

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

Created 05/20/2020 @ 03:41:32 PM

Local Governing Body Report

**LICENSE**

Number:	06020045	Type:	006 BAR
Name:	SIERRA VISTA WEDDING AND EVENTS		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2020
Original Issue Date:	12/10/1985		
Location:	6398 S HIGHWAY 92 HEREFORD, AZ 85615 USA		
Mailing Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA		
Phone:	(520)249-4146		
Alt. Phone:			
Email:	ED_FEE@HOTMAIL.COM		

Currently, this license has pending applications.

**AGENT**

Name:	EDWARD MARTIN FEE
Gender:	Male
Correspondence Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA
Phone:	(520)249-4146
Alt. Phone:	
Email:	ED_FEE@HOTMAIL.COM

**OWNER**

Name:	FEE 3 LLC		
Contact Name:	EDWARD MARTIN FEE		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L15992502	State of Incorporation:	AZ
Incorporation Date:	05/03/2010		
Correspondence Address:	4976 S RICARDO ROAD SIERRA VISTA, AZ 85650 USA		
Phone:	(520)249-4146		
Alt. Phone:			
Email:	ED_FEE@HOTMAIL.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
EDWARD MARTIN FEE	Managing/member	62.00
JOSHUA GUY GREER	MEMBER	19.00
JONATHAN PAUL CARREON	MEMBER	19.00

### FEE 3 LLC - Managing/member

Name: EDWARD MARTIN FEE  
 Gender: Male  
 Correspondence Address: 4976 S RICARDO ROAD  
 SIERRA VISTA, AZ 85650  
 USA  
 Phone: (520)249-4146  
 Alt. Phone:  
 Email: ED\_FEE@HOTMAIL.COM

### FEE 3 LLC - MEMBER

Name: JOSHUA GUY GREER  
 Gender: Male  
 Correspondence Address: 4976 S RICARDO ROAD  
 SIERRA VISTA, AZ 85650  
 USA  
 Phone: (520)266-0472  
 Alt. Phone:  
 Email: JOSHUAGGREER@ME.COM

### FEE 3 LLC - MEMBER

Name: JONATHAN PAUL CARREON  
 Gender: Male  
 Correspondence Address: 4976 S RICARDO ROAD  
 SIERRA VISTA, AZ 85650  
 USA  
 Phone: (714)705-5588  
 Alt. Phone:  
 Email: LBPOPUPBOOKS@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 110259  
 Application Type: Acquisition of Control  
 Created Date: 05/20/2020

*Alby*

## QUESTIONS & ANSWERS

### 006 Bar

- 4) 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?  
 No



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. For current 4/20/19

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#: 06020045 / 110259

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager.

2. Name: Fee Edward Martin Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: AZ

4. Place of birth: Orange NJ USA Height: 6'2" Weight: 205 Eyes: GRN Hair: BRN

5. Name of current/most recent spouse: McCann Lisa Marie Birth Date: [Redacted]

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

7. Daytime telephone number: 5202494146 E-mail address: ed\_fee@hotmail.com

8. Business Name: Fee 3 LLC DBA Sierra Vista Weddings & Events Business Phone: 520/249/4146

9. Business Location Address: 6398 S. HWY 92 Hereford AZ Cochise 85650

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 8/94, CURRENT, Teacher, Palominas S.D. #49 6849 S. HWY 92, Hereford, AZ 85615

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 19 14 PM 3 58

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
1/2015	CURRENT	4976 S. Ricardo Rd Sierra Vista, AZ 85650

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
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**

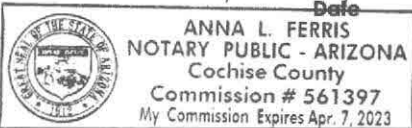
**NOTARY**

I (Print Full Name) Edward M. Fee 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: *EM Fee* State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this 8<sup>th</sup> Day of May, 2020

My Commission Expires on: April 7, 2023



*Anna L. Ferris*  
Signature of Notary

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

PRINT NAME: Edward Fee SIGNATURE: *EM Fee*

5/8/20

To Whom it May Concern, I am writing to notify that at the end of May, 2020 as agent for Fee 3 LLC, D.B.A. Jr's Food & Spirits we received a 10 day suspension on license # 06620034. Due to repeated acts of violence, we made improvements to our security plan and changed the type of music\* (hip hop), in order to eliminate the customer base that was creating problems. We decided that earlier hours, food, and family friendly entertainment was the direction we wanted to go, so we changed our business plan to become Sierra Vista Wedding & Events.

Thank you for your time,

Ed Fee

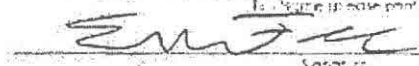
Certificate # 10543

**Certificate of Completion  
For  
Title 4 MANAGEMENT Liquor Law Training**

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor Licenses and Control and completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.  
This Title 4 training was developed for MANAGE Title 4 training. A state Certificate of Completion for this training was only made possible by the Department of Liquor Licenses and Control's approval of a State-approved BAS-CM Title 4 course. This course must be completed by the training provider prior to issuing a Certificate of Completion for MANAGE Title 4 training.  
A replacement Certificate of Completion for Title 4 training may be available through the training provider, if available, after the training completion date.

**Student Information**

**Edward Edward Fee**  
Training Participant

  
Signature

December 02, 2018

December 01, 2021

Training Completion Date

Certificate Expiration Date  
(This year is from example on back)

**Training Provider Information**

**Diversys Learning, Inc. DBA SureSellNow.com**

Company Name

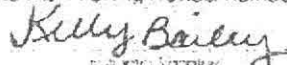
1011 Arrow Point Drive, Cedar Park, Texas 78613

Training Address:  
512-879-1063

Course Contact Phone Number

I, Kelly Bailey, certify that the above named individual did successfully complete  
this training course.

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-03 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).

  
Signature

December 02, 2018  
Day    Mo    Year

For your records, please include BAS-CM MANAGE Title 4 training. If either you or the provider have any questions, please contact the Department of Liquor Licenses and Control at (602) 974-2000. If you have any questions, please contact the Department of Liquor Licenses and Control at (602) 974-2000. If you have any questions, please contact the Department of Liquor Licenses and Control at (602) 974-2000.

Arizona Department of Liquor Licenses and Control  
Department of Liquor Licenses and Control  
100 North Central Avenue, Suite 100  
Phoenix, Arizona 85004  
Phone: (602) 974-2000  
Fax: (602) 974-2001  
Website: [www.azdql.com](http://www.azdql.com)

Department of Liquor Licenses and Control  
100 North Central Avenue, Suite 100  
Phoenix, Arizona 85004  
Phone: (602) 974-2000  
Fax: (602) 974-2001  
Website: [www.azdql.com](http://www.azdql.com)

The date of issuance for this Certificate of Completion is December 02, 2018. This Certificate is valid for the duration of the course.

20 MAY 12 11:41 AM '13

20 MAY 20 11:41 AM '13



20 MAY 20 11:49. Lic. # 8125



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

804-881

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

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. 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#: 06020045 / 110259

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: Greer Joshua Guy Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Tucson AZ US Height: 6 Weight: 170 Eyes: BR Hair: BR  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Greer Ashia Carlotta Birth Date: [REDACTED]  
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: CA

7. Daytime telephone number: 520-266-0472 E-mail address: joshuaggreer@me.com

8. Business Name: Sierra Vista Wedding and events Business Phone: 520 249 4146

9. Business Location Address: 6398 S Hwy 92 Hereford AZ Cochise County 85615  
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)
01/2005	CURRENT	Camera Assistant	Entertainment Partners 2950 N Hollywood Way Burbank, CA 91505

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 11:49. Lic. # 8125

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
05/2012	CURRENT	Sunbeam Dr Los Angeles CA 90065


(ATTACH ADDITIONAL SHEET IF NECESSARY)

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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
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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

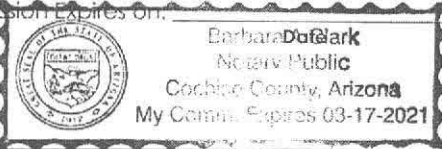
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**NOTARY**

I (Print Full Name) Joshua Greer 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 California County of Los Angeles  
The foregoing instrument was acknowledged before me this 19 Day of MAY, 2020  
Day Month Year

My Commission Expires on: 17 MAR 2021



  
Signature of Notary

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

PRINT NAME: Joshua Greer SIGNATURE: 



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

804-881

20 MAY 19 11:49 AM '18

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

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Liquor License#: 06020045 / 110259

1. Check the Appropriate Box

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

2. Name: CARREON JONATHAN PAUL Birth Date: [Redacted] (NOT a public record)

3. Social Security #: [Redacted] Driver License #: [Redacted] State: CA

4. Place of birth: GARDEN GROVE CA USA Height: 5'10" Weight: 150 Eyes: GRAY Hair: BROWN

5. Name of current/most recent spouse: N/A Birth Date: N/A (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency:

7. Daytime telephone number: (714) 705-5588 E-mail address: LBPOPUPBOOKS@GMAIL

8. Business Name: SIERRA VISTA WEDDING & EVENTS Business Phone: 520/249, 4146

9. Business Location Address: 6398 S. HWY 92 HEREFORD AZ USA COCHISE 85615

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). Rows include 2ND ASSISTANT CAMERAMAN at CAST & CREW and ENTERTAINMENT PARTNERS.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 20 11:49 AM '18

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
10/14	CURRENT	500 E. 8 <sup>TH</sup> STREET, LONG BEACH, CA 90813

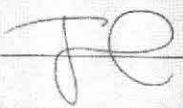
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- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
- 15. Are there 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) JONATHAN CARREON 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 CALIFORNIA County of LOS ANGELES


The foregoing instrument was acknowledged before me this

18 Day of MAY 2020

Date



Date

  
Signature of Notary

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

PRINT NAME: JONATHAN CARREON

SIGNATURE: 