

Rec'd 7/13/2021  
12 Restaurant  
App #148215  
APN: 114-14-155A  
Due 9/6/2021

State of Arizona  
Department of Liquor Licenses and Control

Created 07/09/2021 @ 01:42:08 PM

Local Governing Body Report

**LICENSE**

Number: Type: 012 RESTAURANT  
Name: TALKING IRONS COFFEE SALOON  
State: Pending  
Issue Date: Expiration Date:  
Original Issue Date:  
Location: 113 N FRONTAGE ROAD  
PEARCE, AZ 85625  
USA  
Mailing Address: PO BOX 193  
PEARCE, AZ 85625  
USA  
Phone: (520)485-7944  
Alt. Phone:  
Email: TALKINGIRONSCOFFEE@GMAIL.COM

**AGENT**

Name: SARA BURGER  
Gender: Female  
Correspondence Address: PO BOX 193  
PEARCE, AZ 85625  
USA  
Phone: (520)485-7944  
Alt. Phone:  
Email: TALKINGIRONSCOFFEE@GMAIL.COM

**OWNER**

Name: TALKING IRONS LLC  
Contact Name: SARA BURGER  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L21446493 State of Incorporation: AZ  
Incorporation Date: 01/27/2017  
Correspondence Address: PO BOX 193  
PEARCE, AZ 85625  
USA  
Phone: (520)485-7944  
Alt. Phone:  
Email: TALKINGIRONSCOFFEE@GMAIL.COM

**Officers / Stockholders**

Name: Title: % Interest:

THOMAS MATTHEW BURGER  
SARA BURGER

MEMBER  
MEMBER

50.00  
50.00

### TALKING IRONS LLC - MEMBER

Name: SARA BURGER  
Gender: Female  
Correspondence Address: PO BOX 193  
PEARCE, AZ 85625  
USA  
Phone: (520)485-7944  
Alt. Phone:  
Email: TALKINGIRONSCOFFEE@GMAIL.COM

### TALKING IRONS LLC - MEMBER

Name: THOMAS MATTHEW BURGER  
Gender: Male  
Correspondence Address: PO BOX 193  
PEARCE, AZ 85625  
USA  
Phone: (520)485-7944  
Alt. Phone:  
Email: TALKINGIRONSCOFFEE@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 148215  
Application Type: New Application  
Created Date: 04/09/2021

## QUESTIONS & ANSWERS

### 012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
Property Owner
- 3) Is there a penalty if lease is not fulfilled?  
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
No  
If no, in what City, Town, County or Tribal/Indian Community is this business located?  
Pearce, Cochise County
- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
26,000 from EIDL Loan

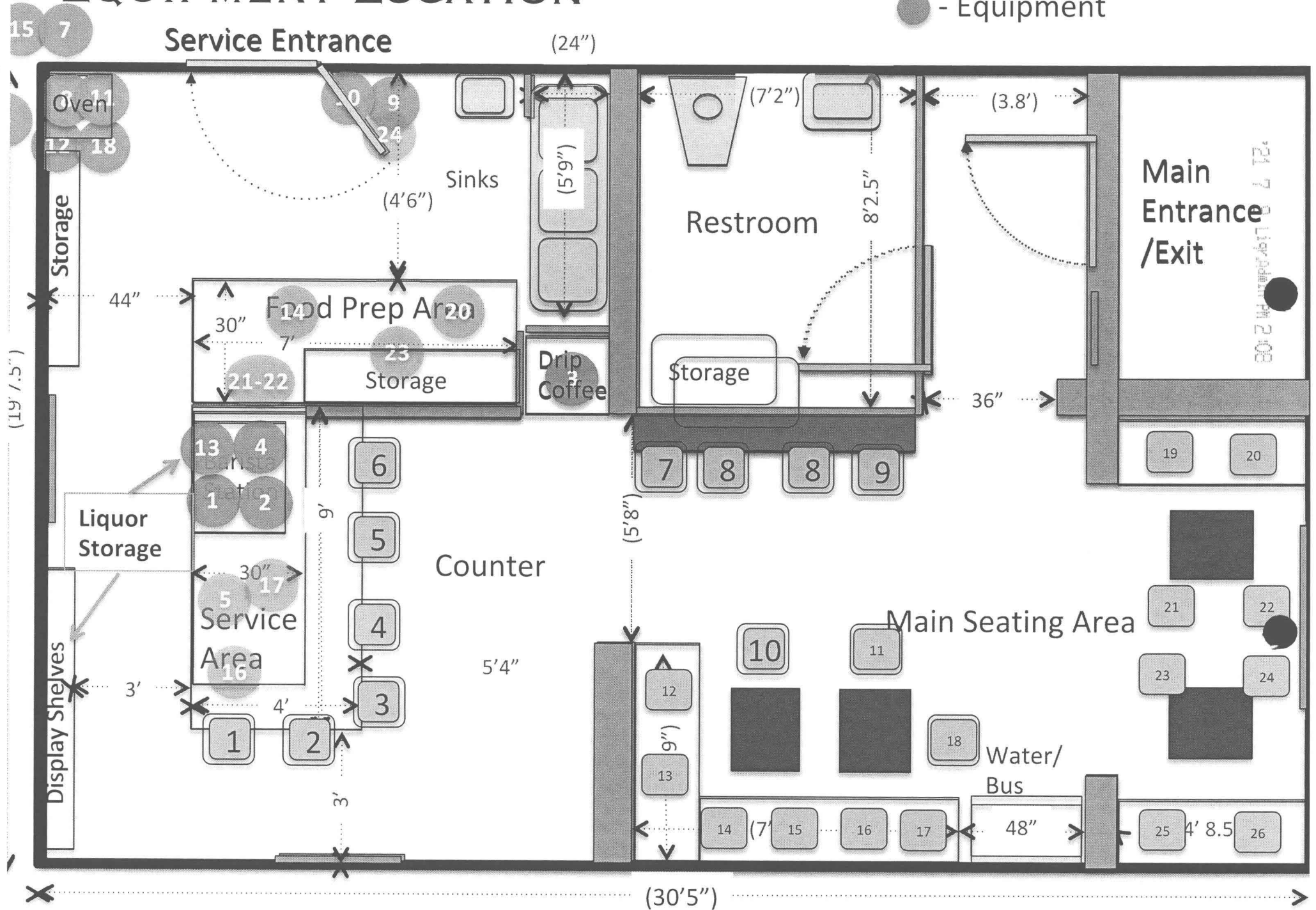
- 6) Is there a drive through window on the premises?  
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
Yes, contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

## DOCUMENTS

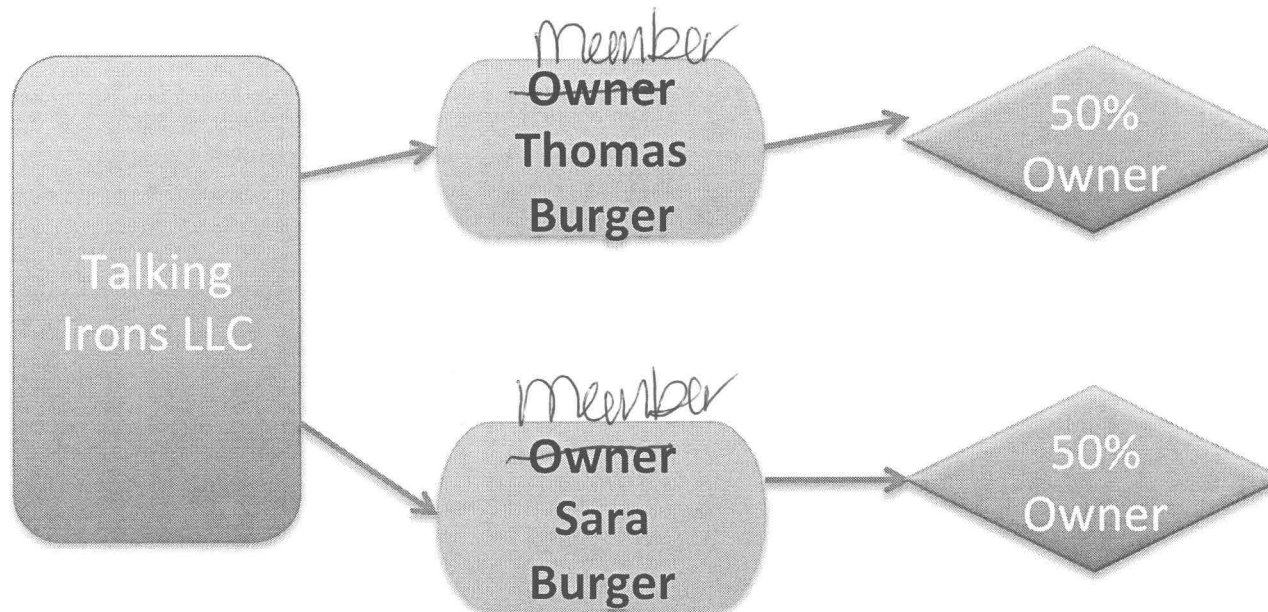
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	DLLC Questionnaire TBurger.pdf	05/28/2021
QUESTIONNAIRE	DLLC Questionnaire SBurger.pdf	05/28/2021
MISCELLANEOUS	DLLC SBurger FingerprintCard.pdf	05/28/2021
MISCELLANEOUS	DLLC TBurger FingerprintCard.pdf	05/28/2021
RECORDS REQUIRED FOR AUDIT	DLLC Rec Req for Audit SBurger.pdf	05/28/2021
RECORDS REQUIRED FOR AUDIT	DLLC Rec Req for Audit TBurger.pdf	05/28/2021
MENU	Talking Irons Menu05272021.pdf	05/28/2021
DIAGRAM/FLOOR PLAN	DLLC Floor Plan.pdf	05/28/2021
RESTAURANT OPERATION PLAN	DLLC Restaurant Ops Plan Talking Irons.pdf	05/28/2021
	DLLC Questionnaire TBurger updated 06222021.pdf	06/22/2021
	DLLC Floor Plan edited 06232021.pdf	06/23/2021
	SBurger AZ Driver License.jpeg	06/23/2021
	TalkingIronsLLC Ownership Flowchart.pdf	06/23/2021
	DLLC alien status form updated 06282021.pdf	06/28/2021
	DLLC Questionnaire SBurger updated 06228021.pdf	06/28/2021
	DLLC Restaurant Ops Plan Talking Irons updated 06282021.pdf	06/28/2021

# EQUIPMENT LOCATION

-  - Seat
-  - Equipment



AZCC File Number: 148215  
Talking Irons LLC Date of Incorporation:  
January 27, 2017





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

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE # 148215

1. Name of restaurant (Please print): Talking Irons Coffee Saloon

2. List by Make, Model, and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Table with 2 columns: Equipment Name and Description. Rows include Grill (None), Oven (Wisco 620 Convection Oven), Freezer (True TUC48F), Refrigerator (Delfield 406-Star2 & Kool-it KUCR-48-2), Sink (3 Basin Sink and Hand Sink), Dish Washing Facilities (Hobart LxiH), Food Preparation Counter (L-Shaped Counter 30"x86" & 30"x96"), and Other (see attached equipment list).

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).

4. List the seating capacity for:

- a. Restaurant dining area of your premises: [ 20 ] (Do not include patio seating)
b. Bar area of your premises: [+ 6 ]
c. Total dining and bar seating capacity of your premises: [= 26 ]

5. What Type of dinnerware/utensils are utilized within your restaurant?
[ X ] Reusable [ X ] Disposable [ ] Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area? [ ] YES [ X ] No (If yes, what percentage of the public floor space does this area cover?) %

7. What percentage of your public premises is used primarily for restaurant dining? (Do not include kitchen, bar, hi-top tables, or game area.) 87 %

8. Does your restaurant contain any games, televisions, or any other entertainment?  YES  No  
 (If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Do you have live entertainment or dancing?  YES  No  
 (If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

Harp & Violin, 1 time per year  
 African Drumming Group 1x per year  
 Rock band, 3 times per year

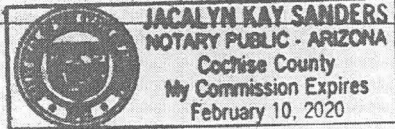
10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	1
Bartenders	0
Hostesses	0
Managers	2
Servers	1
Other ( Barista/Server )	1
Other ( )	0
Other ( )	0

I, Sara Burger, hereby declare that I am the APPLICANT filing this application.  
 (Print full name)

I have read this application and the contents and all statements true, correct and complete.

X   
 (Signature of APPLICANT)

<b>NOTARY</b>	
State of <u>ARIZONA</u> County of <u>Cochise</u>	
The foregoing instrument was acknowledged before me this <u>8</u> day of <u>April</u> <u>2018</u>	
My Commission Expires on <u>Feb 10 2020</u>	<u>Jacalyn Kay Sanders</u> Signature of Notary Public
Date	



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800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
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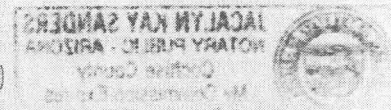
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**RECORDS REQUIRED FOR AUDIT**  
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

**MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS**

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
  - A. Sales Journals/Monthly Sales Schedules
    - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
    - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
    - 3) Dated Guest Checks
    - 4) Coupons/Specials/Discounts
    - 5) Any other evidence to support income from food and liquor sales
  - B. Cash Receipts/Disbursement Journals
    - 1) Daily Bank Deposit Slips
    - 2) Bank Statements and canceled checks
11. Tax Records
  - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
  - B. Income Tax Return - city, state and federal (copies)
  - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
  - A. Copies of all reports required by the State and Federal Government
  - B. Employee Log (A.R.S. §4-119)
  - C. Employee time cards (actual document used to sign in and out each work day)
  - D. Payroll records for all employees showing hours worked each week and hourly wages



Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

**A.R.S. §4-210(A)7**

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

**A.R.S. §4-205.02(G)**

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

**NOTARY**

I, Sara Burger (Print Full Name) have read and understand all aspects of this statement

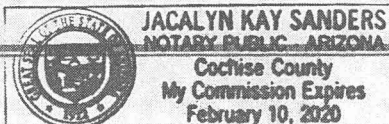
X (Signature) [Signature]  
Controlling Person / Agent

State of Arizona County of Cochise  
the foregoing instrument was acknowledged before me this

8 of April 2018  
Day Month Year

My commission expires on: Feb 10, 2020

[Signature]  
Signature of NOTARY PUBLIC



**MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE**

# BILL OF FARE

## ESPRESSO DRINKS

<b>ESPRESSO SHOT</b>	<b>2</b>
<b>AMERICANO</b> 8 OUNCES: ESPRESSO OVER HOT WATER	<b>2.75</b>
<b>BADGER</b> ESPRESSO & HOUSE-MADE CHOCOLATE SYRUP OVER HOT WATER	<b>3.25</b>
<b>CAPPUCCINO</b> 8 OUNCES: ESPRESSO, MILK & FOAM	<b>3.50</b>
<b>CAFÉ LATTE</b> ESPRESSO & STEAMED MILK	<b>4</b>

**CAFÉ MOCHA LATTE** **4.75**  
HOUSE-MADE CHOCOLATE SYRUP, ESPRESSO & STEAMED MILK

**CAFÉ CARAMEL LATTE** **4.75**  
HOUSE-MADE CARAMEL, ESPRESSO & STEAMED MILK

**CAFÉ HORCHATA LATTE** **4.75**  
CINNAMON RICE EXTRACT, ESPRESSO & STEAMED MILK

**GREAT GRANDMA'S ICED COFFEE** **4.75**  
COFFEE, ESPRESSO & CREAM OVER COFFEE ICE

**THE WILD TUCO** **4.75**  
ESPRESSO, SPICY CHAI & STEAMED MILK

**THE ANGEL-EYES** **5.75**  
ESPRESSO, CHOCOLATE, CHAI & STEAMED MILK

**BIG MINNIE** **5.25**  
ESPRESSO & STEAMED ORGANIC CREAM

## COFFEE

<b>DRIP</b>	<b>12 OZ - 2.25</b>
	<b>16 OZ - 3.25</b>
<b>ICED COFFEE</b>	<b>12 OZ - 2.75</b>
	<b>16 OZ - 3.75</b>

## TEAS

<b>THE BLONDIE</b>	<b>3.75</b>
TURMERIC CHAI & STEAMED MILK	
<b>MATCHA GREEN TEA LATTE</b>	<b>3.75</b>
ORGANIC MATCHA & STEAMED MILK	
<b>CHAI TEA LATTE</b>	<b>3.75</b>
CHAI EXTRACT & STEAMED MILK	

**FOR \$0.75**

**MILK ALTERNATIVES: OAT & MACADAMIA**  
**HOUSE-MADE SYRUPS: CARAMEL, TAZA CHOCOLATE OR VANILLA**

**ICE ANY \$0.50 DRINK**

## OLD-FASHIONED SODA FOUNTAIN

**"ITALIAN" SODA** **3.25**  
FLAVOR SYRUP & SODA OVER ICE

**ET CRÈME** **4.25**  
FLAVOR SYRUP, SODA & CREAM

**PHOSPHATE OR LACTART** **4.75**  
SYRUP, SODA & PHOSPHORUS ACID OR LACTART

**CHOCOLATE MALTED SODA** **5.25**  
HOUSE-MADE CHOCOLATE SYRUP, MALT & SODA

113 N FRONTAGE ROAD PEARCE, AZ, 85625 | 520-485-7944 |

TALKINGIRONS.COM | TALKINGIRONSCOFFEE@GMAIL.COM

PEOPLE LOVE US ON     

# BAKED GOODS

UPDATED DAILY & WHILE SUPPLIES LAST,  
OFFERINGS MAY CHANGE DAILY

MUFFINS \_\_\_\_\_ 4.25

COOKIE SANDWICH \_\_\_\_\_ 3.75-4.50

SCONES \_\_\_\_\_ 4.25

EMPANADA \_\_\_\_\_ 3.50-3.75

CAKE SLICES \_\_\_\_\_ VARIES 5-6

ALHAMBRA COOKIES \_\_\_\_\_ 2 FOR 2.25

# BREAKFAST

ORGANIC FRUIT & YOGURT BOWL 6.50

SERVED WITH LOCALLY-SOURCED HONEY &  
BEE POLLEN

HOUSE-MADE GRANOLA BREAKFAST 7.50

GRANOLA (ORGANIC OATS, SESAME & FLAX  
SEEDS, PEPITAS, ALMONDS, DRIED CHERRIES,  
CURRANTS, ROSE AND OCOTILLO BLOSSOMS),  
YOGURT, MILK OR CHOICE & ORGANIC FRUIT

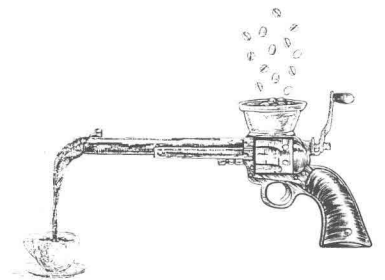
# SOUP DU JOUR

BOWL \_\_\_\_\_ 7.50

CUP \_\_\_\_\_ 4.25

ADD HOUSE-MADE FOCACCIA \_\_\_\_\_ 2.25

ASK ABOUT THE  
SOUP OF THE DAY



WE MAKE EVERYTHING FROM SCRATCH  
USING ORGANIC, NON-GMO INGREDIENTS AND LOCAL  
FOODS BECAUSE YOU MEAN THE WORLD TO US.

\* CONSUMING RAW OR UNDERCOOKED MEATS,  
POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY  
INCREASE YOUR RISK OF FOOD BORNE ILLNESS

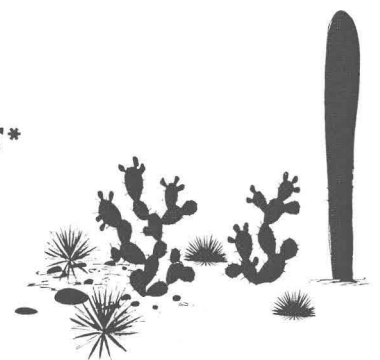
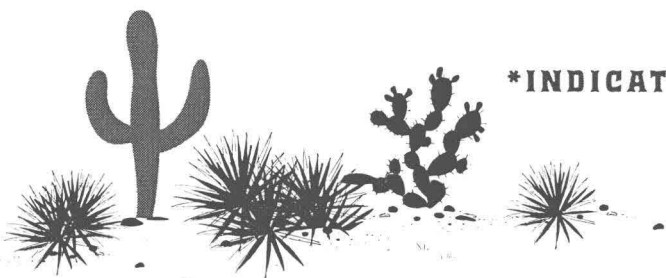
\* ALL PRICES  
INCLUDE TAX

{ALL-PRICES INCL TAX}

# SWEET PASTRIES

- CRANBERRY ORANGE Scone** \$4.25  
ORGANIC CRANBERRIES\*, ORANGE ZEST & JUICE
- CHUNKY MONKEY Scone** \$4.25  
RIPE ORGANIC BANANAS\* & FAIR-TRADE CHOCOLATE CHIPS\*
- APPLE CRUMBLE MUFFINS** \$4.25  
SWEET APPLES, FRESH BUTTERMILK & ALMOND BROWN SUGAR TOPPING
- {GF} SALVADOREÑEAN QUESADILLA** \$4.25  
RICH BUTTERY CAKE MADE WITH ORGANIC RICE FLOUR\* & COTIJA CHEESE
- {VF} GRAPEFRUIT OLIVE OIL CAKE** \$5  
SPONGY GRAPEFRUIT CAKE\* INFUSED WITH HOUSE GRAPEFRUIT SYRUP
- CHOCOLATE BROWNIE COOKIES** 2 FOR \$1.75  
UNIQUE BLEND OF COCOA POWDERS & A PINCH OF CINNAMON\*  
1 FOR \$1
- {GF/DAIRY-FREE} ALHAMBRA ALMOND COOKIE** 2 FOR \$3.50  
ALMOND FLOUR\* & ROSE WATER COOKIES  
1 FOR \$2
- CHOCOLATE PEAR EMPANADA** \$3.25  
ORGANIC LOCAL PEARS PAIRED WITH ORGANIC CHOCOLATE

\*INDICATES ORGANIC INGREDIENT\*

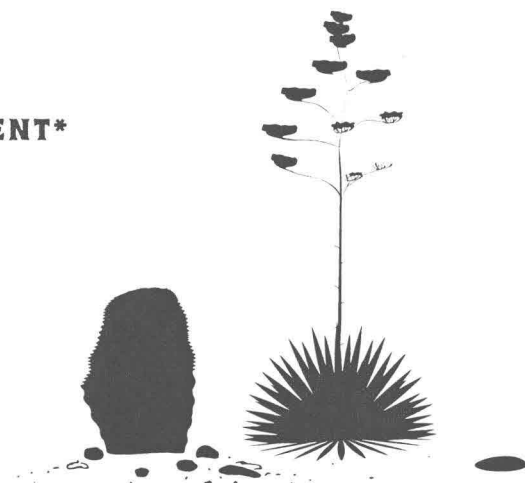
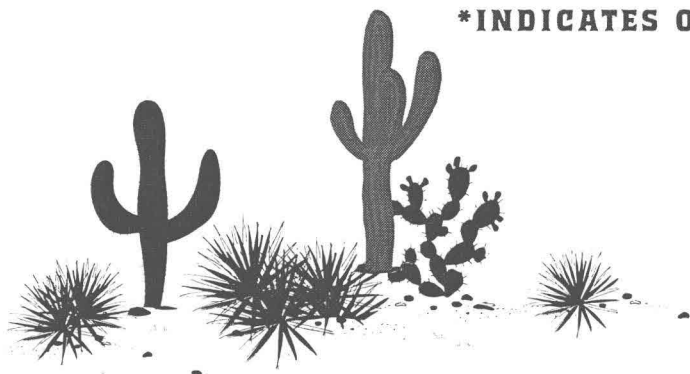


{ALL-PRICES INCL TAX}

# SAVORY PASTRIES

- SCHMANCEY HAM & CHEESE SCONE** \$4.25  
GRUYERE CHEESE, PROSCIUTTO & CHIVES
- MANA'EESH {OLIVE & CHEESE} SCONE** \$4.25  
IRISH WHITE CHEDDAR, CASTELVETRANO OLIVES & ZA'ATAR\*
- SPANAKOPITA SCONE** \$4.25  
SPINACH\*, FETA CHEESE, SCALLIONS, DILL\* & ZEST OF LEMON
- HERB & PROVOLONE SCONE** \$4.25  
PROVOLONE CHEESE, SUN-DRIED TOMATOES & FRESH HERBS
- SAUTEED MUSHROOM & CHEESE EMPANADA** \$3.75  
PORTOBELLO MUSHROOMS\*, PROVOLONE CHEESE & LOCAL ONIONS\*
- CHORIZO & POTATO EMPANADA** \$3.75  
CHORIZO (SPAIN STYLE) & ORGANIC POBLANOS
- ARGENTENIAN BEEF EMPANADA** \$3.75  
ANGUS GROUND BEEF, ROASTED RED PEPPERS, ONIONS\* & RAISINS\*

\*INDICATES ORGANIC INGREDIENT\*



{ALL-PRICES INCL TAX}

# SOUP OF THE DAY

**PUMPKIN & BLACK BEAN SOUP  
WITH ROASTED CORN & SWEET POTATOES**

**TOPPED WITH RADISHES, SOUR  
CREAM, PEPITAS & AVOCADO**

**INGREDIENTS:**

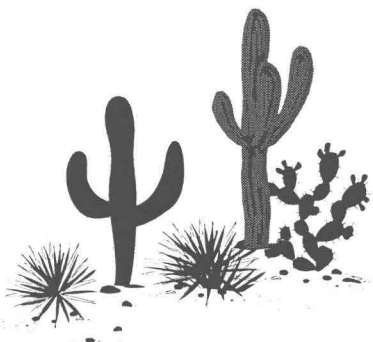
**\*\*VEGAN & GF**

**PUREED PUMPKIN\*, STEWED BLACK BEANS, SWEET  
POTATOES\*, FRESH SWEET CORN, ONIONS, GARLIC,  
FRESH TOASTED SPICES\* & OLIVE OIL\***

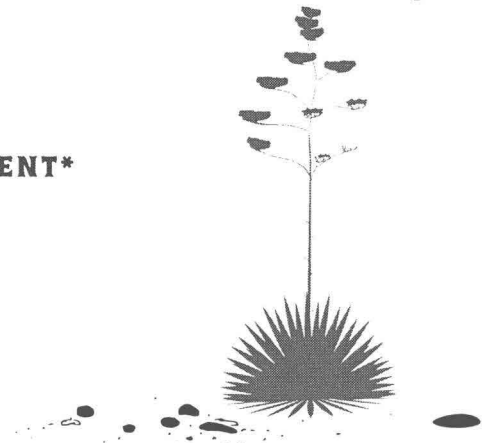
**BOWL (ONE PINT) \$7.50**

**CUP (1/2 PINT) \$4.25**

**➔ ADD HOUSE-MADE SONORAN WHEAT FOCCACIA \$2.25**



**\*INDICATES ORGANIC INGREDIENT\***





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(602) 542-5141

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

805-036

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#: #148215

1. Check the Appropriate Box

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

2. Name: Burger, Sara Birth Date [redacted]

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

4. Place of birth: Los Angeles, CA, United States Height: 05'02 Weight: 115 Eyes: Brown Hair: Brown

5. Name of current/most recent spouse: Burger, Thomas, Matthew Birth Date [redacted]

6. Are you a bona fide resident of Arizona? [X] Yes [ ] No If yes, what is your date of residency: March 15, 2015

7. Daytime telephone number: 520-485-7944 E-mail address: talkingironscoffee@gmail.com

8. Business Name: Talking Irons LLC DBA Talking Irons Coffee Saloon Business Phone: 520 485 7944

9. Business Location Address: 113 North Frontage Road, Pearce, AZ, Cochise County, 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). Rows include: 01/2017 to CURRENT as Owner of Talking Irons LLC; 03/2015 to 01/2017 as Unemployed at 616 W Pearce Rd; 03/2008 to 03/2015 as Program Analyst at DHS TSA Office of Inspection.

(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
02/2015	CURRENT	616 West Pearce Road, Pearce, AZ 85625
07/2009	02/2015	2007 17th Ave, San Francisco, CA 94116

(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

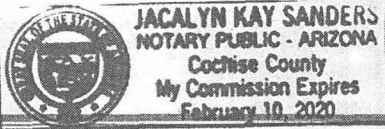
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) Sara Burger 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 Cochise  
The foregoing instrument was acknowledged before me this

My Commission Expires on: Feb 10, 2020 8 Day of April, 2018  
Date 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: \_\_\_\_\_



State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007  
(602) 542-5141

'21 7 9 Liqr.Admin PM 2:09

**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) Sara Burger

**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 Los Angeles State (or equivalent) California Country or Territory United States

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

2) Name of document: Arizona 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.

Sara Burger

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

June 28, 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.

Arizona

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D  
9a END NONE  
12 REST B

4d DLN [REDACTED]

3 DOB [REDACTED]

1 BURGER  
2 SARA

8 616 W PEARCE ROAD  
PEARCE, AZ 85625


4b EXP 02/14/2047

4a ISS 10/22/2020

15 SEX F 18 EYES BRO  
16 HGT 5'-01" 19 HAIR BRO  
17 WGT 115 lb



*Sara Burger*

DONOR 

5 DD 02890006AB020805





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

805-034

**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#: #148215

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: Burger, Thomas Matthew Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Hagerstown, MD, United States Height: 05'07 Weight: 130 Eyes: Blue Hair: Blonde  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Burger, Sara 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: March 15, 2015

7. Daytime telephone number: 520-485-7944 E-mail address: talkingironscoffee@gmail.com

8. Business Name: ~~Talking Irons LLC DBA~~ Talking Irons Coffee Saloon Business Phone: 520 485 7944

9. Business Location Address: 113 North Frontage Road, Pearce, AZ, Cochise County, 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)
01/2017	CURRENT	Owner	Self, Talking Irons LLC, 113 N. Frontage Rd, Pearce
12/2016	03/2017	Contractor	Blumio, 1040 Mariposa St, San Francisco, CA 94109
02/2015	12/2016	Unemployed	616 West Pearce Rd, Pearce, AZ 85625
07/2013	02/2015	Information Architect	PubNub, 725 Folsom St, San Francisco, CA 94107

(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
02/2015	CURRENT	616 West Pearce Road, Pearce, AZ 85625
07/2009	02/2015	2007 17th Ave, San Francisco, CA 94116

(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.

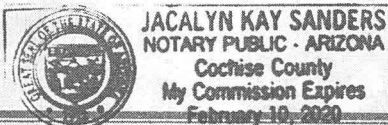
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) THOMAS BURGER 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: Thomas Burger State of ARIZONA County of Cochise  
The foregoing instrument was acknowledged before me this

My Commission Expires on: Feb 10, 2020 Date 8 Day of April 2018 Year  
Day Month Year



Jacalyn Kay Sanders  
Signature of Notary

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

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_