

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

Created 08/05/2025 @ 10:28:08 AM

Local Governing Body Report

**LICENSE**

|                      |  |                  |                         |
|----------------------|--|------------------|-------------------------|
| Number:              |  | Type:            | 010 BEER AND WINE STORE |
| Name:                | RAFTER M MEATS LLC                                 |                  |                         |
| State:               | Pending  |                  |                         |
| Issue Date:          |  | Expiration Date: |                         |
| Original Issue Date: |  |                  |                         |
| Location:            | 3266 N FORT GRANT ROAD<br>WILLCOX, AZ 85643<br>USA |                  |                         |
| Mailing Address:     | 3266 N FORT GRANT ROAD<br>WILLCOX, AZ 85643<br>USA |                  |                         |
| Phone:               | (623)330-8870                                      |                  |                         |
| Alt. Phone:          |  |                  |                         |
| Email:               | MICHAEL@RAFTERMMEATS.COM                           |                  |                         |

**AGENT**

|                         |  |
|-------------------------|--|
| Name:                   | MICHAEL EUGENE MERRILL                             |
| Gender:                 | Male   |
| Correspondence Address: | 3266 N FORT GRANT ROAD<br>WILLCOX, AZ 85643<br>USA |
| Phone:                  | (623)330-8870                                      |
| Alt. Phone:             |  |
| Email:                  | MICHAEL@RAFTERMMEATS.COM                           |

**OWNER**

|                         |  |                            |
|-------------------------|--|----------------------------|
| Name:                   | RAFTER M MEATS LLC                                 |                            |
| Contact Name:           | MICHAEL EUGENE MERRILL                             |                            |
| Type:                   | LIMITED LIABILITY COMPANY                          |                            |
| AZ CC File Number:      | 23308253   | State of Incorporation: AZ |
| Incorporation Date:     | 12/14/2021   |                            |
| Correspondence Address: | 3266 N FORT GRANT ROAD<br>WILLCOX, AZ 85643<br>USA |                            |
| Phone:                  | (623)330-8870                                      |                            |
| Alt. Phone:             |  |                            |
| Email:                  | MICHAEL@RAFTERMMEATS.COM                           |                            |

60th day  
10-04-2025

|                               |            |             |
|-------------------------------|------------|-------------|
| Name:                         | Title:     | % Interest: |
| JESSICA SUZANNE BRACK MERRILL | Mgr-Member | 50.00       |
| MICHAEL EUGENE MERRILL        | Mgr-Member | 50.00       |

**RAFTER M MEATS LLC - Mgr-Member**

Name: MICHAEL EUGENE MERRILL  
 Gender: Male  
 Correspondence Address: 3266 N FORT GRANT ROAD  
 WILLCOX, AZ 85643  
 USA  
 Phone: (623)330-8870  
 Alt. Phone:  
 Email: MICHAEL@RAFTERMMEATS.COM

**RAFTER M MEATS LLC - Mgr-Member**

Name: JESSICA SUZANNE BRACK MERRILL  
 Gender: Female  
 Correspondence Address: 3266 N FORT GRANT ROAD  
 WILLCOX, AZ 85643  
 USA  
 Phone: (520)780-8206  
 Alt. Phone:  
 Email: JESSICA@RAFTERMMEATS.COM

**APPLICATION INFORMATION**

Application Number: 354798  
 Application Type: New Application  
 Created Date: 07/24/2025

**QUESTIONS & ANSWERS**

**010 Beer and Wine Store**

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Provide name, address, and distance of nearest school.  
(If less than one (1) mile note footage)  
Willcox Elementary School, 501 W Delos St, Willcox, AZ 85643, 8 miles
- 3) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
Property Owner
- 4) Is there a penalty if lease is not fulfilled?  
No

- 5) 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
- 6) What is the total money borrowed for the business not including the lease?  
 Please list each amount owed to lenders/individuals.  
 Business loan - \$846,000 originally borrowed, \$805,000 owed
- 7) Are there walk-up or drive-through windows on the premises?  
 No
- 8) Does the establishment have a patio?  
 No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
 No

|                  |
|------------------|
| <b>DOCUMENTS</b> |
|------------------|

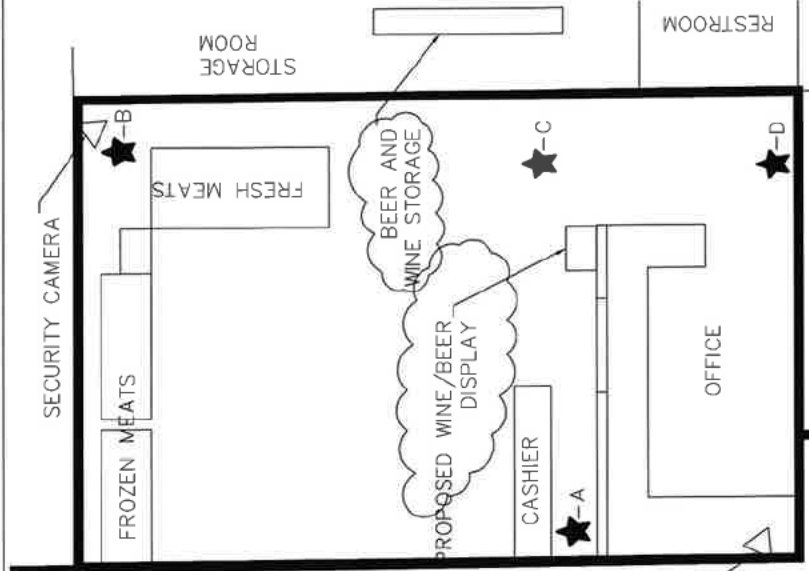
| DOCUMENT TYPE      | FILE NAME                             | UPLOADED DATE |
|--------------------|---------------------------------------|---------------|
| ALIEN STATUS       | Alien Status.pdf                      | 07/24/2025    |
| DIAGRAM/FLOOR PLAN | Packing house diagram-FLOOR PLANS.pdf | 07/24/2025    |
| DIAGRAM/FLOOR PLAN | Packing house diagram-SITE PLAN.pdf   | 07/24/2025    |
| QUESTIONNAIRE      | Personal Informatio Questionnaire.pdf | 07/24/2025    |
| QUESTIONNAIRE      | Jessica questionnaire -1.png          | 07/24/2025    |
| QUESTIONNAIRE      | Jessica questionnaire - 2.png         | 07/24/2025    |
|                    | WILLCOX FLOOR PLAN DIAGRAM.pdf        | 08/03/2025    |
|                    | ALIEN STATUS.pdf                      | 08/04/2025    |
|                    | AriZONa DRIVER LICENSE.pdf            | 08/04/2025    |
|                    | MIchael Questionnaire.pdf             | 08/04/2025    |
|                    | Jessica Questionnaire.pdf             | 08/04/2025    |

General Notes  
 25 8 4 Log. Dept #1243

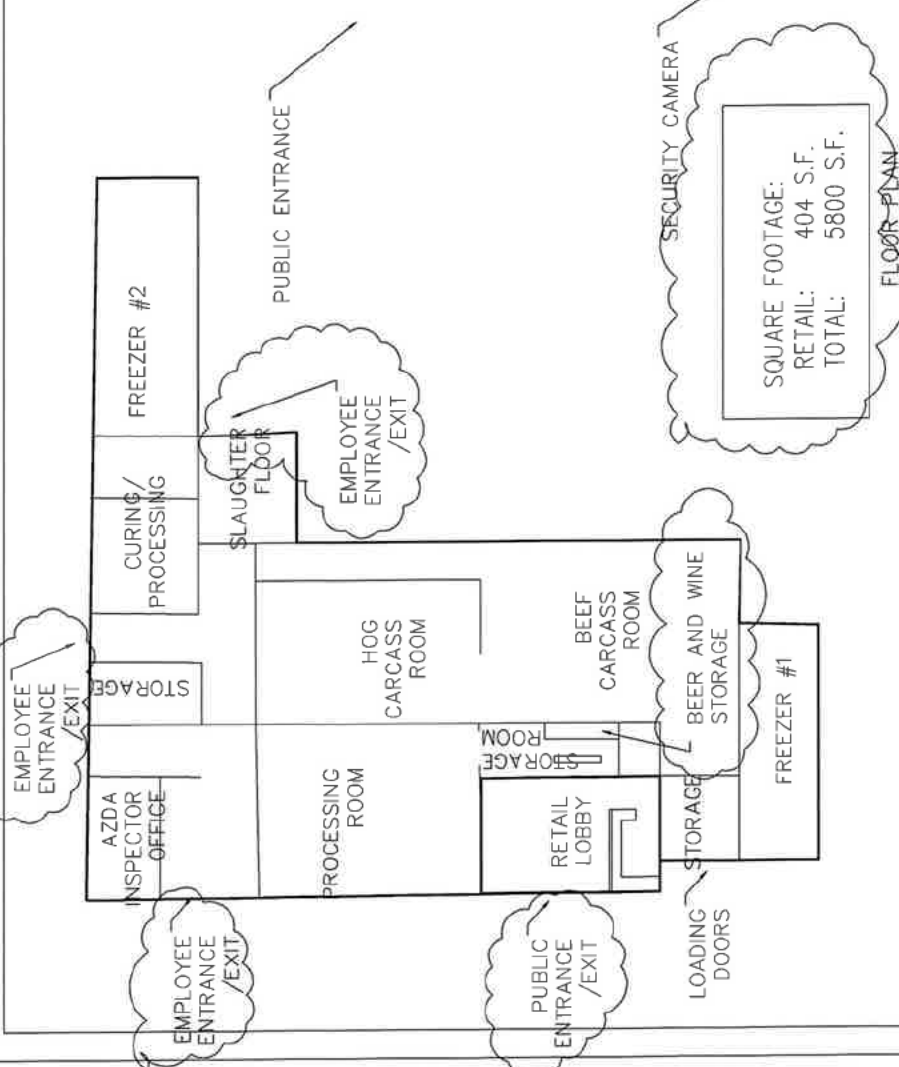
RATER M MEATS LLC  
 3266 N. FT. GRANT RD  
 WILCOX AZ 85643

|     |               |      |
|-----|---------------|------|
| No. | Revision/Date | Date |
|     |               |      |
|     |               |      |

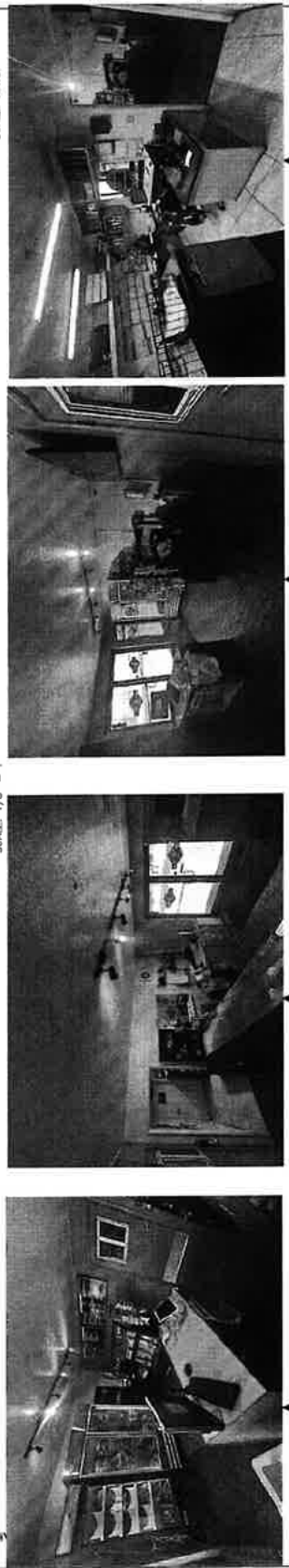
|         |                        |
|---------|------------------------|
| Project | DIVISION ROOM ADDITION |
| Drawn   | 5/23/2024              |
| Scale   | AS SHOWN               |
| Sheet   | A.2                    |



LOBBY PLAN  
 SCALE: N.T.S.



FLOOR PLAN  
 SCALE: 1/8" = 1'





|         |                            |
|---------|----------------------------|
| Project | MERRILL RESIDENCE ADDITION |
| Date    | 8/27/2024                  |
| Scale   | A, 1"                      |
| Sheet   | MS                         |

|     |                |      |
|-----|----------------|------|
| No. | Revision/Issue | Date |
|     |                |      |
|     |                |      |

MERRILL RESIDENCE ADDITION  
 13700 E. SINGING VALLEY ROAD  
 SONOITA AZ

General Notes



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

DLLC USE ONLY

|                           |
|---------------------------|
| Fee:                      |
| Job #: 354798             |
| Date Accepted: 08-05-2025 |
| CSR: SG                   |

# Personal Information Questionnaire

805-724

**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: <sup>sk</sup> Michael Merrill      Michael      Eugene  
Last      First      Middle

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

3. Driver's License #: [REDACTED]      State Issued: az

5. Are you a resident of Arizona?  Yes     No    Date of residency: 05 / 11 / 1982

6. Email address: michael@raftermmeats.com

7. Home Address: 13700 E. singing Valley Rd    Sonita, AZ 85637

8. Daytime phone #: 623-330-8870      Alternative phone #: 520-384-2015

## SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: \_\_\_\_\_

2. Business Name (doing business as): Rafter M Meats LLC

3. Business Address: 3266 N. Ft. Grant Rd. Willcox Az 85643

### 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

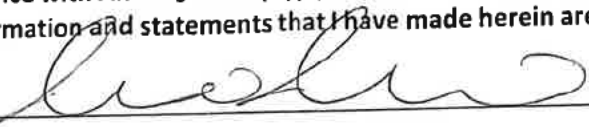
Name of persons who will be handling the day to day operations: Michael Merrill

### 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  
\*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license. Yes  No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes  No

I, (Print Full Name) Michael Merrill 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: 08/04/2025



# ALIEN STATUS

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

*Eugene*  
Michael Merrill  
APPLICANT NAME (Print or type)

## 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 Sonoita State Arizona COUNTRY United States

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

2) Name of document: 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.

**Drivers License**

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

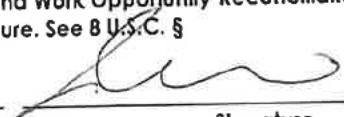
**Other Persons** (8 U.S.C § 1621(c)(2)(A) and (C))

- 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. §**

Michael Merrill

Print Name



Signature

08/04/2025

Date

25 8 5 Lic. Dept. # 957

**Arizona DRIVER LICENSE** USA

NOT FOR FEDERAL IDENTIFICATION

CLASS D  
END NONE  
REST B

1 MERRILL  
2 MICHAEL EUGENE  
3 13700 E SINGING VALLEY RD  
SONOITA, AZ 856376415

4b EXP 05/11/2047 4a ISS 05/13/2022

15 SEX M 12 EYES GRN  
16 HGT 5-11" 13 HAIR BRN  
17 WGT 200 lb

DONOR ♡

DD 005900AFEM123505





# FINGERPRINT VERIFICATION FORM

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

|                |            |
|----------------|------------|
| DLLC USE ONLY  |            |
| Job #:         | 354798     |
| Date Accepted: | 08-05-2025 |
| CSR:           | SG         |

**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<br>7/7/2025  | Name of Applicant:<br>Michael Eugene Merrill |
| Name of Fingerprint Technician:<br>PETER CINQUEMANI LR 57581  |  |
| Fingerprint technician's Signature:<br>   |  |
| Fingerprint technician's Agency/company Name:<br>PIMA COUNTY SHERIFF'S DEPT (SAV) 1650 E. BENSON HWY. SUITE 'A' TUCSON, AZ 85714<br>920-361-4871 PHO-DPS 5014 |  |
| Type of Photo ID Provided (check one):  |  |
| <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)                        |  |



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

DLCC USE ONLY

|                           |
|---------------------------|
| Fee:                      |
| Job #: 354798             |
| Date Accepted: 08-05-2025 |
| CSR: SG                   |

# Personal Information Questionnaire

805-774

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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: Jessica Brack-Merrill Jessica Suzanne  
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: 01 / 01 / 1995
- Email address: jessica@raftermmeats.com
- Home Address: 13700 E. singing Valley Rd Sonita, Az 85637
- Daytime phone #: 520-780-8206 Alternative phone #: 520-384-2015

## SECTION 2 - LICENSED BUSINESS INFORMATION

- Liquor License #: \_\_\_\_\_
- Business Name (doing business as): Rafter M Meats LLC
- Business Address: 3266 N. Ft. Grant Rd. Willcox Az 85643

### SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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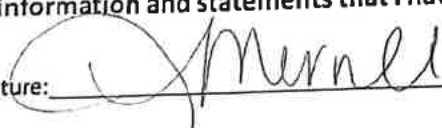
Name of persons who will be handling the day to day operations: Michael Merrill

### 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**

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- 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*  
*\*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes  No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes  No

I, (Print Full Name) Jessica Merrill 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: 08/04/2025



# FINGERPRINT VERIFICATION FORM

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

**DLCC USE ONLY**

|                |            |
|----------------|------------|
| Job #:         | 354798     |
| Date Accepted: | 08-05-2025 |
| CSR:           | SG         |

**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:                |   |
| 7/24/25   | Jessica Brack-Merrill             |   |
| Name of Fingerprint Technician:   |                                   |   |
| GAIL WISNIEWSKI   |                                   |   |
| Fingerprint technician's Signature:   |                                   |   |
| <i>Gail Wisniewski</i>  |                                   |   |
| Fingerprint technician's Agency/company Name:   | Phone Number:                     |   |
| PIMA COUNTY SHERIFF'S DEPT.<br>1850 E. BENSON HWY.<br>SUITE "A" TUCSON, AZ 85714<br>520-351-4971 PHO-DPS 5014 |                                   |   |
| Type of Photo ID Provided (check one):  |                                   |   |
| <input checked="" type="checkbox"/> Driver's License  | <input type="checkbox"/> Passport | <input type="checkbox"/> Other (Please specify) |