

State of Arizona
Department of Liquor Licenses and Control

Created 02/04/2022 @ 10:38:46 AM

Local Governing Body Report

LICENSE

Number:	06070119	Type:	006 BAR
Name:	MACAYO'S		
State:	Pending		
Issue Date:		Expiration Date:	01/31/2023
Original Issue Date:	04/29/1980		
Location:	1474 N LITCHFIELD ROAD GOODYEAR, AZ 85338 USA		
Mailing Address:	1225 N GILBERT ROAD MESA, AZ 85203 USA		
Phone:	(623)209-7000		
Alt. Phone:	(480)329-0149		
Email:	NAVASINGAM@MSN.COM		

Currently, this license has pending applications.

AGENT

Name:	NAVAYOGASINGAM THURASINGAM
Gender:	Male
Correspondence Address:	1225 N GILBERT ROAD MESA, AZ 85203 USA
Phone:	(480)329-0149
Alt. Phone:	
Email:	NAVASINGAM@MSN.COM

OWNER

Name:	KIND MACAYO LLC		
Contact Name:	NAVAYOGASINGAM THURASINGAM		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	1912344	State of Incorporation:	AZ
Incorporation Date:	10/23/2018		
Correspondence Address:	1225 N GILBERT ROAD MESA, AZ 85203 USA		
Phone:	(480)329-0149		
Alt. Phone:			
Email:	NAVASINGAM@MSN.COM		

Officers / Stockholders

Name:
LETIVA SINGAM TRUST
KIND HOSPITALITY II LLC

Title:
Member
Manager-LLC

% Interest:
100.00
0.00

KIND HOSPITALITY II LLC - Manager-LLC

Name: KIND HOSPITALITY INC
Contact Name: NAVAYOGASINGAM THURAI SINGAM
Type: CORPORATION
AZ CC File Number: F07765323 State of Incorporation: DE
Incorporation Date: 05/07/1996
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

KIND HOSPITALITY INC - Director

Name: NAVAYOGASINGAM THURAI SINGAM
Gender: Male
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVA@KINDHOSPITALITY.COM

KIND MACAYO LLC - Manager-LLC

Name: KIND HOSPITALITY II LLC
Contact Name: NAVAYOGASINGAM THURAI SINGAM
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23312727 State of Incorporation: AZ
Incorporation Date: 12/27/2021
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

KIND HOSPITALITY II LLC - Member
KIND MACAYO LLC - Member

Name: LETIVA SINGAM TRUST
Contact Name: NAVAYOGASINGAM THURASINGAM
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

LETIVA SINGAM TRUST - TRUSTEE
LETIVA SINGAM TRUST - TRUSTEE

Name: ARYANNA DEVI THURASINGAM
Gender: Female
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)696-3079
Alt. Phone:
Email: ARYSIGAM@MSN.COM

MANAGERS

Name: DEREK TODD BOETTCHER
Gender: Male
Correspondence Address: 5737 E HILLERY DRIVE
SCOTTSDALE, AZ 85254
USA
Phone: (602)275-1721
Alt. Phone:
Email: DEREK@KINDHOSPITALITY.COM

Name: KIND HOSPITALITY II LLC
Contact Name: NAVAYOGASINGAM THURASINGAM
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23312727 State of Incorporation: AZ
Incorporation Date: 12/27/2021
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

APPLICATION INFORMATION

Application Number: 182498
Application Type: Owner Transfer
Created Date: 02/04/2022

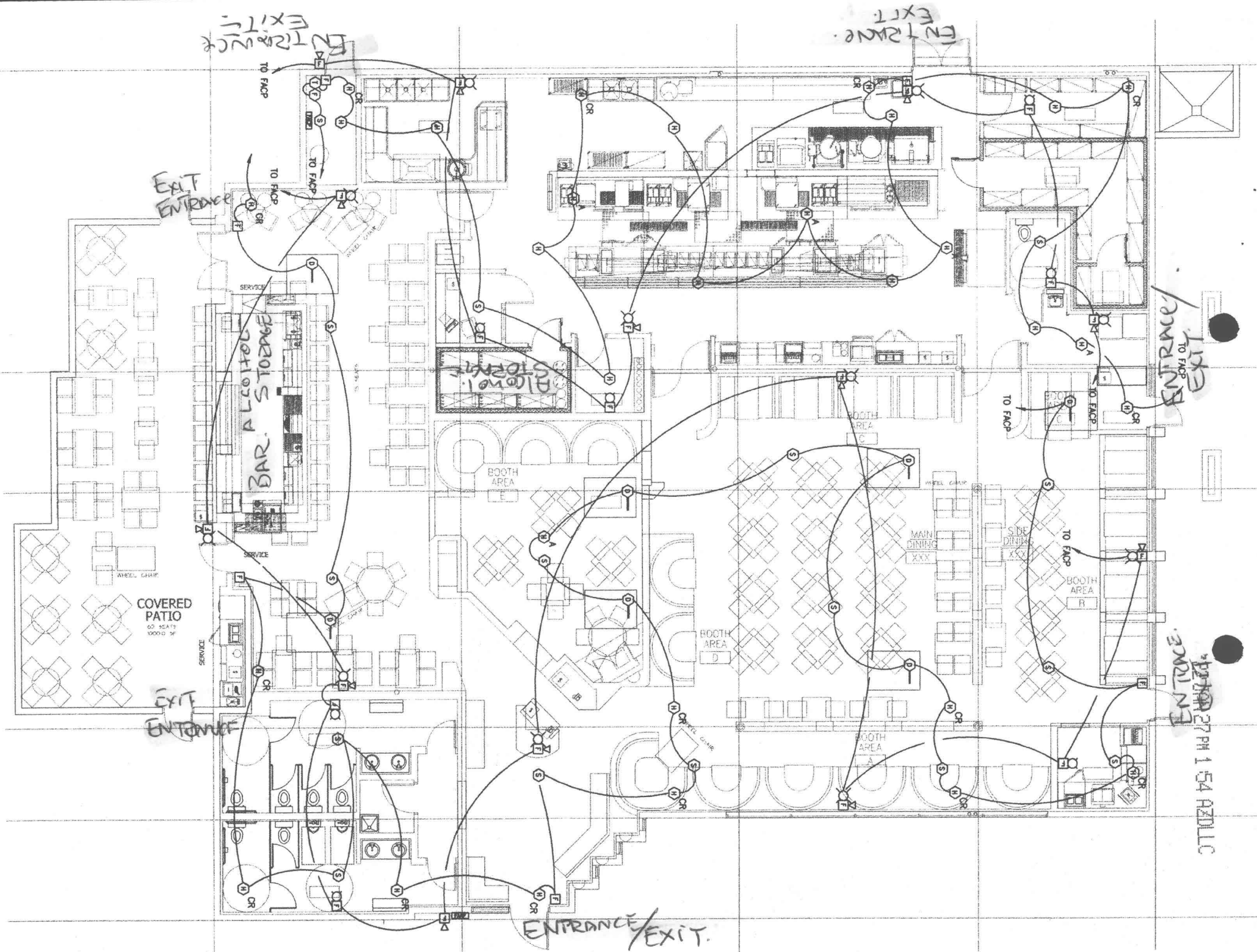
IC

QUESTIONS & ANSWERS

006 Bar

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 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?
No
- 8) Did the Premises phone number change?
No
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)
BEL-ESPIRIT DAY SCHOOL- 2,640FT
1375 N LITCHFIELD RD #104 GOODYEAR, AZ 85395

PALM VALLEY CHURCH- 4,752 FT
431 N LITCHFIELD RD GOODYEAR, AZ 85338
- 11) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
LEASE PAID IN FULL
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
NONE
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
CONTIGUOUS
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
0



KIND MACAYO, LLC

KIND HOSPITALITY II, LLC
MANAGER 0%

LETIVA SINGAM TRUST
MEMBER 100%

KIND HOSPITALITY, INC.
MANAGER 0%

LETIVA SINGAM TRUST
TRUSTEE 100% MEMBER

ARYANNA DEVI THURASINGAM
TRUSTEE

NAVAYOGASINGAM THRUASINGAM
DIRECTOR 100%

ARYANNA DEVI THURASINGAM
TRUSTEE

State of Arizona
Department of Liquor Licenses and Control

Created 02/04/2022 @ 10:38:35 AM

Local Governing Body Report

LICENSE

Number:	INP070017216	Type:	INP INTERIM PERMIT
Name:	MACAYO'S		
State:	Active		
Issue Date:	02/04/2022	Expiration Date:	05/20/2022
Original Issue Date:	02/04/2022		
Location:	1474 N LITCHFIELD ROAD GOODYEAR, AZ 85338 USA		
Mailing Address:	1225 N GILBERT ROAD MESA, AZ 85203 USA		
Phone:	(623)209-7000		
Alt. Phone:	(480)329-0149		
Email:	NAVASINGAM@MSN.COM		

AGENT

Name:	NAVAYOGASINGAM THURAISSINGAM
Gender:	Male
Correspondence Address:	1225 N GILBERT ROAD MESA, AZ 85203 USA
Phone:	(480)329-0149
Alt. Phone:	
Email:	NAVASINGAM@MSN.COM

OWNER

Name:	KIND MACAYO LLC		
Contact Name:	NAVAYOGASINGAM THURAISSINGAM		
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Alt. Phone:			
Email:	NAVASINGAM@MSN.COM		

Officers / Stockholders

Name:
LETIVA SINGAM TRUST
KIND HOSPITALITY II LLC

Title:
Member
Manager-LLC

% Interest:
100.00
0.00

KIND HOSPITALITY II LLC - Manager-LLC

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Gender: Male
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MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVA@KINDHOSPITALITY.COM

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Type: LIMITED LIABILITY COMPANY
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Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

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KIND MACAYO LLC - Member

Name: LETIVA SINGAM TRUST
Contact Name: NAVAYOGASINGAM THURASINGAM
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

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Gender: Female
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)696-3079
Alt. Phone:
Email: ARYSIGAM@MSN.COM

MANAGERS

Name: DEREK TODD BOETTCHER
Gender: Male
Correspondence Address: 5737 E HILLERY DRIVE
SCOTTSDALE, AZ 85254
USA
Phone: (602)275-1721
Alt. Phone:
Email: DEREK@KINDHOSPITALITY.COM

Name: KIND HOSPITALITY II LLC
Contact Name: NAVAYOGASINGAM THURASINGAM
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23312727 State of Incorporation: AZ
Incorporation Date: 12/27/2021
Correspondence Address: 1225 N GILBERT ROAD
MESA, AZ 85203
USA
Phone: (480)329-0149
Alt. Phone:
Email: NAVASINGAM@MSN.COM

APPLICATION INFORMATION

Application Number: 182499
Application Type: New Application *IC*
Created Date: 02/04/2022

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
06070119
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

SECTION 5 Interim Permit

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S. §4-203.01. For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01(A)

1. Enter license number currently at the location: 06070119

2. Is the license currently in use? ☒ Yes ☐ No If no, how long has it been out of use? _____

NOTARY	
I (Print Full Name) <u>NAVAYOGASINGAM THURASINGAM</u> hereby declare that I am the Agent, Current Owner, or Controlling Person on the stated license and location.	
Signature: <u>[Signature]</u>	State of <u>ARIZONA</u> County of <u>MARICOPA</u> The foregoing instrument was acknowledged before me this
My Commission Expires on: <u>10-12-2024</u>	<u>20</u> Day of <u>JANUARY</u>, <u>2022</u> Day Month Year
 BRIAN DURETTE Notary Public - Arizona Maricopa County Commission # 588940 My Comm. Expires Oct 12, 2024	<u>[Signature]</u> Signature of Notary

SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.

a) Date Incorporated/Organized: 10/23/2018 State where Incorporated/Organized: AZ

b) AZ Corporation or AZ L.L.C. File No: 1912344 Date authorized to do business in AZ: 10/31/2018

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed. Disclose all controlling persons and members, shareholders or general partners who own a beneficial interest of 10% or more of the applicant or licensee.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
KIND HOSPITALITY II, LLC			MANAGER	0%	1225 N GILBERT ROAD MESA, AZ	85203		
LETIVA SINGAM TRUST			MEMBER	100%	1225 N GILBERT ROAD MESA, AZ	85203		

(Attach additional sheet if necessary)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license A.R.S. §4-204

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____

(Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____

Last First Middle

3. License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.



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

805-127

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#: 06070119 / #182498

1. Check the
Appropriate
Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: THURASINGAM, NAVAYOGASINGAM Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: TG. MALIM, PERAK, MALAYSIA Height: 5'6" Weight: 190 Eyes: BR Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: THURASINGAM LETICIA EMILIA 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: [REDACTED]

7. Daytime telephone number: 480.329.0149 E-mail address: NAVASINGAM@MSN.COM

8. Business Name: MACAYO RESTAURANT Business Phone: 623 / 209 / 7000

9. Business Location Address: 1474 N LITCHFIELD ROAD GOODYEAR, AZ MARICOPA 85338
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)
05/2005	CURRENT	CEO	KIND HOSPITALITY - 1225 N GILBERT RD MESA, AZ 85203

(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
6/2021	CURRENT	8215 E VIEWCREST CIRCLE MESA, AZ 85207
8/2003	6/2021	4617 E GROVE CIRCLE MESA, AZ 85206

(ATTACH ADDITIONAL SHEET IF NECESSARY)

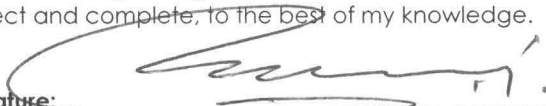
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☒ Yes ☐ No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? ☒ Yes ☐ No
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

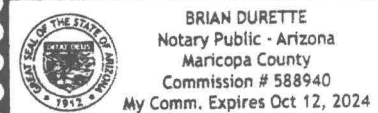
I (Print Full Name) NAVAYOGASINGAM THURASINGAM hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: 

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My Commission Expires on: 10-12-2024

26 Day of JANUARY, 2022
Day Month Year

Signature of Notary 

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

PRINT NAME: _____ SIGNATURE: _____



22 JAN 27 PM 1:54 AZD LLC

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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 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

INDIVIDUAL OWNER/AGENT NAME (Print or type) NAVAYOGASINGAM THURAISSINGAM

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 Tg. Malim State (or equivalent) PERAK Country or Territory MALAYSIA

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

2) Name of document: PASSPORT
Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

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

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

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

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

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

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

SECTION IV - DECLARATION**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

NAVAYOGASINGAM THURASINGAM**Individual Owner/Agent Printed Name**
Individual Owner/Agent Signature**1/26/2022****Today's Date****EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS**

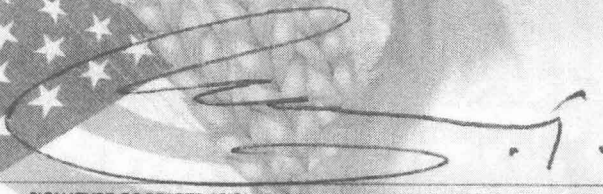
You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

22 JAN 27 PM 1:54 AZDILLC

We the People
Of the United States
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do hereby constitute and establish this
Constitution for the United States of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE

USA



UNITED STATES OF AMERICA

Type / Type / Tipo: P Code / Code / Código: USA Passport No. / No. du Passeport / No. de Pasaporte: 566399686

Surname / Nom / Apellidos: THURAISSINGAM

Given Names / Prénoms / Nombres: NAVAYOGASINGAM

Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento: [REDACTED]

Place of birth / Lieu de naissance / Lugar de nacimiento: MALAYSIA

Date of issue / Date de délivrance / Fecha de expedición: 09 Feb 2019

Date of expiration / Date d'expiration / Fecha de caducidad: 08 Feb 2029

Endorsements / Mentions Spéciales / Anotaciones: SEE PAGE 51

Sex / Sexe / Sexo: M

Authority / Autorité / Autoridad: United States Department of State

USA

[REDACTED]

*22 JAN 27 PM 1 54 AZDLLC



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

805-127
Pending

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#: 06070119 / #182498

1. Check the
Appropriate
Box →

☒ Controlling Person	☐ Agent	☐ Premises Manager (complete all questions except #12)
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2. Name: THURASINGAM ARYANNA DEVI Birth Date: 05-08-97
Last First Middle (NOT a public record)

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

4. Place of birth: FLAGSTAFF AZ USA Height: 5'1" Weight: 125 Eyes: BRO Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: N/A 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: [REDACTED]

7. Daytime telephone number: 480.696.3079 E-mail address: ARYSINGAM@MSN.COM

8. Business Name: MACAYO RESTAURANT Business Phone: 623 / 209 / 7000

9. Business Location Address: 1474 N LITCHFIELD ROAD GOODYEAR, AZ MARICOPA 85338
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)
07/2021	CURRENT	STUDENT	914 KEITH HILLS RD. LILLINGTON, NC 27546
11/2020	06/2021	HEALTH COACH	IORA HEALTH - 5916 MCKELLIPS RD MESA, AZ 85215
09/2019	10/2020	LAB TECHNICIAN	U OF A - 475 N 5TH ST. PHOENIX, AZ 85004
09/2018	09/2019	AMERICORPS VOLUNTEER	EMMAUS INC - 100 WINTER ST. HAVERHILL, MA 01830
08/2015	05/2018	STUDENT	4617 E GROVE CIR. MESA, AZ 85206

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

*22 JAN 27 PM 1 54 AZDLLC

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2021	CURRENT	914 KEITH HILLS RD. LILLINGTON, NC 27546
05/2021	07/2021	8215 E VIEWCREST CIR. MESA, AZ 85207
09/2019	05/2021	4617 E GROVE CIR. MESA, AZ 85206
09/2018	09/2019	100 WINTER ST. HAVERHILL, MA 01830
08/2003	09/2018	4617 E GROVE CIR. MESA, AZ 85206

(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

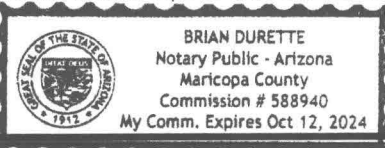
I (Print Full Name) **ARYANNA DEVI THURASINGAM** hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: 

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My Commission Expires on: 10-12-2024

26 Day of JANUARY, 2022
Day Month Year




Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

22 JAN 27 PM 1 54 AZD LLC



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Liquor License#: 06070119 / #182498

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☒ Premises Manager
(complete all questions except #12)

2. Name: Boettcher Derek Todd Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: VANDENBURG AFB, CA USA Height: 6'3" Weight: 290 Eyes: BLUE Hair: BROWN
City State COUNTRY (not county)

5. Name of current/most recent spouse: BOETTCHER GLORIA SUZZANE 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: 2008

7. Daytime telephone number: 602.377.5665 E-mail address: DEREK@KINDHOSPITALITY.COM

8. Business Name: MACAYO RESTAURANT Business Phone: 623 / 209 / 7000

9. Business Location Address: 1474 N LITCHFIELD ROAD GOODYEAR, AZ MARICOPA 85338
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)
02/2015	CURRENT	EXECUTIVE VP OF OPERATIONS	KIND HOSPITALITY

(ATTACH ADDITIONAL SHEET IF NECESSARY)

22 JAN 27 PM 1:54 AZDLLC

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
07/2015	CURRENT	5737 E HILLERY DR, SCOTTSDALE AZ 85254

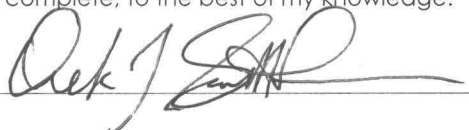
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If you answered YES, then answer #13 below. If NO, skip to #14. ☒ Yes ☐ No
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14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, 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

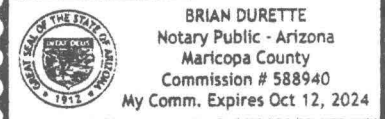
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) **DEREK BOETTCHER** 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:  State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

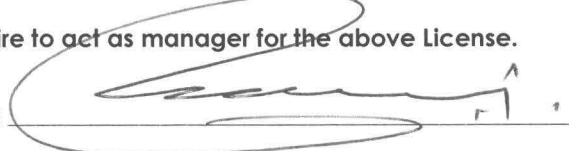
My Commission Expires on: 10-12-2024 26 Day of JANUARY 2022
Day Month Year



BRIAN DURETTE
Notary Public - Arizona
Maricopa County
Commission # 588940
My Comm. Expires Oct 12, 2024


Signature of Notary

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

PRINT NAME: NAVAYOGASINGAM THURASINGAM SIGNATURE: 

Certificate # ON-LINE

*22 JAN 27 PM 1 54 AZD LLC

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

Derek Boettcher

Full Name (please print)

Signature

01/25/2022

Training Completion Date

01/25/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

Mailing Address

(480) 664-0389

Daytime Contact Phone Number

I, Jared Repinski, 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

01 / 25 / 2022

Day Mo Year

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

In-state Microbrewery (series 3)
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

Certificate # ON-LINE

*22 JAN 27 PM 1:54 AZDLLC

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

Derek Boettcher

Full Name (please print)



Signature

01/24/2022

Training Completion Date

01/24/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

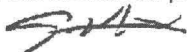
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Daytime Contact Phone Number

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Instructor Signature

01 / 24 / 2022

Day Mo Year

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