

Name:	Title:	% Interest:
ANDREA SHANE FRAZE	Member	50.00
SHASTA JEANETTE WELLS	Member	50.00

THE WINDMILL CAFE LLC - Member

Name: ANDREA SHANE FRAZE
Gender: Female
Correspondence Address: PO BOX 134
PEARCE, AZ 85625
USA
Phone: (928)607-4222
Alt. Phone:
Email: THEWINDMILLCAFE@YAHOO.COM

THE WINDMILL CAFE LLC - Member

Name: SHASTA JEANETTE WELLS
Gender: Female
Correspondence Address: PO BOX 134
PEARCE, AZ 85625
USA
Phone: (928)604-7222
Alt. Phone:
Email: SWAZCOWGIRL@YAHOO.COM

APPLICATION INFORMATION

Application Number: 347417
Application Type: New Application
Created Date: 05/05/2025

RV

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 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?
COCHISE
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0
- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 9) What type of business will this license be used for?
RESTAURANT

Eastland Rd

Cullum's
Dumper

PRIVATE

DRIVEWAY
for both

Cullum's + windmill cafe

Water
Storage

extra employee
parking
*Cullum's storage

fence

Dumper

Shed
Shed

Truck
Truck

Cullum's
Country Cupboard

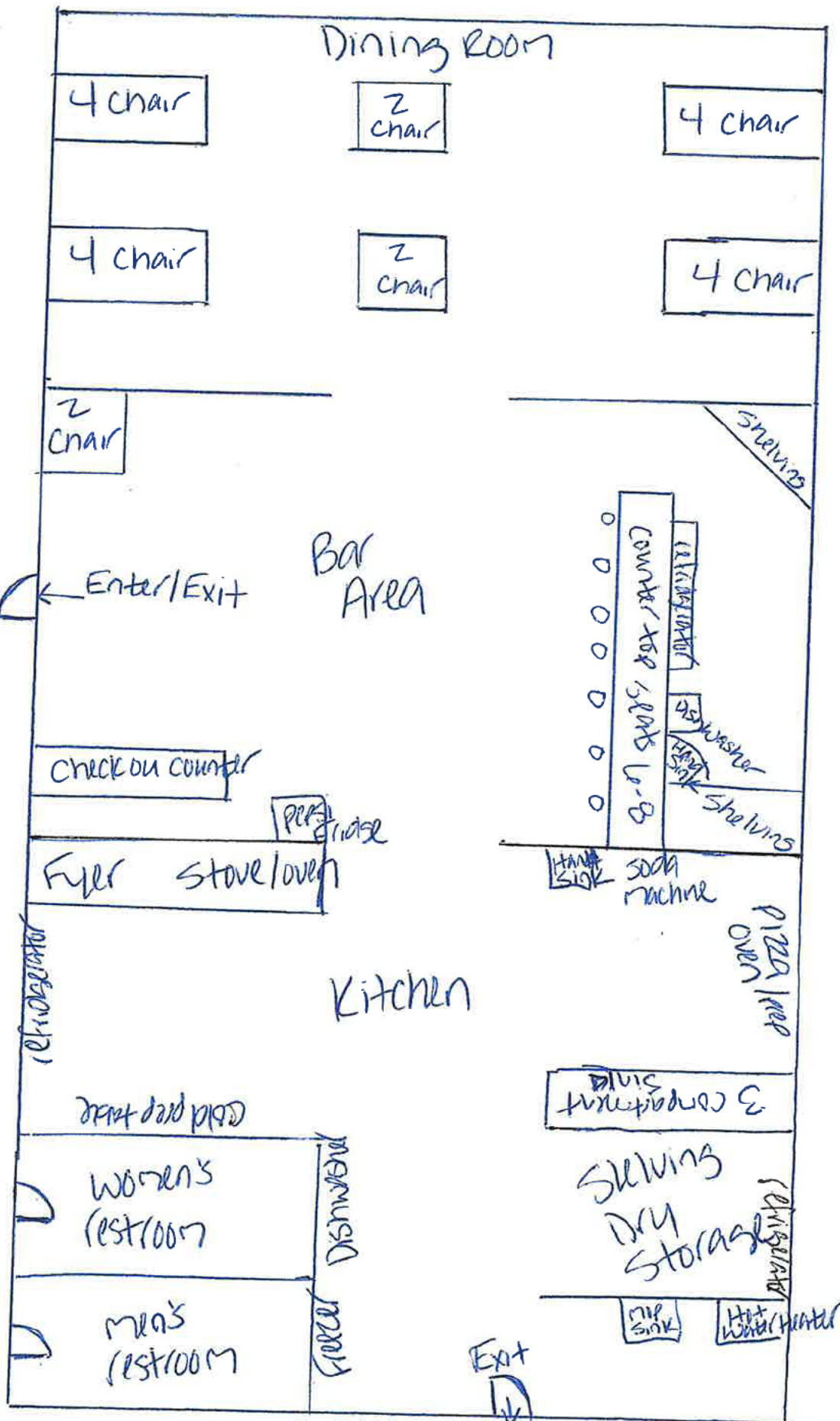
Yard

windmill
cafe

PARKING LOT

* We will be adding
the Cullum's storage
to our lease for the liquor
storage. It is 19'4" x
9'4"

May 191



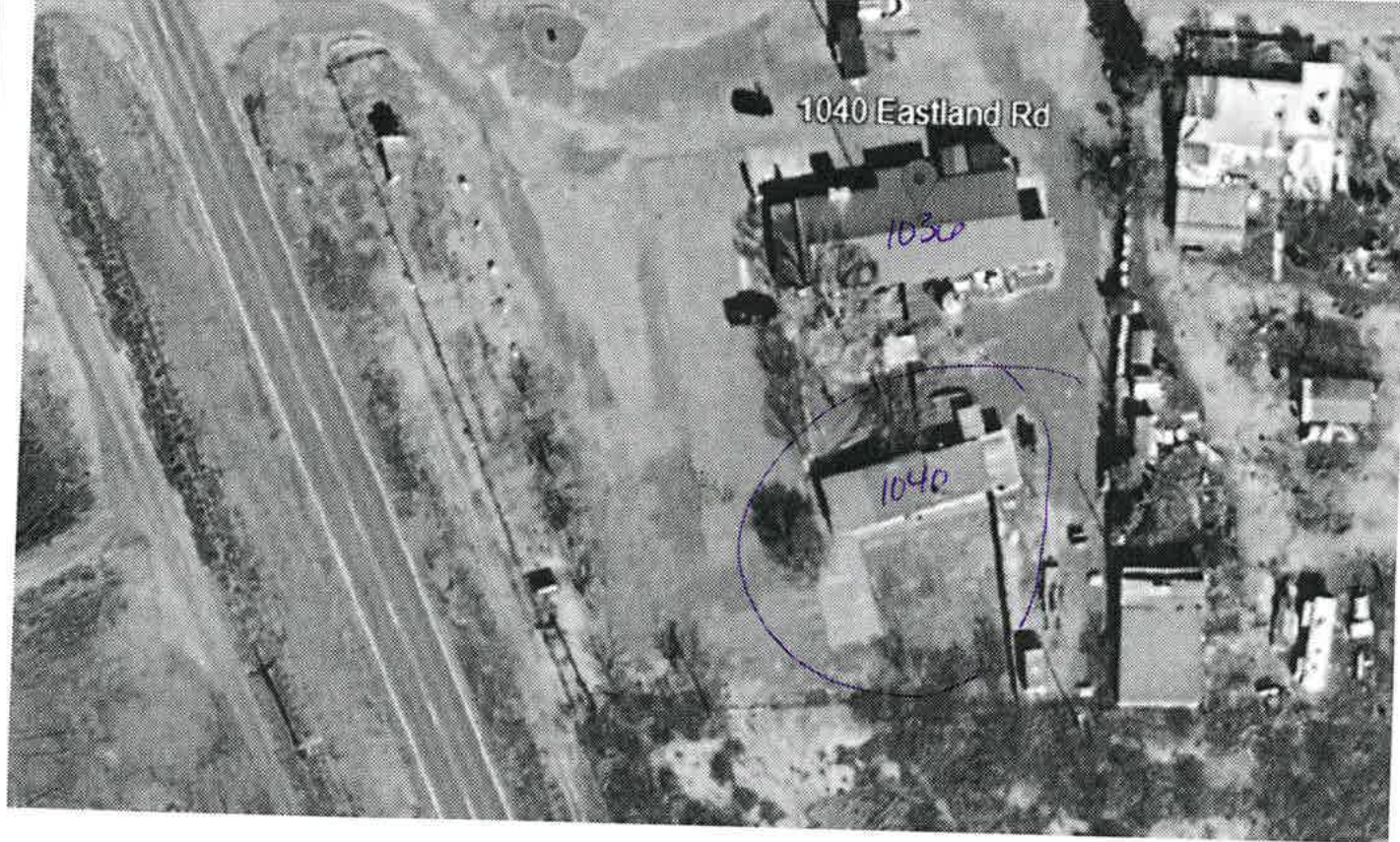
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Breeze way

*Cullin's Storage

25 MAY 2 PM 9:27 AZDLIC





1040 Eastland Rd

1030

1040

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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): The Windmill Cafe

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	Mani Street ELD-624-N Natural Gas 6 Burner
Oven	60" Range w/ 24" Griddle + 2 Standard Ovens
Freezer	Avanto A-19F-HC 29"
Refrigerator	Avanto A-19R-HC 29" / Avanto UBB-46-HC 90"
Sink	1-3 compartment, 1 prep, 2 Handwash
Dish Washing Facilities	Ecobab ELT AE374492 / Noble Wash Washings
Food Preparation Counter (Dimensions)	6x3, 4x2 1/2 HT6W High Temp Industrial Glass Washer 208 V/240V 1 Phase
Other	4 - Avanto Pizza Ovens 1 - Cold Prep refrigerator True DPO-45 1760W, 120V 1 - Avanto Ice UC-H-280-A 26" 1 - Full Avanto FZ12 3010 Dual Tank Electric Countertop 208-240V

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.) 50 %

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?) 10 %

6. List the **seating capacity** for:

a) Restaurant dining area of your premises:

[24]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area

[+ 8]

TOTAL [= 32]

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.)

1-TV

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.)

10. List number of employees for each position:

Position	How many
Cooks	3
Bartenders	3
Hostesses	3
Managers	2
Servers	3
Other ()	
Other ()	
Other ()	

I, (Print Full Name) Shasta J. Wells, 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: Shasta J Wells



**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): The Windmill 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

25 MAY 2 AM 9:27 AZD LLC

- 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.

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

A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

For the purpose of this section:

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

I, (Print Full Name) Shasta J. Wells, 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: Shasta J. Wells

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

Kids Meal

All kids meals are served with chips and a kids drink.

7" personal cheese or pepperoni pizza	\$8.00
Grilled Cheese	\$6.00
3" Sub	\$8.00

Desserts

Vanilla Ice Cream Sunday	\$6.00
Daily Dessert with a scoop of ice cream	\$8.00
Root Beer Float	\$5.00
Kids Root Beer Float	\$2.50

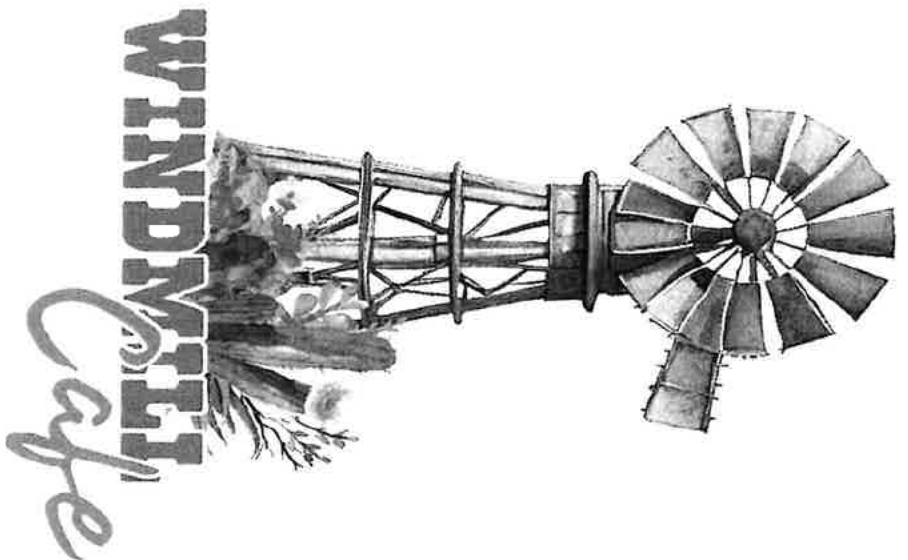
Gift Cards Available

****Discount on cash transactions**

****3% charge for all card transactions**

****Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.**

****Menu items may contain or come into contact with wheat (gluten), milk, eggs, peanuts, tree nuts, shellfish, fish, and soy. Please inform your server of any food allergies before ordering.**



1040 E. Eastland Rd.
Cochise, AZ 85606

520-508-5409

Dine In or Carry Out

25 MAY 2 AM 9:27 HEDULL

Drinks

- Coffee \$2.00
- Hot or Ice Tea \$2.00
- Milk \$2.00
- Juice (Apple, Orange, Cran) \$3.00
- Soda \$3.00
- Hot Chocolate \$2.00
- Pepsi, Diet Pepsi, Root Beer, Starry Lemon Lime, Mountain Dew, Dr Pepper, Lemonade, Raspberry Tea
- Bottled Water \$2.00
- *Bottled/Canned Drinks \$3.00
- *Starbucks Drinks \$4.00

*available at the register

Breakfast

- Breakfast Burrito or Sandwich \$10.00
- Breakfast Bowl \$8.00
- Scrambled eggs, breakfast potatoes, and your choice of Sausage or bacon. Add additional toppings for \$0.50

Breakfast Sides

- English Muffin \$3.00
- Tortilla \$2.00
- Toast(2) \$3.00
- Bagel \$3.00
- Cinnamon Roll \$5.00
- Oatmeal \$4.00

*Assorted pastries prices vary

Burgers

All burgers served with lettuce, tomato, onion, pickles, and chips

- Single Patty \$15.00
- Make it a double \$3.00
- Each additional topping \$0.50

bacon \$1.50

*see pizza toppings

Add Maccaroni or potato salad instead of chip \$2.00

Pizza 14"

- Cheese Pizza \$14.00
- Pepperoni Pizza \$16.00
- Supreme \$20.00
- 7" Personal Pepperoni \$7.00

Pepperoni, sausage, olives, bell pepper, onions

**Each additional topping \$1.00

Choice of additional toppings- sausage, bacon, ham, chicken, pineapple, black olives, bell peppers, onions, green chilies, jalapenos, mushrooms

Salads

- Side Salad \$6.00
- House Salad \$9.00
- Ceasar Salad \$12.00
- Cobb Salad \$12.00

bacon \$1.50

- Add Chicken \$2.00
- Add Avocado \$1.50

Sub Sandwiches 6"

Choice of Roast Beef, Turkey, Ham, or Italian. Topped with cheese, lettuce, tomato, and mayo. Served with a bag of chips \$13.00

Each additional topping \$0.50 *see pizza toppings

Add Maccaroni or potato salad instead of chip \$2.00

***Vegan Chicken and Burger available for an additional \$2.00



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:
Job #:
Date Accepted:
CSR:

Personal Information Questionnaire

fp pending
E05-683

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.
A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Wells Shasta Seanette
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: [REDACTED]
- Email address: thewindmillcafe@yahoo.com
- Home Address: 13444 S. Red Sky Rd. Peavee AZ 85625
- Daytime phone #: 928-607-4222 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: TPT #21573462
- Business Name (doing business as): The Windmill Cafe
- Business Address: 1040 E. Eastland Rd Cochise AZ 85606

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

25141 2 AM 9 26 AZULIC

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Shasta J. Wells +
Andrea S. Frazee

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
3. 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 5 years? A.R.S. §4-202(D) Yes No
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Shasta J. Wells 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: Shasta J. Wells Date: 8/14/24



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#	347417
Date Accepted	5-2-2025
CSRA	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	8/23/24		Name of Applicant:	Shasta Jeanette Wells	
Name of Fingerprint Technician:					
Tanya Cordova					
Fingerprint technician's Signature:					
Tanya Cordova					
Fingerprint technician's Agency/company Name:				Phone Number:	
CMI AZ Live Scan					
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) Shasta J. Wells

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 Cottonwood State AZ COUNTRY USA

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

2) Name of document: Arizona Drivers 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.

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 etseq.];
- 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. §

Shasta J. Wells

Print Name

Shasta J. Wells

Signature

8/14/24

Date

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION



Shasta J Wells

9 CLASS D
 9a END NONE 4d [REDACTED]
 12 REST NONE 3 [REDACTED]
 1 WELLS
 2 SHASTA JEANETTE
 8 13444 S RED SKY RD
 PEARCE, AZ 856256261
 4b EXP 01/16/2045 4a ISS 09/22/2022
 15 SEX F 18 EYES BRO
 16 HGT 5'-03" 19 HAIR BLK
 17 WGT 170 lb



5 DD 02890006AW110305

'25MAY 2 AM 9:27 AZDLLC


[Redacted]

CLASS: D-Operator
ENDORSEMENTS:
None

RESTRICTIONS:
None

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days


[Redacted]

2285AZ0043545410301

Certificate of Completion For Title 4 MANAGEMENT VT 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. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. 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

Shasta Wells

Full Name (please print)

08/22/2024

Training Completion Date

Signature

08/22/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC -- Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**

Instructor Name (please print)

, certify that the above named individual did successfully complete 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).

Jesus Altamirano

Instructor Signature

08, 22, 2024

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 license of 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 4)
Private Club (series 14)
Beer & Wine Store (series 10)

Beer & Wine Bar (series 7)
Hotel/Motel w/Restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor. The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

25 MAY 21 14: 48 03

Certificate of Completion For Title 4 BASIC Liquor Law Training

<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. Licenses 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

Shasta Wells

Full Name (please print)

Signature

08/21/2024

Training Completion Date

08/21/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Jesus Altamirano, certify that the above named individual did successfully complete

Instruction 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).

Shasta Wells, 21, 2024

Instruction Signature

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) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | 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.

NO\$



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	347417
Date Accepted:	5-2-2025
CSR:	Chays

Personal Information Questionnaire

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

1. Name: Fraze Andrea Shane

2. Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)

3. Driver's License #: [REDACTED] State Issued: Az
(NOT a public record)

5. Are you a resident of Arizona? Yes No Date of residency: [REDACTED]

6. Email address: andreafraze@gmail.com

7. Home Address: 1540 N Lariat Dr Wilcox AZ 85603

8. Daytime phone #: 520 507 2893 Alternative phone #: 520 508 5409

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): Windmill Cafe

3. Business Address: 1040 E. Eastland Rd Cochise Az
85606

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

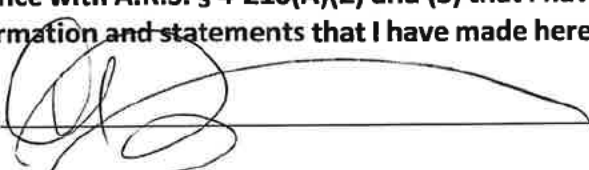
Name of persons who will be handling the day to day operations: Shasta Wells

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? A.R.S. §4-202(D) Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Andrew Shane Frazee 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: 5/16/25



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 #:	347417
Date Accepted:	5-2-2025
CSR:	Chayn

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:	
8/23/24	Andrea Frazee	
Name of Fingerprint Technician:		
Tanya Cordova		
Fingerprint technician's Signature:		
Tanya Cordova		
Fingerprint technician's Agency/company Name:		Phone Number:
CMI AZ LiveScan		928-428-7225
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		

25 MAY 2 AM 9:27 AZD LLC

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION

9 CLASS ID [REDACTED]
 10a END NONE
 12 REST NONE

1 FRAZE
 2 ANDREA SHANE
 8 PO BOX 113
 WILL COX, AZ 856440113

4a EXP 08/05/2045 4a ISS 05/29/2020
 16 SEX F 18 EYES GRN
 16 HGT 5-06" 18 HAIR BRO
 17 WGT 190 lb

DONOR 

5 DD 028100822F091605

Andrea Frazze




'25 MAY 2 AM 9:27 AZD LLC

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days

CLASS: D-Operator
ENDORSEMENTS:
None

RESTRICTIONS:
None

20150A0006356800301



<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 on 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

Andrea Frazee
Full Name (please print)

Signature

01/25/2025
Training Completion Date

01/25/2028
Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education
Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021
Mailing Address

(602) 285-1396
Daytime Contact Phone Number

I, Robert Anderson, Instructor Name (please print), certify that the above named individual did successfully complete 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).

Robert Anderson
Instructor Signature

04 / 04 / 2025
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.

[Handwritten signature and scribbles]



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

Andrea Frazee

Full Name (please print)

Signature

05/17/2025

05/17/2028

Training Completion Date

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC – Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Robert Anderson**, 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).

Instructor Signature

17 / 05 / 2025

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)
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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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5/17/25