

State of Arizona
Department of Liquor Licenses and Control

Created 05/24/2021 @ 09:41:22 AM

Local Governing Body Report

LICENSE

Number:	010070001471	Type:	010 BEER AND WINE STORE
Name:	COBBLESTONE AUTO SPA & MARKET #33		
State:	Pending		
Issue Date:		Expiration Date:	12/31/2021
Original Issue Date:	06/18/2018		
Location:	14031 W INDIAN SCHOOL ROAD LITCHFIELD PARK, AZ 85395 USA		
Mailing Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(623)398-6038		
Alt. Phone:	(480)730-2675		
Email:	RHONDA@AZLIC.COM		

Currently, this license has pending applications.

AGENT

Name:	AMY S NATIONS
Gender:	Female
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA
Phone:	(480)730-2675
Alt. Phone:	
Email:	LIQUORLICENSE@AZLIC.COM

OWNER

Name:	COBBLESTONE AUTO SPA 33 LLC		
Contact Name:	AMY NATIONS		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L22005074	State of Incorporation:	AZ
Incorporation Date:	07/10/2017		
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

Officers / Stockholders

Name:	Title:	% Interest:
COBBLESTONE OPCO LLC	Member	100.00
SCOTT ANTHONY MOBERG	010070001471	
FREDRIGE LORRAINE PATRICE	010070001471	
BOYCE EDDIE BROWN JR.	010070001471	

SAGUARO BAM HOLDCO LLC - MEMBER

Name: PAPAGO ENTERPISES LLC
 Contact Name: AMY S NATIONS
 Type: LIMITED LIABILITY COMPANY
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (480)730-2675
 Alt. Phone:
 Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE AUTO SPA 33 LLC - 010070001471

Name: BOYCE EDDIE BROWN JR.
 Gender: Male
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (623)398-6038
 Alt. Phone: (480)390-3665
 Email: BEDDIEB64@GMAIL.COM

COBBLESTONE AUTO SPA 33 LLC - 010070001471

Name: SCOTT ANTHONY MOBERG
 Gender: Male
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (602)499-6678
 Alt. Phone:
 Email: S.MOBERG@COBBLESTONE.COM

SAGUARO BAM HOLDCO LLC - MEMBER

Name: PAPAGO2 ENTERPRISES LLC
 Contact Name: AMY S NATIONS
 Type: LIMITED LIABILITY COMPANY
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: PO BOX 2502
 CHANDLER, AZ 85244
 USA
 Phone: (480)730-2675
 Alt. Phone:
 Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE AUTO SPA 33 LLC - 010070001471

Name: FREDRIGE LORRAINE PATRICE
Gender: Female
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (917)617-2492
Alt. Phone:
Email: FREDRIGE.PATRICE@GMAIL.COM

COBBLESTONE AUTO SPA 33 LLC - Member

Name: COBBLESTONE OPCO LLC
Contact Name: AMY S NATIONS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23051515 State of Incorporation: AZ
Incorporation Date: 01/13/2020
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE OPCO LLC - MEMBER

Name: COBBLESTONE INTERMEDIATE HOLDCO LLC
Contact Name: AMY S NATIONS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23051516 State of Incorporation: AZ
Incorporation Date: 01/13/2020
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE INTERMEDIATE HOLDCO LLC - MEMBER

Name: COBBLESTONE HOLDCO LLC
Contact Name: AMY S NATIONS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23051517 State of Incorporation: AZ
Incorporation Date: 01/13/2020
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE HOLDCO LLC - MEMBER

Name: ACCESS CARWASH HOLDINGS INC
Contact Name: AMY S NATIONS
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

COBBLESTONE HOLDCO LLC - MEMBER

Name: SAGUARO BAM HOLDCO LLC
Contact Name: AMY S NATIONS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23046885 State of Incorporation: AZ
Incorporation Date: 12/21/2019
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM

PAPAGO ENTERPRISES LLC - MEMBER
PAPAGO2 ENTERPRISES LLC - MEMBER

Name: TUCK LAWRENCE BETTIN
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (602)920-9274
Alt. Phone:
Email: T.BETTIN@COBBLESTONE.COM

APPLICATION INFORMATION

Application Number: 150666
Application Type: Acquisition of Control
Created Date: 05/24/2021

CA

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 3) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
Yes
If Yes, what City, Town or Tribal Reservation is this Business located in?
CITY OF GOODYEAR



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 010070001471 / #150666

1. Check the Appropriate Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager
(complete all questions except #12)

2. Name: Nations Amy S. Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Morenci Arizona USA Height: 5' 7 Weight: 165 Eyes: Hazel Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ____/____/____
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: August 1969

7. Daytime telephone number: 480-730-2675 E-mail address: amynations@azlic.com

8. Business Name: Cobblestone Auto Spa & Market Business Phone: 623/398/6038

9. Business Location Address: 14031 W Indian School Rd Litchfield Park AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
05/99	CURRENT	Member-ALIC Enterprises LLC	P.O. Box 2502 Chandler, Arizona 85244

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/07	CURRENT	21833 S. 140th Street Chandler, Arizona 85286

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☒ No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☒ Yes ☐ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☒ Yes ☐ No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.**

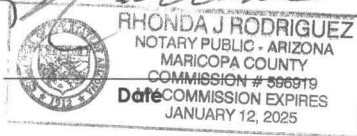
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Amy S. Nations hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete to the best of my knowledge.

Signature: [Signature] State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on:



5th Day of April, 2021
Day Month Year

[Signature]
Signature of Notary

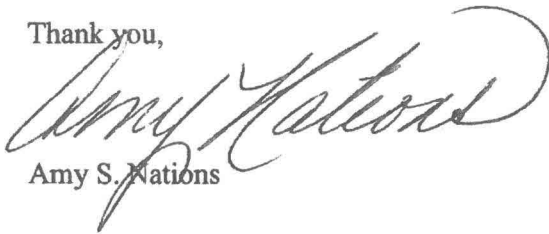
The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____

Question 18

I work for Arizona Liquor Industry Consultants. Because of the number of licenses we work with it is possible that one of them may have a pending action of some kind.

Thank you,

A handwritten signature in cursive script, reading "Amy S. Nations". The signature is fluid and stylized, with a large loop at the end of the last name.

Amy S. Nations

21 MAY 24 11:47 AM 1026



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 010070001471 / #150666

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager
(complete all questions except #12)

2. Name: Bettin Tuck Lawrence Birth Date: [REDACTED]
Last First Middle (NOT a public record)
3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Arizona
4. Place of birth: Anchorage AK USA Height: 6'1 Weight: 190 Eyes: Blu Hair: Bln
City State COUNTRY (not county)
5. Name of current/most recent spouse: Bettin Jeanette Marie Birth Date: [REDACTED]
Last First Middle (NOT a public record)
6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 1997
7. Daytime telephone number: 602-920-9274 E-mail address: t.bettin@cobblestone.com
8. Business Name: Cobblestone Auto Spa & Market Business Phone: 623/398/6038
9. Business Location Address: 14031 W Indian School Rd Litchfield Park AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
8/99	CURRENT	Owner/Member	Cobblestone Auto Spa 8900 E Bahia Dr Ste 200 Scottsdale AZ 85260

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
10/17	CURRENT	4461 N Lantford Ave Phoenix AZ 85018
2/02	10/17	6122 E Calle Del Paisano St Scottsdale AZ 85251

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☒ No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Tuck Lawrence Bettin hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on March 10th, 2024
MIRANDA BUSTAMANTE
Notary Public - Arizona
Maricopa County
My Commission Expires
March 10th, 2024
Commission # 578116

25th Day of February, 2021
Day Month Year
[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
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Liquor License#: 00070001471 / #150 666

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☒ Premises Manager
(complete all questions except #12)

2. Name: MOBENG SIOST Anthony Birth Date: [REDACTED] (NOT a public record)
Last First Middle
3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ
4. Place of birth: SAN DIEGO AZ SAN DIEGO Height: 6'1 Weight: 280 Eyes: H2L Hair: BLOND
City State COUNTRY (not county)
5. Name of current/most recent spouse: MOBENG ANGELA Birth Date: [REDACTED] (NOT a public record)
Last First Middle
6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 1999
7. Daytime telephone number: 602-499-6678 E-mail address: S.MOBENG@COBBLESTONE.COM
8. Business Name: COBBLESTONE AUTO SPA & Market Business Phone: 623/398-16038
9. Business Location Address: 14031 W Indian School Rd Littlefield Park AZ MANICORA 85395
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
SEPT 2000	CURRENT	OPERATIONS MANAGER	COBBLESTONE AUTO SPA 8900 E Bahia Dr #200 Scottsdale AZ 85260

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
3/2007	CURRENT	14408 N. 37 th Dr. Phoenix Az. 85032

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☐ No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? ☒ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Scott Anthony Moberg hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

20th

Day of

April

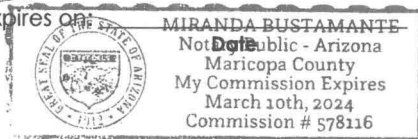
2021

Day

Month

Year

My Commission Expires on:



[Signature]

Signature of Notary

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

PRINT NAME: Amy S. Nations

SIGNATURE: [Signature]

Certificate # **B 0420 2021 ALIC**

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

☐ On-sale
☐ Off-sale
☒ On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Scott Moberg
Full Name (please print)

[Signature]
Signature

20 April 2021

Training Completion Date

20 April 2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, **A. B. Parris**,
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).

[Signature]
Instructor Signature

04 20 2021

Mo Day Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

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

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.

Certificate # M 0420 2021 ALI

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

Steph Moberg
Full Name (please print)

[Signature]
Signature

20 April 2021

Training Completion Date

20 April 2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address
(480) 730-2675

Daytime Contact Phone Number

I, **A.B. PARRIS**, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Signature]
Instructor Signature

04 / 20 / 2021
Mo Day Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

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

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

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

July 11, 2013