

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

Created 03/15/2022 @ 03:10:01 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	013 FARM WINERY
Name:	SOARING WINES		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	6809 S LUCKY LANE WILLCOX, AZ 85643 USA		
Mailing Address:	PO BOX 1003 WILLCOX, AZ 85644 USA		
Phone:	(480)236-3933		
Alt. Phone:			
Email:	LOSMAN@SOARINGWINES.COM		

**AGENT**

Name:	CARLOS EUGENE DE LEON
Gender:	Male
Correspondence Address:	6809 S LUCKY LANE WILLCOX, AZ 85643 USA
Phone:	(480)236-3933
Alt. Phone:	
Email:	LOSMAN@SOARINGWINES.COM

**OWNER**

Name:	SOARING SPIRITS VINEYARD LLC		
Contact Name:	CARLOS DE LEON		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L15856608	State of Incorporation:	AZ
Incorporation Date:			
Correspondence Address:	423 E CROYDON PARK ROAD TUCSON, AZ 85704 USA		
Phone:	(480)236-3933		
Alt. Phone:			
Email:	LOSMAN@SOARINGWINES.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
CARLOS EUGENE DE LEON	MEMBER	36.00
ARTHUR STEVEN DE LEON	MEMBER	12.00
AMANDA LYNNE NELSON	MEMEBR	11.00
PAUL MICHAEL NOVAK	MEMBER	11.00
LOUIS ARMANDO DE LEON	MEMBER	11.00
SYLVIA BERTHA DE LEON	MEMBER	8.70
ANNA LORRIE DE LEON	MEMBER	8.70

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: CARLOS EUGENE DE LEON  
 Gender: Male  
 Correspondence Address: 6809 S LUCKY LANE  
 WILLCOX, AZ 85643  
 USA  
 Phone: (480)236-3933  
 Alt. Phone:  
 Email: LOSMAN@SOARINGWINES.COM

**SOARING SPIRITS VINEYARD LLC - MEMEBR**

Name: AMANDA LYNNE NELSON  
 Gender: Female  
 Correspondence Address: 6809 S LUCKY LANE  
 WILLCOX, AZ 85643  
 USA  
 Phone: (480)309-9216  
 Alt. Phone:  
 Email: AMANDANELSON1@GMAIL.COM

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: ANNA LORRIE DE LEON  
 Gender: Female  
 Correspondence Address: 6809 S LUCKY LANE  
 WILLCOX, AZ 85643  
 USA  
 Phone: (520)326-0011  
 Alt. Phone:  
 Email: ANNA.DELEON1023@GMAIL.COM

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: ARTHUR STEVEN DE LEON  
 Gender: Male  
 Correspondence Address: 6809 S LUCKY LANE  
 WILLCOX, AZ 85643  
 USA  
 Phone: (520)907-2443  
 Alt. Phone:  
 Email: ARTHUR.DELEON88@GMAIL.COM

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: LOUIS ARMANDO DE LEON  
Gender: Male  
Correspondence Address: 6809 S LUCKY LANE  
WILLCOX, AZ 85643  
USA  
Phone: (602)432-1271  
Alt. Phone:  
Email: LOUISDL96@GMAIL.COM

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: PAUL MICHAEL NOVAK  
Gender: Male  
Correspondence Address: 6809 S LUCKY LANE  
WILLCOX, AZ 85643  
USA  
Phone: (623)695-4893  
Alt. Phone:  
Email: PAULNOVAK10@GMAIL.COM

**SOARING SPIRITS VINEYARD LLC - MEMBER**

Name: SYLVIA BERTHA DE LEON  
Gender: Female  
Correspondence Address: 6809 S LUCKY LANE  
WILLCOX, AZ 85643  
USA  
Phone: (520)226-0011  
Alt. Phone:  
Email:

**APPLICATION INFORMATION**

Application Number: 182601  
Application Type: New Application  
Created Date: 02/04/2022

**QUESTIONS & ANSWERS**

**013 Farm Winery**

- 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 Tenant

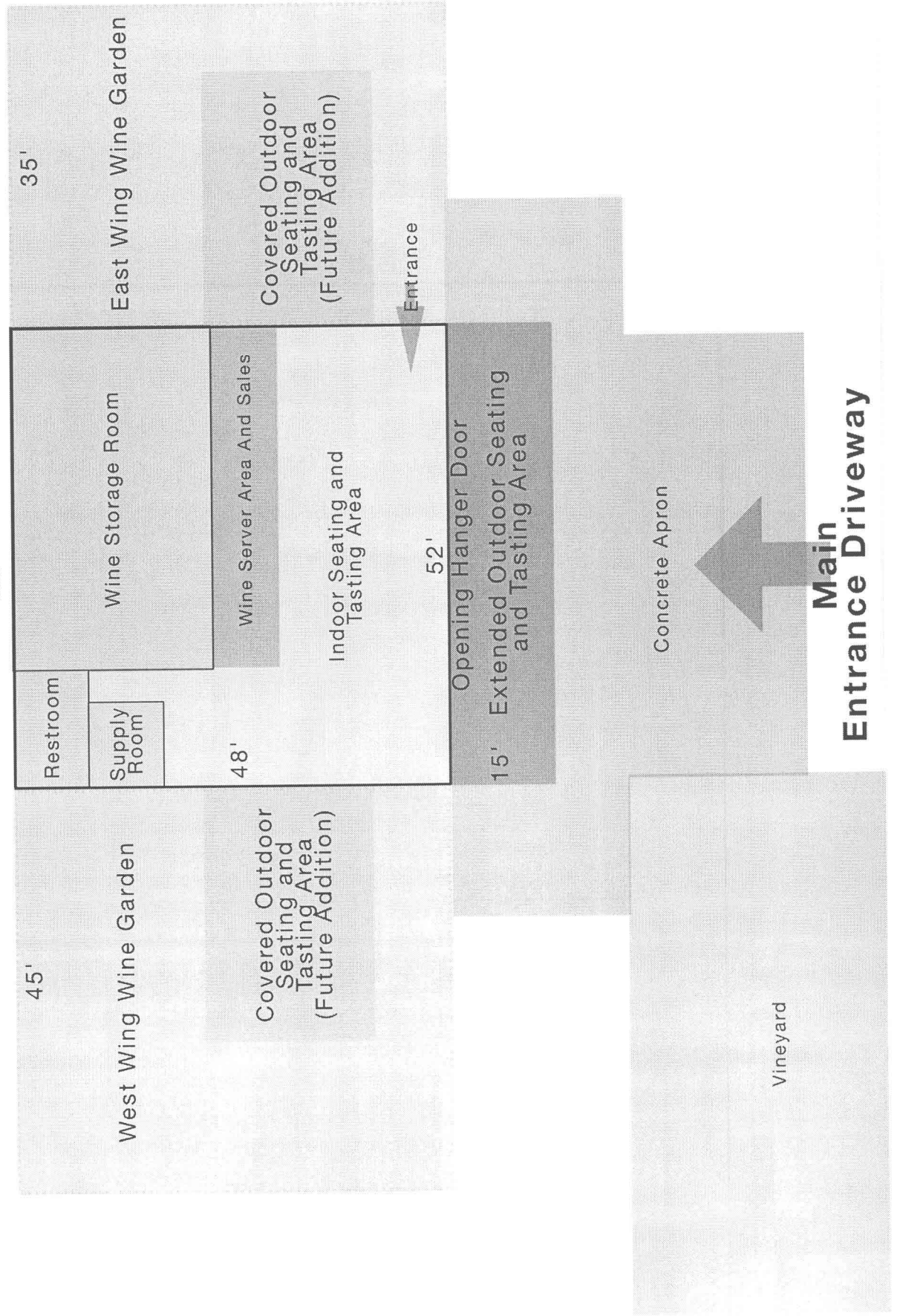
- 3) Is there a penalty if lease is not fulfilled?  
 Yes  
 What is the penalty?  
 \$500 security deposit
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
 No  
 If no, in what City, Town, County, or Tribal/Indian Community is this business located??  
 Cochise County
- 5) What is the total money borrowed for the business not including the lease?  
 Please list each amount owed to lenders/individuals.  
 None.
- 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.  
 Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
 Yes  
 If yes, what is your estimated completion date?  
 June 31, 2022

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	alienstatus.pdf	02/04/2022
QUESTIONNAIRE	arthurdeleonquestionnaire.pdf	02/04/2022
QUESTIONNAIRE	sylviadeleonquestionnaire.pdf	02/04/2022
DIAGRAM/FLOOR PLAN	PremisesDiagrams.pdf	02/04/2022
QUESTIONNAIRE	amandanelsonquestionnaire.pdf	02/05/2022
QUESTIONNAIRE	paulnovakquestionnaire.pdf	02/05/2022
QUESTIONNAIRE	annadeleonquestionnaire.pdf	02/05/2022
MISCELLANEOUS	certificatecompletionbasic.pdf	02/05/2022
MISCELLANEOUS	coverletterandsupportingdocs.pdf	02/05/2022
QUESTIONNAIRE	louisdeleonquestionnaire.pdf	02/08/2022
QUESTIONNAIRE	CarlosdeLeonQuestionnaire.pdf	02/08/2022

# Soaring Wines Series 13 Application Diagram of Premises Tasting Room

Plan View



# Soaring Wines Series 13 Application Diagram of Premises

6809 S. Lucky Lane  
Willcox, Arizona



Tasting Room  
Diagram  
Provided On  
Next Page

1000'

Premises (within  
dotted line)

Entrance

135'

130'

Tasting Room

750'

Landscaped Driveway

310'

Main Entrance

Entrance

820'

Premises

820'

Premises

820'

Premises

820'

Premises

820'

Premises

820'

Premises

820'

Premises

Planted  
2020

Grapevine  
Block D  
390' x 410'

Planted 2019

Grapevine  
Block E  
390' x 410'

Well &  
Well  
House

Premises secured with  
9' deer fencing along  
entire property  
perimeter

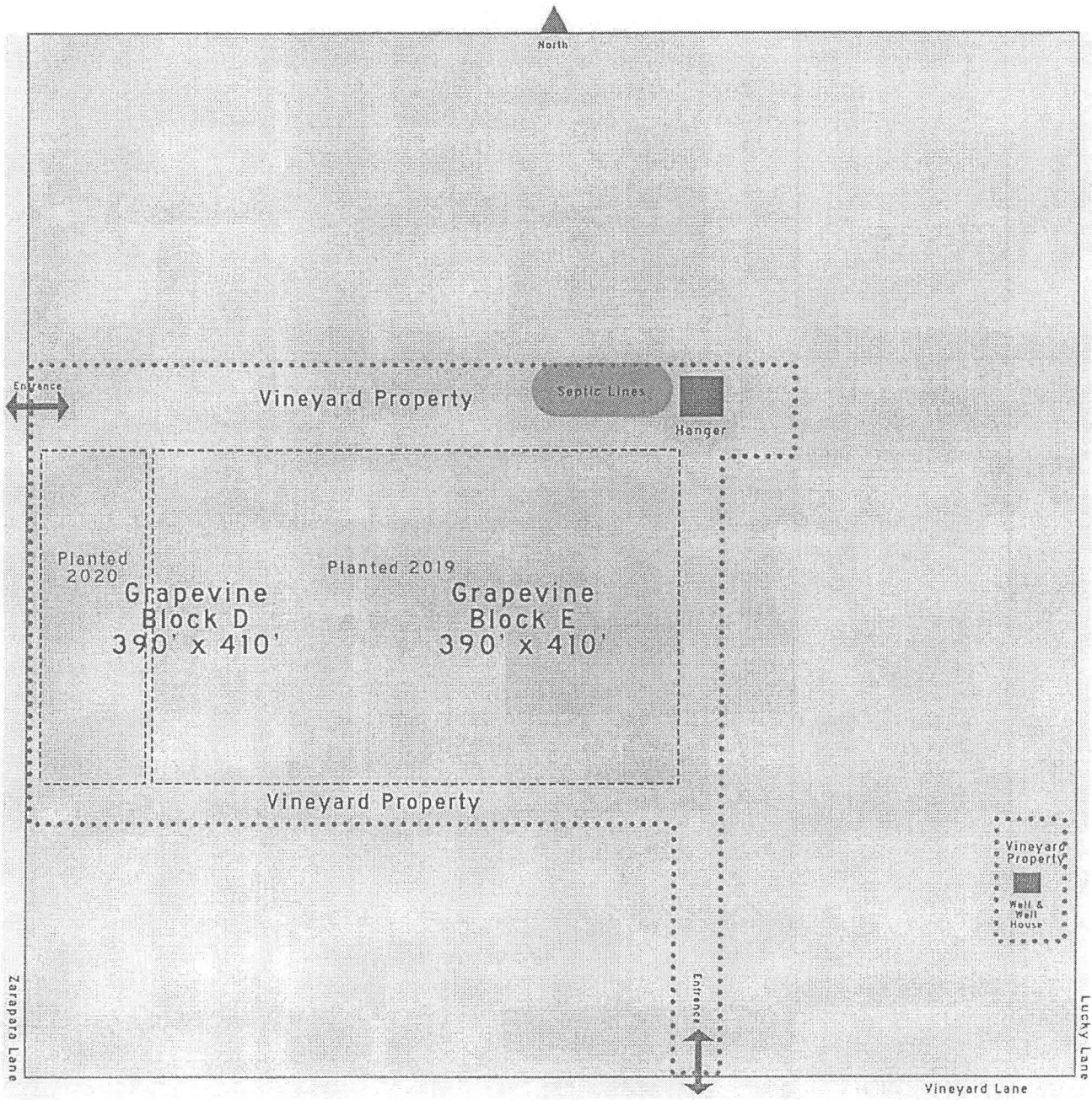
Zarapara Lane

Lucky Lane

Vineyard Lane

575'

Exhibit A, Vineyard Property Map



**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

SOARING SPIRITS VINEYARD L.L.C.

DBA: SOARING WINES

6809 S LUCKY LN  
WILLCOX, AZ 85643

2. DATE OF PERMIT

07/28/2021

3. REGISTRY NUMBER (if applicable)

4. DATE OF APPLICATION

06/17/2021



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

See Attached

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a.  Distilled Spirits -  distiller  rectifier (processor)  warehouseman and/or  warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b.  Wine -  producer and blender  blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c.  Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d.  Wholesaler - Purchasing for resale at wholesale the following alcoholic beverages: Distilled Spirits; Malt Beverages; Wine while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN	<input checked="" type="checkbox"/> ORIGINAL PERMIT	<input type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT		DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

Technician

**AUTHORIZED TRADE NAME**

\*22 2 11 Ligr.Admin AM 9:57

\*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: AZ-P-21194

REGISTRY NUMBER:

**TYPE**

Labeling Trade Name

**TRADE NAME**

Soaring Wines

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**REASON FOR AMENDMENT**



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.

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#: \_\_\_\_\_

1. Check the Appropriate Box ->

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

2. Name: de Leon Carlos E. Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Riverside California US Height: 5'11" Weight: 185 Eyes: Br Hair: Br

5. Name of current/most recent spouse: de Leon Anne F. Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona? [x] Yes [ ] No If yes, what is your date of residency: August 1990

7. Daytime telephone number: 480-236-3933 e-mail address: losman@soaringwines.com

8. Business Name: Soaring Spirits Vineyard LLC (dba Soaring Wines) Business Phone: 480 / 236 / 3933

9. Business Location Address: 6809 S. Lucky Lane Willcox Arizona Cochise 85643

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 'Retired' and 'Deputy Transportation Director'.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 22 2 11 11:49:49 AM

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
01/2012	CURRENT	423 E. Croydon Park Rd. Tucson, Arizona 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
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

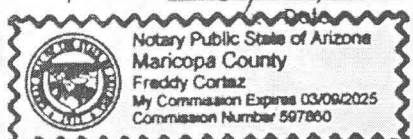
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) Carlos E. de Leon 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: Carlos de Leon State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 03/09/2025 8 Day of February, 2022  
Day Month Year



Freddy Cortez  
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

722 2 11 LicrAdmin 09 58

**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. § 16 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 United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license or 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, National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain 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) Carlos E. de Leon

**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 Riverside State (or equivalent) California Country or Territory USA

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

22 2 11 U.S. Admin. 3 58

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status checking the appropriate box. Attach a legible copy of a document from the attached list or other document 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 person 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 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.

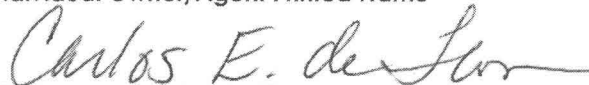
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

**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.

**Carlos E de Leon**

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

1/27/2021

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 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



9 CLASS D  
9a END NONE  
12 REST NONE  
1 DE LEON  
2 CARLOS EUGENE  
8 423 E CROYDON PARK RD  
TUCSON, AZ 85704-6767  
4b EXP 05/30/2027 4a ISS 05/30/2019  
16 SEX M 18 EYES BRO  
16 HGT 5-11" 19 HAIR BLK  
17 WGT 190 lb  
5 DD 1553E2669D0824C1

*Carlos de Leon*



Certificate # 13TQX5i3iv

22 2 11 Liqu.Admin PM 9:58

**Certificate of Completion  
For  
On/Off Premise Management (2 hours)**

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

OSIAT DEUS  
**Carlos de Leon**

Full Name (please print)

*Carlos de Leon*

Signature

**February 3, 2022**

Training Completion Date

**February 3, 2025**

Certificate Expiration Date

(three years from completion date)

**Training Provider Information**

**AzLiquorTraining.com**

Company Name

**536 E. Wagon Bluff Drive, Tucson, AZ 85704**

Mailing Address

**(520) 235-5684**

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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

**03 / 02 / 2022**

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.



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

2022 2 11 11:49 AM 9:58

**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.

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Liquor License#: \_\_\_\_\_

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: Nelson Amanda Lynne Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Golden CO United States Height: 5' 9" Weight: 130 Eyes: grn Hair: bln  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Clickner Ryan David 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: (480) 309-9216 E-mail address: amandanelson1@gmail.com

8. Business Name: ~~Soaring Spirits Vineyard~~ (dba Soaring Wines) Business Phone: 480 / 236 / 393

9. Business Location Address: 6809 S. Lucky Lane Willcox AZ Cochise 85643  
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)
09/2021	CURRENT	Project Manager	Town of Guadalupe, 9241 S. Avenida del Yaqui, Guadalupe AZ 85283
06/1997	08/2021	Public Information Officer	City of Tempe, 30 E. Fifth Street, Tempe, AZ 85283

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. § 202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/2001	CURRENT	635 E La Jolla Drive, Tempe, AZ 85282

(ATTACH ADDITIONAL SHEET IF NECESSARY)

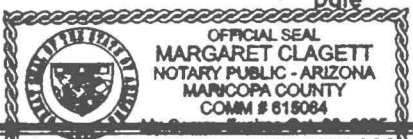
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
 If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. 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) Amanda Lynne Nelson 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 AZ County of Maricopa  
 The foregoing instrument was acknowledged before me this 1 Day of January, 2022  
 My Commission Expires on: 10/26/2025 Date 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: \_\_\_\_\_



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

1/11/2018 11:58 AM

**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#: \_\_\_\_\_

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: De Leon Anna Lorrie Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Phoenix Arizona USA Height: 5'3 Weight: 107 Eyes: Bro Hair: Bro

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

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 10/23/1967

7. Daytime telephone number: (520) 326-0011 E-mail address: anna.deleon1025@gmail.com

8. Business Name: Soaring Spirits Vineyard LLC (dba Soaring Wines) Business Phone: 480/236/393

9. Business Location Address: 6809 S. Lucky Lane Willcox Arizona Cochise 85643

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)
8/2001	CURRENT	Sr. Inpatient Medical Coder	Banner Health, 2901 N. Central Ave Ste 1100 Phoenix, Az 85012

(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
8/2001	CURRENT	3342 N. Camino Rio Colorado, Tucson, Arizona 85712

(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) Anna Larrie de Leon hereby declare that I am the Agent/ Controlling Person / Premises Manager filling 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: Anna L. de Leon State of AZ County of PIMA.  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 10.22.2023 12 Day of August, 2021.  
Day Month Year



Alya Paula Wilson  
Signature of Notary

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

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



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

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

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#: \_\_\_\_\_

1. Check the Appropriate Box

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

2. Name: de Leon, Arthur Steven Birth Date: [REDACTED]

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

4. Place of birth: Madrid, Spain Height: 68" Weight: 200 Eyes: BR Hair: BLK

5. Name of current/most recent spouse: de Leon, Sonia Boedigheimer Birth Date: [REDACTED]

6. Are you a bona fide resident of Arizona? [x] Yes [ ] No If yes, what is your date of residency: June 2011

7. Daytime telephone number: 520-907-2443 E-mail address: arthur.deleon88@gmail.com

8. Business Name: Soaring Spirits Vineyard (aka Soaring Wines) Business Phone: 480, 236, 3933

9. Business Location Address: 6809 S. Lucky Lane, Willcox, Arizona 85643 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). Row 1: June/2015, CURRENT, Intel Research Specialist, Customs and Border Protection (AZ RIC): 2430 S Swan Road Bldg #8, Tucson, AZ 85711

(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
Feb/2012	CURRENT	3694 W Richmond Vista Dr, Marana, AZ 85658

(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) Arthur Steven de Leon 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.

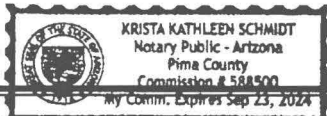
Signature Arthur de Leon

State of Arizona County of Pima

The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/23/2024  
Date

20 Day of July, 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: \_\_\_\_\_



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.

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Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box ->

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

2. Name: DE LEON Louis Armando Birth Date: [REDACTED]

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

4. Place of birth: RIVERSIDE CA U.S.A. Height: 5'10" Weight: 170 Eyes: BRO Hair: BLK

5. Name of current/most recent spouse: N/A Birth Date: / /

6. Are you a bona fide resident of Arizona? [x] Yes [ ] No If yes, what is your date of residency: 2002

7. Daytime telephone number: 602 432 1271 E-mail address: LOUISDL96@GMAIL.COM

8. Business Name: Soaring Spirits Vineyard (dba Soaring Wines) Business Phone: 480, 236, 3933

9. Business Location Address: 6809 S. Lucky Lane Willcox Az Cochise 85643

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 handwritten entries for 'INTERNATIONAL OBSERVER/LEGAL ADVISOR' and 'PAE' at '1320 N COURTHOUSE RD STE 800 ARLINGTON, VA 22201'.

(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
FEB 2017	CURRENT	3237 W ST CATHERINE AVE, PHOENIX, AZ 85046
NOV		OVERSEAS, P&E COMPANY
		50 H Apartment
		TRUCKING, JUBA SOUTH SUDAN
		& SOLD IN DEC 2021; Mailing Address:

ALSO 3342 N CAMINO RE COCOPAZA, TUCSON, AZ 85712 (ATTACH ADDITIONAL SHEET IF NECESSARY) 41 W THOMAS RD, PHOENIX AZ

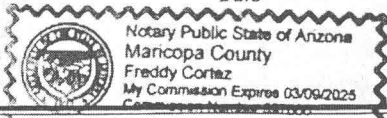
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No 852/13  
 If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  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) Louis Armando de Leon 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 8 Day of February, 2022  
 My Commission Expires on: 03/09/2025 Date 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: \_\_\_\_\_



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.

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Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager. Includes instruction: (complete all questions except #12)

2. Name: Novak Paul Michael Birth Date: [Redacted]
Last First Middle (NOT a public record)

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

4. Place of birth: Phoenix AZ U.S. Height: 5'11" Weight: 168 Eyes: Blu Hair: Brn
City State COUNTRY (not county)

5. Name of current/most recent spouse: Novak Myong Suk 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: Arizona

7. Daytime telephone number: 623-695-4893 E-mail address: paulnovak10@gmail.com

8. Business Name: Soaring Spirits Vineyard (dba Soaring Wines) Business Phone: 480/236/3933

9. Business Location Address: 6809 S. Lucky Ln Wilcox AZ Cochise 85643
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). Row 1: 01/2016, CURRENT, Founder/CEO, Gauge Precision Consulting, LLC, 3316 W. Knudsen Dr. Phoenix, AZ 85027

(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
08/2015	* CURRENT	3316 W. Knudsen Dr. Phoenix, AZ 85027

(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

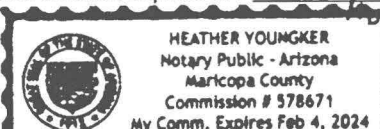
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**NOTARY**

I (Print Full Name) Paul M Novak 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: [Handwritten Signature] State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 02/04/2024 19<sup>th</sup> Day of July, 2021  
Day Month Year



HEATHER YOUNGKER  
Notary Public - Arizona  
Maricopa County  
Commission # 578671  
My Comm. Expires Feb 4, 2024

[Handwritten 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: \_\_\_\_\_



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> 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.**

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Liquor License#: \_\_\_\_\_

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: de Leon Sylvia Bertie Birth Date: [REDACTED]  
Last First Middle

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

4. Place of birth: Tucson Az. U.S.A. Height: 5-04 Weight: 180 Eyes: Bro Hair: Brn.  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: 1/1  
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: 7-8-39

7. Daytime telephone number: (520) 826-0011 E-mail address: None

8. Business Name: Serving Spirits Vineyard & Cafe Business Phone: 480 1236 1393

9. Business Location Address: 6809 S. Lucky Lane Willcox Arizona Cochise 85643  
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)
9/99	CURRENT	Retired	3342 N. Camino Rio Colorado Tucson Az 85712

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
Sept. 1999	CURRENT	3342 N. Camino Rio Colorado Tucson, AZ 85718

(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

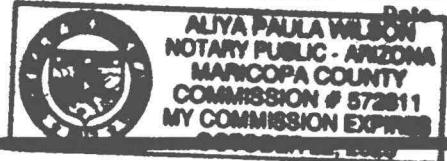
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
 Give complete details including dates, agencies involved and dispositions.  
 CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) Sylvia B. de Leon 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: Sylvia B. de Leon State of AZ County of PIMA  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 10-22-2023 12<sup>th</sup> Day of August, 2021  
Day Month Year



Aliya Paula Wilson  
Signature of Notary

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

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