



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

AFFIDAVIT OF POSTING

Date of Posting: 11/25/2020

Date of Posting Removal: 12/21/2020

Applicant's Name: Brant Kimberly
Last First Middle

Business Address: 229 N Frontage Rd, Pearce 85625
Street City Zip

License #: 124704

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Daniel Coxworth Director 520 559-8700
Print Name of City/County Official Title Phone Number

[Signature] 12/21/2020
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.



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804-944

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.

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#: 124704

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)
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2. Name: BRANT Kimberly N/A Birth Date: 09/08/1970
First (NOT a public record)

3. Soc 3 Driver License#: _____ State: Arizona

4. Place of birth: Greenfield MA USA Height: 5'02" Weight: 135 Eyes: Brown Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: PEASE Daniel Scott Birth Date: 03/10/1966
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: 12/2014

7. Daytime telephone number: (520) 254-3291 E-mail address: SUNSETS.CAFE@gmail.com

8. Business Name: SUNSETS CAFE Business Phone: 520/826/2500

9. Business Location Address: 229 N. FRONTAGE RD. PEARCE AZ COKCHISE 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)
01/2020	CURRENT	OWNER	SUNSETS CAFE 229 N. FRONTAGE RD. PEARCE, AZ 85625
12/2019	02/2020	UNEMPLOYED	2304 N. COTTONTAIL LN. COKCHISE, AZ 85626
09/2018	12/2019	MAN / SERVER	SUNSETS CAFE 229 N. FRONTAGE RD. PEARCE, AZ 85625
09/2005	09/2018	SELF EMPLOYED	2304 N. COTTONTAIL LN. COKCHISE, AZ 85626

(ATTACH ADDITIONAL SHEET IF NECESSARY)

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: November 25, 2020

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE
COCHISE COUNTY BOARD OF SUPERVISORS

1415 MELODY LANE, BUILDING G
PLACE BISBEE, AZ 85616

DATE/TIME JANUARY 25, 2021 @ 10:15 A.M.

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: (520) 432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE
STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REGARDING ADA ACCOMMODATIONS CALL LOCAL GOVERNING BODY COCHISE COUNTY (520) 432-9200 BOARD OF SUPERVISORS STATE LIQUOR DEPT (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE