

State of Arizona
Department of Liquor Licenses and Control

Created 02/22/2021 @ 10:03:55 AM

Local Governing Body Report

LICENSE

Number: 06020001 Type: 006 BAR
Name: T J'S BAR & GRILL
State: Pending
Issue Date: Expiration Date: 06/30/2021
Original Issue Date: 01/28/1971
Location: 135 FRONTAGE ROAD
PEARCE, AZ 85625
USA
Mailing Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)826-3808
Alt. Phone: (520)235-5684
Email: KKRAMBER75@GMAIL.COM

Currently, this license has pending applications.

AGENT

Name: KEVIN ARNOLD KRAMBER
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

OWNER

Name: T J'S BAR & GRILL INC
Contact Name: KEVIN ARNOLD KRAMBER
Type: CORPORATION
AZ CC File Number: 05246866 State of Incorporation: AZ
Incorporation Date: 04/12/1991
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)235-5684
Alt. Phone:
Email: KKRAMBER75@GMAIL.COM

Officers / Stockholders

Name: Title: % Interest:

CELESTE KATHLEEN CAIN
SCOTT BRYAN TURNER

Pres/DIRECTOR
VP/DIRECTOR

51.00
49.00

T J'S BAR & GRILL INC - VP/DIRECTOR

Name: SCOTT BRYAN TURNER
Gender: Male
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)236-6494
Alt. Phone:
Email: COPPERCITYSALOONAZ@GMAIL.COM

T J'S BAR & GRILL INC - Pres/DIRECTOR

Name: CELESTE KATHLEEN CAIN
Gender: Female
Correspondence Address: 536 E WAGON BLUFF DRIVE
TUCSON, AZ 85704
USA
Phone: (520)904-2930
Alt. Phone:
Email: COPPERCITYSALOONAZ@GMAIL.COM

MANAGERS

Name: JENNIFER L EVELETH
Gender: Female
Correspondence Address: 317 N FORD STREET
PEARCE, AZ 85625
USA
Phone: (520)826-3808
Alt. Phone:
Email:

APPLICATION INFORMATION

Application Number: 139181
Application Type: Acquisition of Control
Created Date: 02/22/2021

Cynthia

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.

Handwritten note: For Current 1/19/19

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#: 06020001/139181

1. Check the Appropriate Box

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

2. Name: Kramber Kevin Arnold Birth Date: [Redacted]
Last First Middle (NOT a public record)

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

4. Place of birth: Buffalo MN USA Height: 6'03" Weight: 235 Eyes: Blu Hair: Bro
City State COUNTRY (not county)

5. Name of current/most recent spouse: Kramber Michele Rene Birth Date: [Redacted]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 1976

7. Daytime telephone number: 520.235.5684 E-mail address: kkramber75@gmail.com

8. Business Name: TJ's Bar & Grill Business Phone: 520/826/3808

9. Business Location Address: 135 Frontage Rd. 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.

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 Real Estate Salesperson, Co-Owner, and Owner/Consultant.

(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
11/1995	CURRENT	536 E. Wagon Bluff Dr., Tucson, AZ 85704

(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

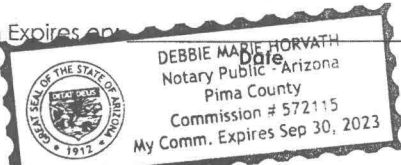
NOTARY

I (Print Full Name) Kevin Arnold Kramber 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 27th Day of January, 2021

My Commission Expires on 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: _____

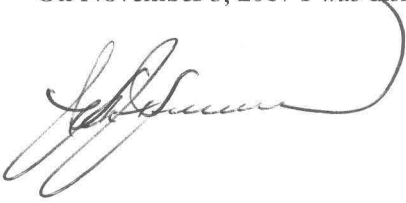
QUESTIONNAIRE CONTINUED

KEVIN ARNOLD KRAMBER

Questions 14:

On Thursday October 26, 2017 I was served with a lawsuit which involved Zuffa, LLC versus Manuel Cordova, et al. It is Civil Action Number 4:17-CV-00495-BPV United States District Court in Arizona. The subject of the lawsuit involves the alleged illegal broadcasting of a July 29, 2017 UFC fight at my client's licensed premises, The Neighborhood, LLC, DBA "Neighborhood", Pima County Liquor License Number 06100149. I am the Agent on behalf of the Licensee and as Agent I have been included in the lawsuit.

On November 3, 2017 I was dismissed without prejudice from the lawsuit.



21 FEB 22 09:13:43



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) Kevin Arnold Kramber

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 Buffalo State (or equivalent) Minnesota Country or Territory USA

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

2) Name of document: US Passport
 Go to Section IV.

If you answered **No**, you must complete Section III and IV.

21 FEB 22 04: 14: 01043

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.

Kevin Arnold Kramber

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

01/26/2021

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.



21 FEB 22 11:49 AM 1043

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

804.979

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#: 06020001 / 139181

1. Check the Appropriate Box

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

2. Name: Turner Scott Bryan
3. Social Security #: [redacted] Driver License #: [redacted] State: Arizona
4. Place of birth: Lake Park MN USA Height: 6'04" Weight: 240 Eyes: HZL Hair: Bld
5. Name of current/most recent spouse: Cain Celeste Janeleen Birth Date: [redacted]
6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 1967
7. Daytime telephone number: (520) 236-6494 E-mail address: COPPERCITYSALOONAZ@gmail.com
8. Business Name: TJ's Bar & Grill Business Phone: 520/826/3808
9. Business Location Address: 135 Frontage Rd. 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). Includes entries for Copper City Saloon and The Moving Co.

(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
01/2015	CURRENT	3617 DOE RANCH RD. PEARLE, AZ 85625

(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) Scott J. Turner 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.

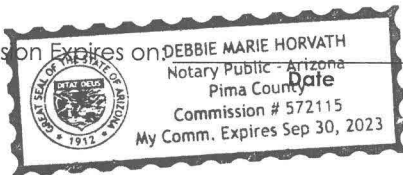
Signature: [Signature]

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on DEBBIE MARIE HORVATH

27TH Day of June, 2021



[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: _____

QUESTIONNAIRE CONT.

SCOTT BRYAN TURNER

#14. ① IN 2016 I WAS ISSUED A CITATION BY A CITY MARSHAL IN TOMBSTONE, AZ FOR "DROPPING A LOAD" ON THE HIGHWAY (COPALISTON RD) FOR LOSING WATERMELONS ON THE ROAD FROM MY VEHICLE. I PAID A \$100 FINE & NO FURTHER ACTION TAKEN.

Scott Turner

② IN LATE 2019 / EARLY 2020 IN BISBEE, AZ I WAS DETAINED & CITED LATER BY BISBEE POLICE FOR ASSAULT. I SUBSEQUENTLY WENT TO COURT AND ALL CHARGES WERE DISMISSED. NO ACTION EVER TAKEN.

21 FEB 22 11A. LT. #11043

Scott Turner

Certificate # _____

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

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

SCOTT TURNER
Full Name (please print)

Scott Turner
Signature

AUGUST 12, 2020

Training Completion Date

AUGUST 12, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AZLiquorTraining.com

Company Name

536 East Wagon Bluff Drive Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

21 FEB 22 11:11 AM 1043

I, KEVIN A. KRAMBER, 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

12 / 08 / 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)
Conveyance (series 8)
Restaurant (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.

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.

Certificate # _____

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. 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

SCOTT TURNER
Full Name (please print)

Scott Turner
Signature

AUGUST 12, 2020

Training Completion Date

AUGUST 12, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AZLiquorTraining.com

Company Name

536 East Wagon Bluff Drive Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

21 FEB 22 09:11:43 AM 1043

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

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).

[Signature]
Instructor Signature

12 / 08 / 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)
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Liquor Store (series 9)
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Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
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21 FEB 22 197. LIC. RM1043



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

804.979

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#: 06020001 / 139181

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: CAIN CELESTE LATHLEEN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: TULSON AZ USA Height: 5'04" Weight: 127 Eyes: GRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: JUNIOR SCOTT BYRON 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: 1972

7. Daytime telephone number: (520) 904-2930 E-mail address: COPPERCITYSALOONAZ@gmail.com

8. Business Name: TJ's Bar & Grill Business Phone: 520/826/3808

9. Business Location Address: 135 FRONTAGE RD. PEARLE 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)
01/2021	CURRENT	OWNER	TJ'S BAR & GRILL 135 FRONTAGE RD. PEARLE, AZ 85625
04/2017	owner	CO-OWNER	COPPER CITY SALOON 37 OK ST. BISBEE, AZ 85603
05/2016	04/2017	BAR TENDER	PC'S LOUNGE 4700 E. HWY 90 SIERRA VISTA, AZ 85535
05/2015	05/2016	BAR TENDER	STOCK EXCHANGE 15 BREWERY AVE. BISBEE, AZ 85603

(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
11/2012	CURRENT	3614 E. DOE RANCH RD. PEARCE, AZ 85625

(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) CELESTE KATHLEEN RAIN 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: Celeste Rain State of Arizona County of Pima
The foregoing instrument was acknowledged before me this 27th Day of January, 2021
Day Month Year

My Commission Expires on: DEBBIE MARIE HORVATH
Notary Public - Dona
Pima County
Commission # 572115
My Comm. Expires Sep 30, 2023

Debbie Marie Horvath
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____