

State of Arizona
Department of Liquor Licenses and Control

Created 02/28/2024 @ 01:13:23 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	OLIVE'S VINEYARD CAFE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	6345 S RHUMB LINE WAY WILLCOX, AZ 85643 USA		
Mailing Address:	6255 S BENNETT PLACE WILLCOX, AZ 85643 USA		
Phone:	(520)789-6645		
Alt. Phone:	(602)510-5867		
Email:	MICHELLE@RHUMBLINEVINEYARD.COM		

AGENT

Name:	MICHELE LYNN MINTA
Gender:	Female
Correspondence Address:	6255 S BENNETT PLACE WILLCOX, AZ 85643 USA
Phone:	(602)510-5867
Alt. Phone:	
Email:	MICHELLE@RHUMBLINEVINEYARD.COM

OWNER

Name:	RHUMB LINE RETAIL & RESTAURANT LLC		
Contact Name:	MICHELLE L MINTA		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23141199	State of Incorporation:	AZ
Incorporation Date:	10/17/2020		
Correspondence Address:	6255 S BENNETT PLACE WILLCOX, AZ 85643 USA		
Phone:	(602)510-5867		
Alt. Phone:			
Email:	MICHELLE@RHUMBLINEVINEYARD.COM		

Officers / Stockholders

Name:
MICHELLE LYNN MINTA
TODD JAMES MYERS

Title:
Member
Member

% Interest:
50.00
50.00

**RHUMB LINE RETAIL & RESTAURANT LLC -
Member**

Name: MICHELLE LYNN MINTA
Gender: Female
Correspondence Address: 6255 S BENNETT PLACE
WILLCOX, AZ 85643
USA
Phone: (602)510-5867
Alt. Phone:
Email: MICHELLE@RHUMBLINEVINEYARD.COM

**RHUMB LINE RETAIL & RESTAURANT LLC -
Member**

Name: TODD JAMES MYERS
Gender: Male
Correspondence Address: 6255 S BENNETT PLACE
WILLCOX, AZ 85643
USA
Phone: (602)525-8544
Alt. Phone:
Email: TODD@RHUMBLINEVINEYARD.COM

APPLICATION INFORMATION

Application Number: 277274
Application Type: New Application
Created Date: 01/06/2024 *CPW*

QUESTIONS & ANSWERS

012 Restaurant

- 1) Arc 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?
Unincorporated Cochise County
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
No loans
- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
Yes
Is the patio 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?
February 1, 2024
- 9) What type of business will this license be used for?
Cafe. Order at counter. Food served at table.

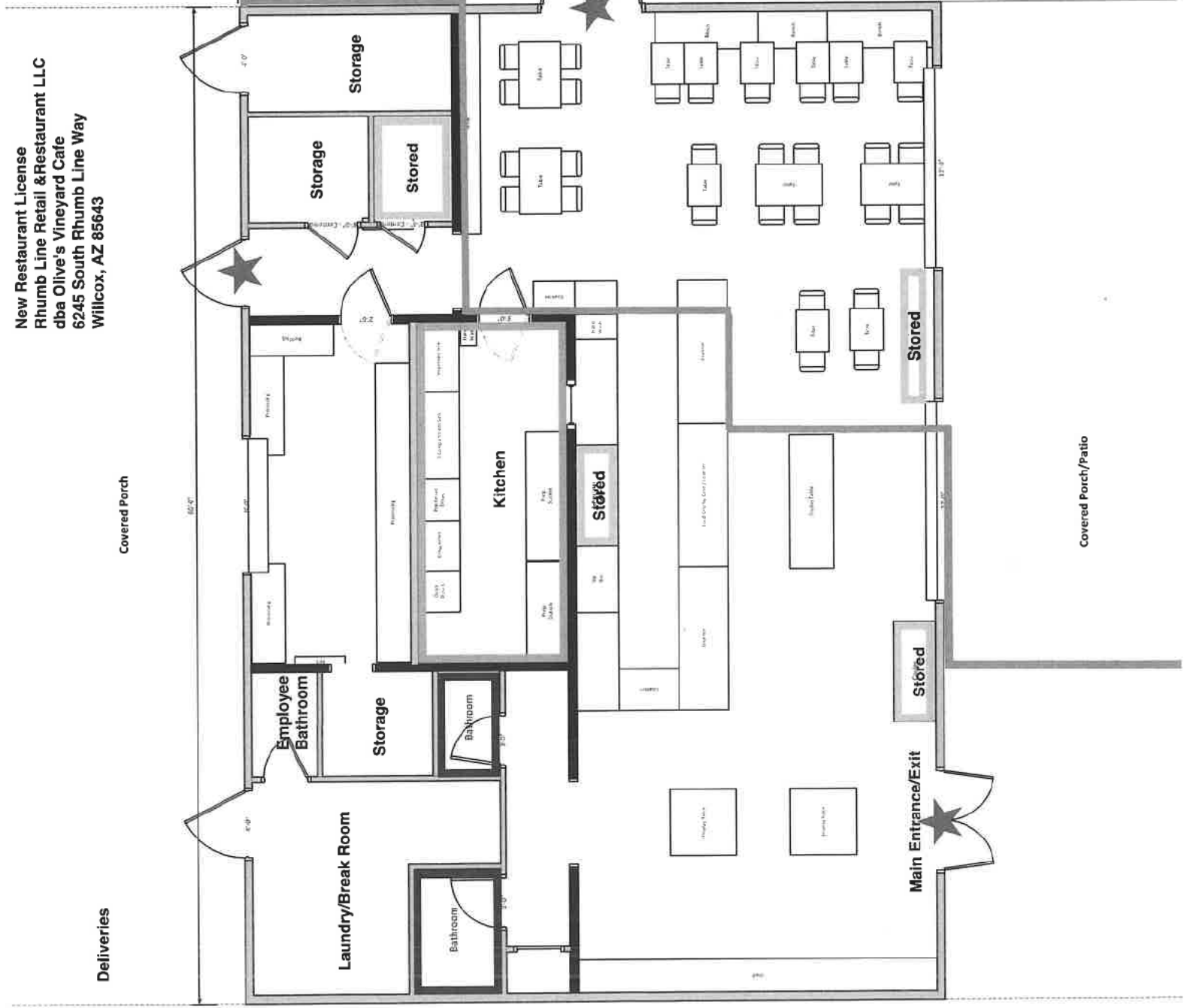
DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
QUESTIONNAIRE	2024 AZDL Questionnaire - Todd Myers.pdf	01/15/2024
QUESTIONNAIRE	2024 AZDL Questionnaire - Michelle Minta.pdf	01/15/2024
RESTAURANT OPERATION PLAN	2024 AZDL Operation Plan.pdf	01/15/2024
DIAGRAM/FLOOR PLAN	2024 AZDL Site Plan - Marked Up.pdf	01/15/2024
RECORDS REQUIRED FOR AUDIT	2024 AZDL Records Required for Audit.pdf	01/15/2024
DIAGRAM/FLOOR PLAN	2024 AZDL Floorplan.pdf	01/23/2024
MENU	20240116 Food Menu.pdf	01/26/2024
MENU	20240123 Wine Menu.pdf	01/26/2024
MISCELLANEOUS	20240126 Cover Letter.pdf	01/26/2024
	AZDL Alien Status Form.pdf	02/05/2024
	Drivers License Michelle.jpeg	02/05/2024
	20240123 Wine Menu.pdf	02/05/2024
	20240116 Food Menu.pdf	02/05/2024

New Restaurant License
Rhumb Line Retail & Restaurant LLC
dba Olive's Vineyard Cafe
6245 South Rhumb Line Way
Willcox, AZ 85643

Premises Legend

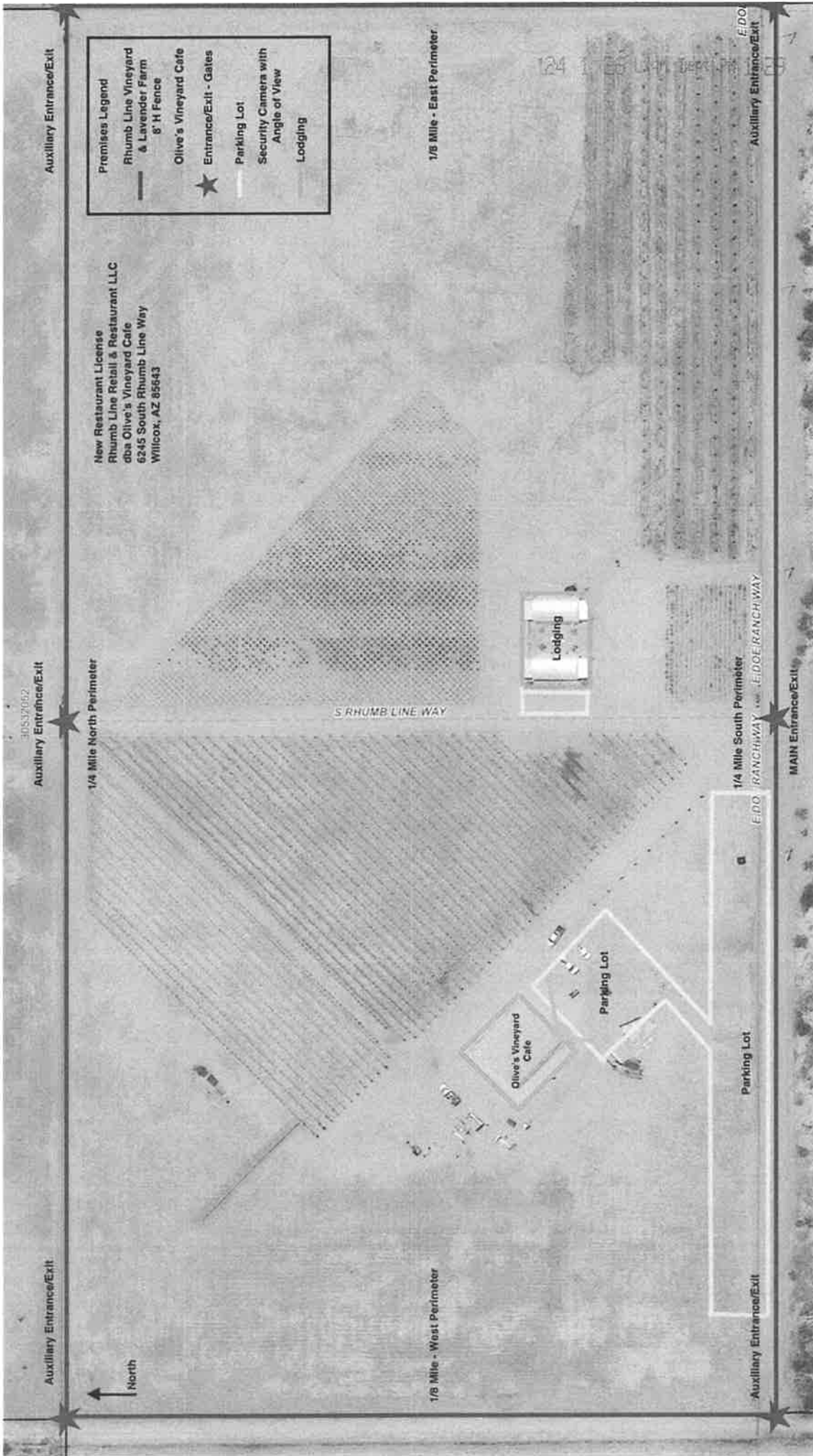
-  Bathroom
-  Kitchen
-  Main Dining Area
-  Alcohol Storage
-  Entrance/Exit



Deliveries

Covered Porch

Covered Porch/Patio



Auxiliary Entrance/Exit

Premises Legend

- Rhumb Line Vineyard & Lavender Farm 8' H Fence
- Olive's Vineyard Cafe Entrance/Exit - Gates
- Parking Lot
- Security Camera with Angle of View
- Lodging

New Restaurant License
 Rhumb Line Retail & Restaurant LLC
 dba Olive's Vineyard Cafe
 6245 South Rhumb Line Way
 Willcox, AZ 85643

1/8 Mile - East Perimeter.

Auxiliary Entrance/Exit

Auxiliary Entrance/Exit

1/4 Mile North Perimeter

S RHUMB LINE WAY

Lodging

1/4 Mile South Perimeter

MAIN Entrance/Exit

Auxiliary Entrance/Exit

North

1/8 Mile - West Perimeter

Auxiliary Entrance/Exit

Olive's Vineyard Cafe

Parking Lot

Parking Lot

EIDO RANCHWAY



RESTAURANT/HOTEL/MOTEL OPERATION PLAN

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

1. Name of restaurant (Please print): Olive's Vineyard Cafe

2. Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	N/A
Oven	Ninja Air oven x 2
Freezer	Aeranco 54" reach in freezer 46.65 cu ft
Refrigerator	Aeranco 48" undercounter Frig 11.9 cu ft
Sink	3 compartment sink, prep sink, 2x hand wash sinks
Dish Washing Facilities	Auto Chlor A4
Food Preparation Counter (Dimensions)	Regency 30" x 96" commercial base table
Other	Pizza prep refrig Counter

3. Attach a copy of your FULL menu with pricing INCLUDING NON-ALCOHOLIC BEVERAGES

4. What percentage of your public premises is used primarily for restaurant dining?

Do not include kitchen, bar, hi-top tables, or game area. 20 %

5. Does your restaurant have a bar area that is distinct and separate from the dining area? YES No

(If yes, what percentage of the public floor space does this area cover?) _____ %

6. List the seating capacity for:

a) Restaurant dining area of your premises: | 36 |

(DO NOT INCLUDE PATIO SEATING)

b) Bar area | + 0 |

TOTAL | = 36 |

7. What type of dinnerware is primarily used in your restaurant? Reusable Disposable Both

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.)

Live music 5 x year

10. List number of employees for each position:

Position	How many
Cooks	1
Barenders	0
Hostesses	0
Managers	1
Servers	2
Other (<i>Barasser</i>)	1
Other ()	
Other ()	

I, (Print Full Name) Michelle Minta, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: *Michelle Minta*

SNACKS

OLIVES

CASTILIVETRANO

\$4

NUTS

ROASTED BROWN PISTACHIOS

\$3

CHIPS

CRISPY POTATO AND CABBAGE CHIPS

\$2

HUMMUS AND VEGETABLE PLATE

HOUSE MADE HUMMUS SERVED WITH FOCACCIA, CARROTS & CELERY

\$6

BRUSCHETTA (CHOOSE 4)

PROSCIUTTO, FIG JAM, MASCARPONE

PISTACHIO, APPLE BUTTER, CHEVRE

TOMATO JAM, MOZZARELLA, BASIL

PISTACHIO, RICOTTA, DATE

\$14

SOUPS (CUP/BOWL)

TOMATO

SOUP DE JOUR

\$6/\$9

SALADS

CHICKEN

LOCAL PISTACHIOS, CELERY, DRIED

CRANBERRIES, GORGONZOLA

GOAT CHEESE

SPINACH, ARUGULA, DATES, CANDIED PECANS, OLIVES

GARDEN

LETTUCE, TOMATOES, RED ONION, CUCUMBER

SEASONAL

\$5

SANDWICHES

VEG

HUMMUS, RED BELL PEPPER, CUCUMBER, CHEESE

\$12

CHICKEN SALAD

CHICKEN BREAST, CELERY, PECANS, CRANBERRIES, CHEESE

\$13

ITALIAN

SOPPRESSATA, MORTADELLA, CAPICOLA, BELL PEPPERS, PEPPERONCINI

\$16

FOCACCIA PIZZA

BY THE SLICE

MARGHERITA

TOMATO, MOZZARELLA, BASIL

POTATO

GARLIC, RED ONION, ROSEMARY, LEMON ZEST

SOPPRESSATA

RED ONION, LOCAL PISTACHIOS, MOZZARELLA, PARMESAN

\$7

\$7

\$8

DESSERTS

ICE CREAM

MACARONS

\$4

TIRAMISU

CHOCOLATE CHIP COOKIES

\$5

LEMON OLIVE

BISCOTTI

OIL CAKE

\$5

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\$3

\$4

BEVERAGES

TOPO CHICO, MEXICAN COKE, BIG MARBLE GINGER BEER, COFFEE, TEA, WATER

SPRING WINE LIST

BUBBLES

Dos Cabezas <i>Bubbly Pink</i>	15
Sand-Reckoner <i>Pet-Nat</i>	55

ROSÉ

Sand-Reckoner <i>Grenache</i>	10/30
Vino Stache <i>The Painted Lady, Grenache</i>	15/35

WHITES

Sand-Reckoner <i>Malvasia</i>	13/40
Sand-Reckoner <i>White, Malvasia, Picpoul</i>	14/28
Vino Stache <i>The Proper, Orange Malvasia</i>	15/30
Callaghan Vineyard <i>Love Muffin, Malvasia</i>	40
Rune <i>Roussanne</i>	41
Sand-Reckoner <i>SoL, Malvasia Blend</i>	45

REDS

Brigand <i>Quick Draw, Temp, Tannat, P.Sirah</i>	11/31
Chateau Tumbleweed <i>Le Blend</i>	12/35
Callaghan Vineyard <i>Tempranillo</i>	33
Vino Stache <i>The Quick Hand, Tannat</i>	40
Callaghan Vineyard <i>The Settlement</i>	40
Rune <i>Graciano</i>	43
Callaghan Vineyard <i>Aglianico</i>	45
Sand-Reckoner <i>Tannat</i>	50
Chateau Tumbleweed <i>Uncle Tannat</i>	55

DESSERT

Callaghan Vineyard <i>Graciano, Tannat</i>	30
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**RECORDS REQUIRED
FOR AUDIT
RESTAURANT/HOTEL/MOTEL**

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

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. Name of restaurant (Please print): Olive's Vineyard Cafe
- 2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
- 3. A list of **all** food and liquor vendors
- 4. The restaurant menu used during the audit period
- 5. A price list for alcoholic beverages during the audit period
- 6. Mark-up figures on food and alcoholic products during the audit period
- 7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
- 8. Monthly Inventory Figures - beginning and ending figures for food and liquor
- 9. Chart of accounts (copy)
- 10. Financial Statements-Income Statements-Balance Sheets

11. 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

12. 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

13 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

14 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.

**REVOCATION 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.

I, (Print Full Name) Todd J. Myers hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

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

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLIC USE ONLY
Job # 277274
Date Accepted: 1-26-2024
CSR: Char

805-502

Type or Print with **Black Ink**

License Number:

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A **BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box

Agent Controlling Person

2. Name: Minta Michelle Lynn Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Phoenix, AZ USA Height: 5'3" Weight: 115 Eyes: HZL Hair: BRO
City State COUNTRY

5. Name of current/most recent spouse: Myers Todd J Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 2/1997

7. Daytime telephone number: 602-510-5867 Email address: michelle@rhumblivevineyard.com

8. Premises Name: Olive's Vineyard Cafe Business Phone: 520-789-6645

9. Premises Address: 6345 S. Rhumbline way 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 place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
11/19	CURRENT	Owner	ALL LUV 6255 S Bennett Place, Willcox, AZ 85643
1/18	10/19	CRNA	Michelle Minta LLC 6255 S Bennett Place, Willcox, AZ 85643

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	Street	City	State	Zip
10/16	CURRENT	6255 South Bennett Place	Willcox	AZ	85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? **MUST** attach copies of both training certificates. 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 summons 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

I, (Print Full Name) Michelle L Minta hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: Michelle L Minta Date: 1.15.24

*24 FEB 27 PM 1:38 AZDLLC
No Payment (130)



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	277274
Date Accepted:	1-26-2024
CSR:	Chay

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:	
2/26/24	MICHALE MINJA	
Name of Fingerprint Technician:		
DALE S. MADFIELD		
Fingerprint technician's Signature:		
<i>[Signature]</i>		
Fingerprint technician's Agency/company Name:	Phone Number:	
WILCOX POLICE DEPT.	520 384-4673	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



ALIEN STATUS

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

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

APPLICANT NAME (Print or type) Michelle Minta

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 Phoenix State AZ COUNTRY US

If you answered **Yes, 1)** Attach a legible copy of a document from the list below.
2) Name of document: Arizona Driver's License

If you answered **No**, you must complete Sections III.

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 Jan. 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.

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SECTION III – QUALIFIED ALIEN DECLARATION

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))

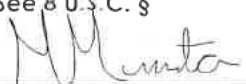
- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

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.
- 14. **Otherwise Lawfully Present**
- 15. 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. §

Michelle Minta



2/5/2024

Print Name

Signature

Date

ARIZONA

Driver License

MICHELLE LYNN MINTA
521 W PALM LN
PHOENIX AZ 85003

Class D Sex F
Eyes HAZ Height 5-03
Hair BR Weight 105

M. L. MINTA

Number
Expires
Date of Birth
Issued

[REDACTED] 08/18/2034
[REDACTED] 07/22/2005

'24 FEB 8 11 46 AM '24



LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY
Job # 277274
Date Accepted: 1-26-2024
CSR: *Chay*

805-507

License Number:

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box Agent Controlling Person

2. Name: Myers Todd James Birth Date: [Redacted] (NOT a public record)

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

4. Place of birth: Lima OH USA Height: 6'3" Weight: 215 Eyes: HZL Hair: BRO

5. Name of current/most recent spouse: Minta Michelle L Birth Date: [Redacted] (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 8/1997

7. Daytime telephone number: 602-525-8544 Email address: todd@rhumblinevineyard.com

8. Premises Name: *Olive's Vineyard Cafe* Business Phone: 520-789-6645

9. Premises Address: 6345 South Rhumb Line Way Willcox AZ Cochise 85643

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
5/17	CURRENT	Director of Marketing	Cadence Education - 8800 N Gainey Center Dr Scottsdale, AZ 85258

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	Street	City	State	Zip
10/16	CURRENT	6255 South Bennett Place	Willcox	AZ	85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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 summons 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

I, (Print Full Name) Todd J Myers hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 1/15/2024

24 FEB 27 PM 1:37 AZDLLC
No Payment (RD)



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY	
Job #	277274
Date Accepted:	1-26-2024
CSR:	Chaya

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. Write applicants name on front of sealed envelope.

PRINT the following information:

Date	Name of Applicant:	
2/26/24	TODD J MEYERS	
Name of Fingerprint Technician:		
DALE S. HADFIELD		
Fingerprint technician's Signature:		
Fingerprint technician's Agency/company Name:		Phone Number:
WILCOX POLICE DEPT		520 384-4673
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)