

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

Created 10/16/2021 @ 08:44:33 AM

Local Governing Body Report

**LICENSE**

Number:	09020032	Type:	009 LIQUOR STORE
Name:	CANYON GENERAL MINI MART		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2022
Original Issue Date:	01/01/1933		
Location:	9500 E HWY 92 PALOMINAS, AZ 85615 USA		
Mailing Address:	PO BOX 639 HEREFORD, AZ 85615 USA		
Phone:	(520)378-0229		
Alt. Phone:	(602)312-5612		
Email:	SARBJOT@GMAIL.COM		

Currently, this license has pending applications.

**AGENT**

Name:	SARBJOT SINGH CHERA		
Gender:	Male		
Correspondence Address:	PO BOX 639 HEREFORD, AZ 85615 USA		
Phone:	(602)312-5216		
Alt. Phone:			
Email:	SARBJOT@GMAIL.COM		

**OWNER**

Name:	CHERA BROTHERS LTD		
Contact Name:	SARBJOT CHERA		
Type:	CORPORATION		
AZ CC File Number:	13592966	State of Incorporation:	AZ
Incorporation Date:			
Correspondence Address:	PO BOX 639 HEREFORD, AZ 85615 USA		
Phone:	(602)312-5216		
Alt. Phone:			
Email:	SARBJOT@GMAIL.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
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**CHERA BROTHERS LTD - DIRECTOR,  
PRESIDENT**

Name: SARBJOT SINGH CHERA  
Gender: Male  
Correspondence Address: PO BOX 639  
HEREFORD, AZ 85615  
USA  
Phone: (602)312-5216  
Alt. Phone:  
Email: SABJOT@GMAIL.COM

**MANAGERS**

Name: SURINDER KAUR CHIERA  
Gender: Female  
Correspondence Address: 3520 E CHOCTAW DRIVE  
HEREFORD, AZ 85615  
USA  
Phone: (520)378-0223  
Alt. Phone: (602)377-9424  
Email:

\*\*\*\*\*

Name: SIMARJEET KAUR  
Gender: Female  
Correspondence Address: 2543 E KALISPELL AVENUE  
SIERRA VISTA, AZ 85650  
USA  
Phone: (520)378-0223  
Alt. Phone: (602)339-6106  
Email:

## APPLICATION INFORMATION

Application Number: 165659  
Application Type: Location / Owner Transfer  
Created Date: 10/16/2021



## QUESTIONS & ANSWERS

### 009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?  
No
- 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
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)  
PALOMINAS ELEMENTARY SCHOOL  
10385 AZ 92 PALOMINAS AZ 85615  
1.5 MILES  
  
MIRACLE VALLEY TABERNACLE  
9229 MIRACLE WAY HEREFORD AZ 85015  
2,200FT
- 11) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
OWNER
- 12) Is there a penalty if lease is not fulfilled?  
No
- 13) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
\$724,000.00  
  
CIT BANK  
PO BOX 7110 PASADENA CA 91109  
\$484,000.00  
  
SWBF BANK  
3200 N ENTRAL AVE PHOENIX AZ 85012  
\$240,000.00
- 14) Is there a drive through window on the premises?  
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet  
NONE
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
\$60,000.00

# BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

\*\*\*SIXTY THOUSAND DOLLARS AND NO CENTS\*\*\*lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

**BASHAS' INC., an Arizona Corporation**, hereby grants, bargains, sells, and transfers unto the BUYER:

**CHERA BROTHERS LTD., an Arizona Corporation**, and his, her, or their heirs, personal representative, or assigns, to have and to hold forever the following described personal property, goods and chattels:

That certain Cochise County, State of Arizona #9 Liquor License #09020032

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have the right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens, and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: August 24, 2021

**Bashas' Inc., an Arizona Corporation**



**Michael Joseph Basha, Agent**

State of ARIZONA

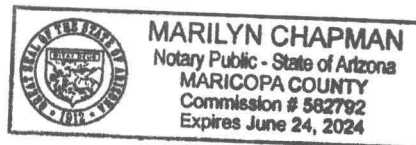
County of Maricopa

On August 24th, 2021, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Michael Joseph Basha, Agent, personally known to me (or Proved to me on the basis of satisfactory evidence) to be the person(s) whose name name(s) is/are subscribed to the within instrument and acknowledged by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, and executed the instrument.

WITNESS my hand and official seal



Notary Public



'21 SEP 16 Lic. Lic. PM 2:34

# LIQUOR LICENSE #09020032

Both parties have agreed upon a closing date for aforementioned of October 4, 2021.

**SELLER:** BASHAS INC.  
c/o MICHAEL BASHA  
22402 SOUTH BASHA ROAD  
CHANDLER, AZ 85248  
[mbasha@bashas.com](mailto:mbasha@bashas.com)

**BUYER** CHERA BROTHER LTD  
CANYON GERERAL MINI MART  
PO BOX 639  
HERFORD, AZ 85615  
[hchera@gmail.com](mailto:hchera@gmail.com)

State of ARIZONA

County of Maricopa

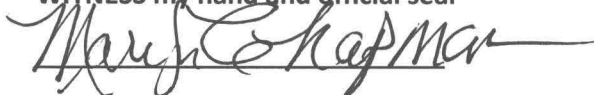
On August 24th, 2021, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Michael Joseph Basha, Agent, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged by his signature on the instrument the person or the entity upon behalf of which the person acted, and executed the instrument

I, MICHAEL JOSEPH BASHA, AGENT/SELLER, agree to the closing dated listed above.



MICHAEL JOSEPH BASHA, AGENT

WITNESS my hand and official seal



Notary Public

# LIQUOR LICENSE #09020032

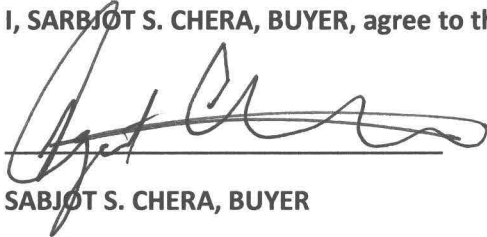
Both parties have agreed upon a closing date for aforementioned of October 4, 2021.

State of ARIZONA

County of Maricopa

On August 24th, 2021, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Sarbjot S. Chera, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged by his signature on the instrument the person, or the entity upon behalf of which the person acted, and executed the instrument.

I, SARBJOT S. CHERA, BUYER, agree to the closing date listed above.



SARBJOT S. CHERA, BUYER

WITNESS my hand and official seal



Notary Public



# RECEIPT

DATE: 8/24/21

RECEIVED CHECK # 3043 IN THE AMOUNT \$10,000 DOLLARS AND NO CENTS FROM CHERA BROTHER LTD, CANYON GENERAL MINI MART FOR THE PURCHASE OF LIQUOR LICENSE #09020032, COCHISE COUNTY, ARIZONA.

RECEIVED BY:



MICHAEL JOSEPH BASHA

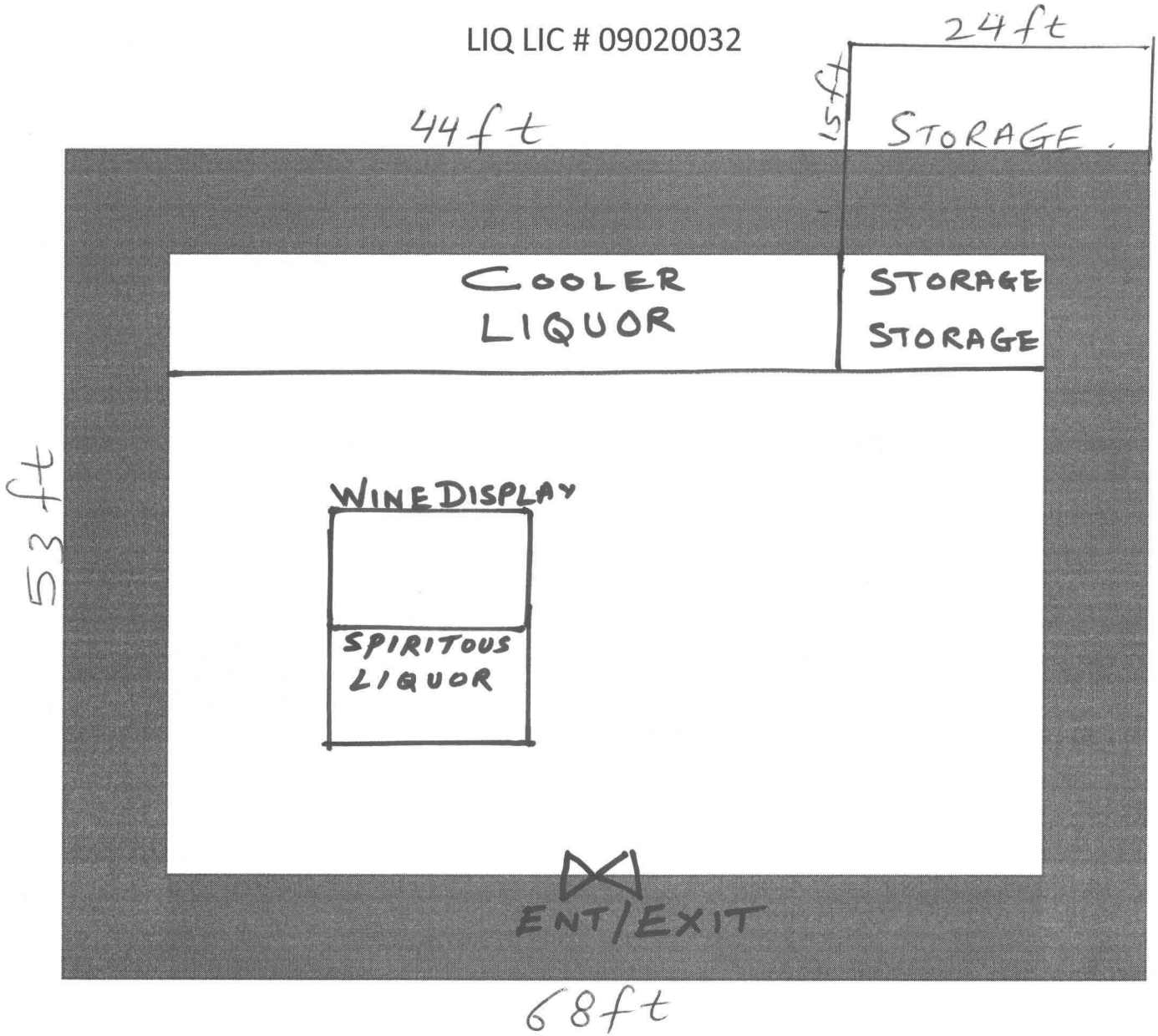
PAID BY:



SABJOT SCHERRA

9500 E HWY 92, PALOMINAS, AZ 85615

LIQ LIC # 09020032



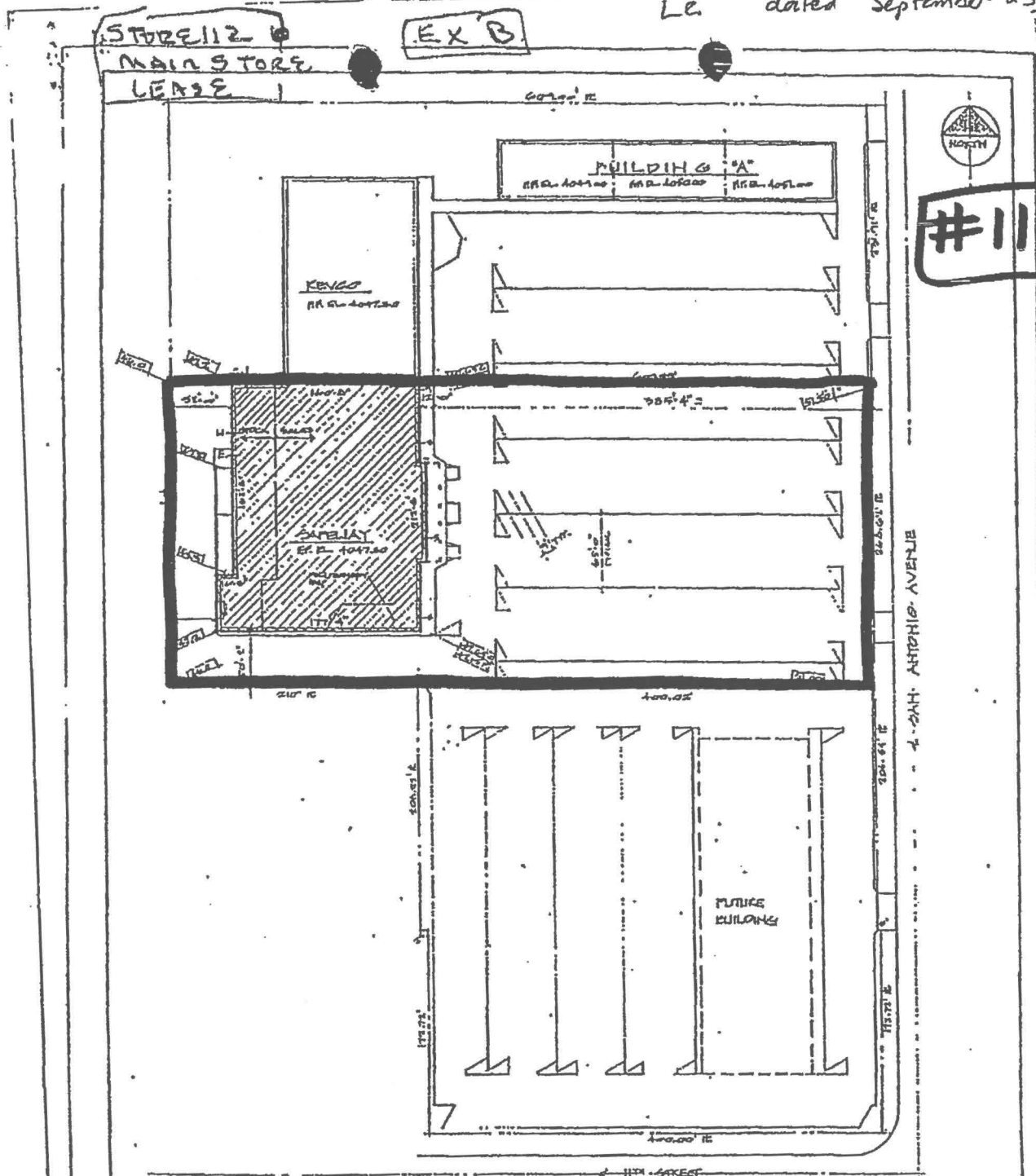
21 SEP 16 11:47 AM '94 **455' high ft.**

Store #112 - Main Store  
 L.C. dated September 23, 1999.

**STORE 112**  
**MAIN STORE**  
**LEASE**

**EX B**

**#112**



A. BUILDING AND VOLUME TABLE				LEGEND		HISTORY RECORD PLOT PLAN	
FLOOR	NO. OF PANELS	SQUARE FEET	CUBIC FEET	TYPE OF LOCATION	TYPE OF CONSTRUCTION	NO. OF COR. SAN ANTONIO 11th ST. DOWNS, ARIZONA	DATE
STREET - 1st FLOOR	55,344	BALCONY	24,166	PERMANENT	CONCRETE	11	1977
STREET - 2nd FLOOR		STOCK ROOM	10,100	PERMANENT	CONCRETE	11	1977
STREET - 3rd FLOOR		STOCK ROOM	10,100	PERMANENT	CONCRETE	11	1977
STREET - 4th FLOOR		STOCK ROOM	10,100	PERMANENT	CONCRETE	11	1977
STREET - 5th FLOOR		STOCK ROOM	10,100	PERMANENT	CONCRETE	11	1977
TOTAL	TOTAL	55,344	54,566				

**EXHIBIT B**



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.

805-079

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#: 09020032 #165659

1. Check the Appropriate Box

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

2. Name: CHERA SARBJOT Singh Birth Date: [Redacted]

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

4. Place of birth: PUNJAB, INDIA Height: 5'5" Weight: 150 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: DHILLON JASVEEN K Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2-11-1979

7. Daytime telephone number: 602-312-5216 E-mail address: SARBJOT@GMAIL.COM

8. Business Name: CANYON GENERAL MINIMART Business Phone: 520/378/0227

9. Business Location Address: 9500 E. HWY 92 PALOMINAS, AZ 85615 COCHISE

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)



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

21 SEP 16 Lir. Lic. AM 2 04

**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) SARBJOT S CHERA

**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 \_\_\_\_\_ State (or equivalent) PUNJAB Country or Territory INDIA

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

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

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

SECTION III – ALIEN STATUS DECLARATION SEP 16 147. Lic. PM 2 04

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.

PASSPORT COPY

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

21 SEP 16 147. LIC. PM 2 34

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.

SARBJOTSK MEKA  
Individual Owner/Agent Printed Name

  
Individual Owner/Agent Signature

9/15/21  
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.



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
07/12	CURRENT	4541 E. MONTE CRISTO PHOENIX, AZ 85032

21 SEP 16 11:47 AM '21

(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

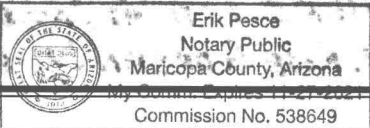
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) SARBJOT S CHERA 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 Maricopa  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 11-27-2021 Date 16<sup>th</sup> Day of September 2021 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: \_\_\_\_\_

21 SEP 16 Lique. Lic. PM 2:34

Certificate # 25456

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

Certificate of Completion  
For  
Title 4 **BASIC** 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.

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

**SARBJOT CHERA**

Full Name (please print)

*Sarbjot Chera*  
Signature

08/31/2021

Training Completion Date

08/30/2024

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

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

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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).

*Kelly Bailey*  
Instructor Signature

08/31/2021

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.

July 11, 2013

'21 SEP 16 Lyr. Lic. # 2 134

Certificate # 25456

### 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

SARBJOT CHERA

Full Name (please print)

*[Signature]*

Signature

08/31/2021

Training Completion Date

08/30/2024

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

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

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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

08/31/2021

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)

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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.

July 11, 2013