated: ARIZONA

The undersigned, (Print Full Name) DEMION SERAUS CLINCO Declares

1. In connection with this organization's application to obtain a liquor license for our operation(s) in Arizona have complete and delivered to the Arizona Department of Liquor Licenses and Control the required questionnaire and fingerprint card.

2. The required questionnaires and fingerprint cards of all officers, directors, regional managers, manage members, partners, etc., who direct or are involved in the direction of the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and delivered to the Arizona Department of Liquor Licenses and Control.

Name and title of such individuals are as follows (or list attached):

- 1) DEMION CLINCO - MANAGER
2) LISA WAGENHEIM - MANAGER
3)
4)

3. There are, in addition to those submitting questionnaires and fingerprint cards, other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals directs or is involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

- 1) SEE ATTACHED LIST
2)
3)
4)

4. Finally, on information and belief, none of the individuals listed under item #3 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

I, (Print Full Name) DEMION SERAUS CLINCO, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: [Handwritten Signature]

20 FEB 13 11:41 AM AZD

Controlling Person Affidavit Attachment

<u>Name:</u>	<u>Title:</u>	<u>Date & Place of Birth</u>	
1) Michael Fassett	Interest Holder	Tucson, AZ	02/10/1967
2) Agustin Flores	Interest Holder	Tecolotam, Jalisco Mexico	08/12/1956
3) Michelle Yacoob	Interest Holder	Hamilton, Ontario Canada	12/19/1980
4) Gabrielle Yacoob	Interest Holder	Hamilton, Ontario Canada	06/12/1986
5) Richard Oseran	Interest Holder	Phoenix, AZ	05/08/1945
6) Janet Oseran	Interest Holder	Binghamton, NY	10/12/1951
7) Jocelyn Stoller	Interest Holder	Chicago, IL	08/15/1936



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

20 FEB 13 11:39 AM

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

804.849

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#: 13023045/98155

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent (checked), Premises Manager (unchecked)

2. Name: Clinco Demion Sergus Birth Date [redacted]

3. Social Security #: [redacted] Driver License #: [redacted] State: Arizona

4. Place of birth: Tucson AZ USA Height: 6'2 Weight: 185 Eyes: BR Hair: BL

5. Name of current/most recent spouse: [redacted] Birth Date: N/A

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

7. Daytime telephone number: 520-247-8969 E-mail address: demionclinco@gamil.com

8. Business Name: Sandor Vineyards Business Phone: 520/742/6422

9. Business Location Address: 13154 S. Highway 181 Pearce AZ Cochise 85625

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)

(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
1/2008	CURRENT	230 East 23rd Street, Tucson, Arizona 85717

(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) Demetrius Sanchez Quiroga 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

My Commission Expires on: 06/05/2021 Date

The foregoing instrument was acknowledged before me this 26th Day of August 2020 Year

[Signature]
Signature of Notary

OFFICIAL SEAL
KEVIN A KRAMBER
Notary Public - State of Arizona
PIMA COUNTY
My Comm. Expires June 5, 2021

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

PRINT NAME: _____ SIGNATURE: _____



*20 JAN 29 PM 3 22 AZDLLC

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) Demion Serrano Quins

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

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

If Yes, indicate place of birth:
City Tucson 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.

Demion Souza Quintero
Individual Owner/Agent Printed Name

[Signature]
Individual Owner/Agent Signature

01/20/2020
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

Number Expires Date of Birth Issued

DEMION SERGUS CLINCO
230 E 23RD ST
TUCSON AZ 85713-1633

Class D Sex M
Eyes BRO Height 6-02
Hair BR Weight 175

Demion Clinco



20 FEB 13 11:41 AM '01

You Must Report a Change of Address Within 10 Days



Number
Expires
Issued



Class D Operat
Endorsements
Restrictions N

Privilege from arrest; civil process

Members of the legislature shall be privileged from arrest in all cases except treason, felony and breach of the peace, and they shall not be subject to any civil process during the session of the legislature, nor for fifteen days next before the commencement of each session.



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

804.849

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#: 13023045/98155

1. Check the Appropriate Box →

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

2. Name: Kovacs William Richard Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Anchorage AK USA Height: 6'4" Weight: 200 Eyes: Blue Hair: Blonde
City State COUNTRY (not county)

5. Name of current/most recent spouse: N/A - SINGLE Birth Date: N/A
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: [REDACTED]

7. Daytime telephone number: 520.251.8670 E-mail address: wrkovacs@gmail.com

8. Business Name: Sandor Vineyards Business Phone: 520/742/6422

9. Business Location Address: 13154 S. Highway 181 Phoenix AZ Cochise 85625
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)
08/2011	CURRENT	MARKETING MANAGER	SANDOR VINEYARDS 13154 S. HIGHWAY 181, PHOENIX, AZ 85625
01/2019	Current	DIRECTOR	CONCRETE WORKER - ANN KRAEPANICK 16316 N. SWAN RD. #200 TUCSON, AZ 85712

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2019	CURRENT	2550 E. RIVER RD. # 1B201 TULSA, AZ 85718
01/2014	08/2019	137 W. MONTGOMERY AVE. TULSA, AZ 85719

(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) William Richard Kovacs 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.

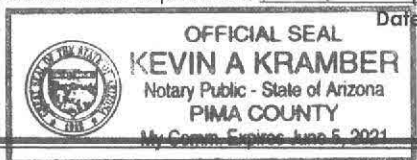
Signature: [Signature]

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on: 06/05/2021

27TH Day of January, 2020



[Signature]
Signature of Notary

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

PRINT NAME: Denise Sarasua Cisneros SIGNATURE: [Signature]

Certificate # j17sGY1Gls

*20 JAN 29 PM 3 23 AZDLLC

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

Certificate of Completion
For
On Premise Basic course (3 hours)

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

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

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

William Kovacs
 Full Name (please print)

William Kovacs
 Signature

December 31, 2019
 Training Completion Date

December 31, 2022
 Certificate Expiration Date
 (three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
 Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
 Instructor Signature

31 / 12 / 2019
 Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
 2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | 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) |

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

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

*20 FEB 13 14P. LIC. PM 4:02

Certificate # jDmxAh3CR
*20 JAN 29 PM 3:23 AZDLLC

Certificate of Completion
For
On/Off Premise Management (2 hours)

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

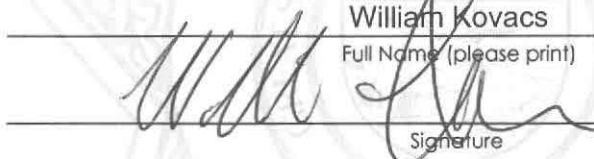
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The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes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

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

William Kovacs
Full Name (please print)


Signature

January 23, 2020
Training Completion Date

January 23, 2023
Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

*20 FEB 13 11:41 AM '20

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).


Instructor Signature

23 / 01 / 2020
Day / Mo / Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	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)

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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

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

804.849

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#: 13023045/98155

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: Wagenheim Lisa Karen Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: New York NY USA Height: 5'1" Weight: 125 Eyes: Hzi Hair: Bro
City State COUNTRY (not county)

5. Name of current/most recent spouse: N/A Birth Date: */A/
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: 1993

7. Daytime telephone number: 520-370-8452 E-mail address: lisa.wagenheim@gmail.com

8. Business Name: Sandor Vineyards Business Phone: 520/742/6422

9. Business Location Address: 13154 S. Highway 181 Pearce AZ Cochise 85625
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)
09/2018	CURRENT	SVP, Associate General Counsel	loanDepot.com, LLC, 26642 Towne Centre Drive, Foothill Ranch, CA 92610
10/2009	09/2018	SVP, Deputy General Counsel	Caliber Home Loans, Inc., 1525 S. Belt Line Rd., Coppell, TX 75019

(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
04/2006	CURRENT	525 S. 6th Avenue, Tucson, AZ 85701

(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

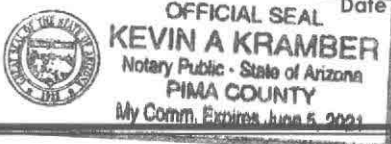
NOTARY

I (Print Full Name) Lisa Karen Wagenheim 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: *LKW* State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 26th Day of August, 2020

My Commission Expires on: 06/05/2021 Date

OFFICIAL SEAL


[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: _____