

State of Arizona
Department of Liquor Licenses and Control

Created 05/06/2022 @ 03:06:30 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	OCHO RIOS JERK SPOT		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	13291 W MCDOWELL RD E-7 GOODYEAR, AZ 85395 USA		
Mailing Address:	4220 W NORTHERN AVENUE STE 104 PHOENIX, AZ 85051 USA		
Phone:	(480)294-2058		
Alt. Phone:			
Email:	OCHORIOSCC@YAHOO.COM		

AGENT

Name:	THERESSA CAVITA MILLER
Gender:	Female
Correspondence Address:	4220 W NORTHERN AVENUE STE 104 PHOENIX, AZ 85051 USA
Phone:	(480)294-2058
Alt. Phone:	
Email:	OCHORIOSCC@YAHOO.COM

OWNER

Name: LYON HOUSE LLC
Contact Name: THERESSA CAVITA MILLER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L22263783 State of Incorporation: AZ
Incorporation Date: 10/26/2017
Correspondence Address: 4220 W NORTHERN AVENUE
STE 104
PHOENIX, AZ 85051
USA
Phone: (480)294-2058
Alt. Phone:
Email: OCHORIOSCC@YAHOO.COM

Officers / Stockholders

Name:	Title:	% Interest:
THERESSA CAVITA MILLER	Manager-LLC	100.00
TENA MONQUIE ENEE SOTO	012070011064	

LYON HOUSE LLC - Manager-LLC

Name: THERESSA CAVITA MILLER
Gender: Female
Correspondence Address: 4220 W NORTHERN AVENUE
STE 104
PHOENIX, AZ 85051
USA
Phone: (480)244-2058
Alt. Phone:
Email: OCHORIOSCC@YAHOO.COM

LYON HOUSE LLC - 012070011064

Name: TENA MONQUIE ENEE SOTO
Gender: Female
Correspondence Address: 4220 W NORTHERN AVENUE
STE 104
PHOENIX, AZ 85051
USA
Phone: (480)406-2564
Alt. Phone:
Email: SOTOTENA@GMAIL.COM

MANAGERS

Name: THERESSA CAVITA MILLER
Gender: Female
Correspondence Address: 4220 W NORTHERN AVENUE
STE 104
PHOENIX, AZ 85051
USA
Phone: (480)244-2058
Alt. Phone:
Email: OCHORIOSCC@YAHOO.COM

APPLICATION INFORMATION

Application Number: 184099
Application Type: New Application
Created Date: 02/14/2022

May

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
Property Tenant
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
\$48000
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
\$60000
- 6) Is there a drive through window on the premises?
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
N/A
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
04/01/2022

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MENU	Copy of Menu (1).png	03/18/2022
DIAGRAM/FLOOR PLAN	GoodyearFloorplan.pdf	03/18/2022
QUESTIONNAIRE	Questionnaire.pdf	03/18/2022
RECORDS REQUIRED FOR AUDIT	RecordsforAudit.pdf	03/18/2022
RESTAURANT OPERATION PLAN	OperationPlan.pdf	03/18/2022
	JUICE MENU (2).jpg	04/14/2022
	Soda menu.jpg	04/14/2022
	Dessert Menu.jpg	04/14/2022
	Sides Menu.png	04/14/2022

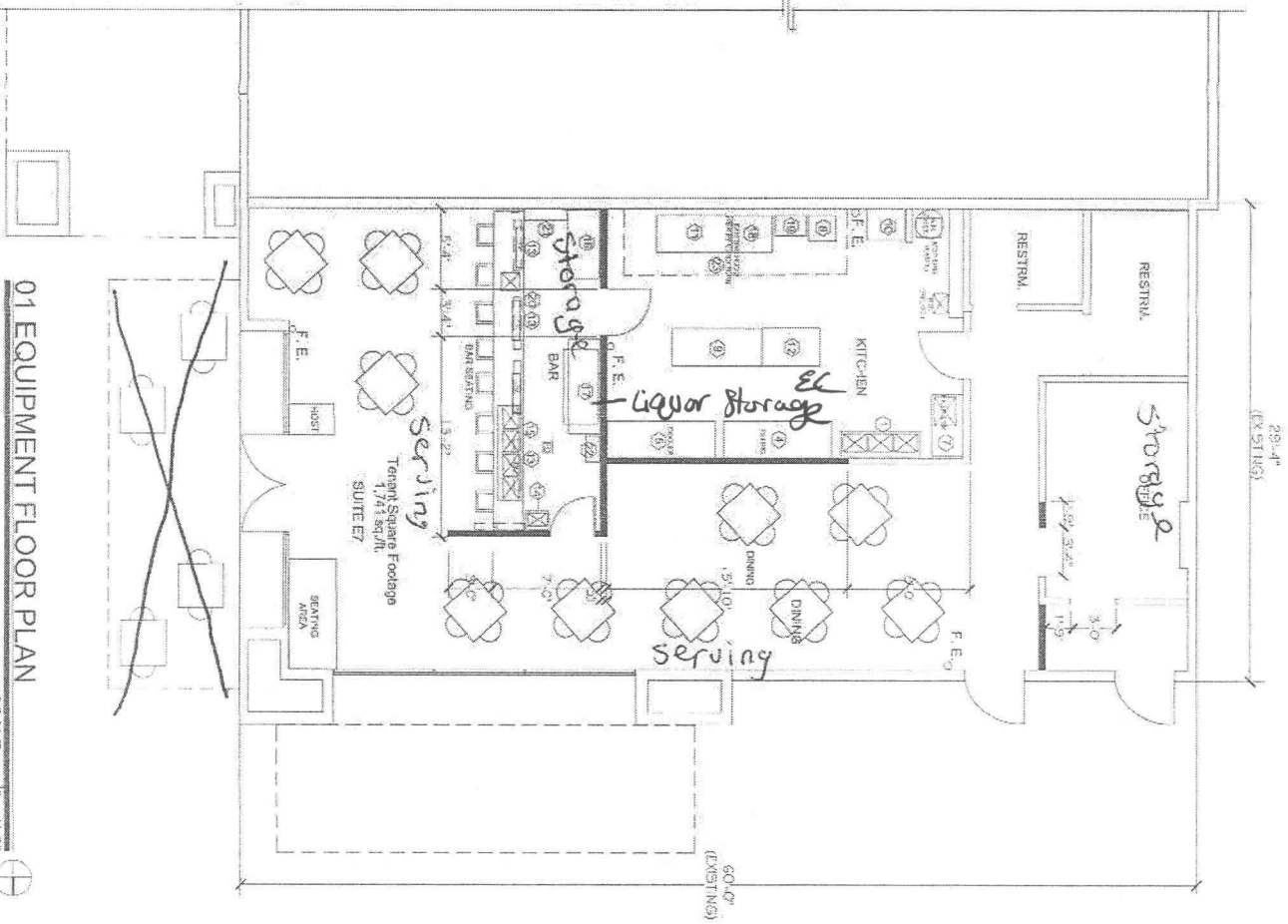
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EQUIPMENT SCHEDULE

MARK	EQUIPMENT	MANUFACTURER	COMMENTS
1	TRIPLE COMPARTMENT SINK	EXISTING	RELOCATED
2	HAND SINK	EXISTING	
3	MELT-BANK	EXISTING	
4	REFRIGERATOR	EXISTING	
5	FREEZER	EXISTING	
6	WATER HEATER	EXISTING	
7	PAN SINK	EXISTING	
8	POT SINK	EXISTING	
9	STOVE	EXISTING	
10	ICE MAKER	EXISTING	
11	GRIDDLE	EXISTING	
12	SANDWICH PREP TABLE	EXISTING	
13	CUTTING TABLE	EXISTING	
14	BAR SINK	EXISTING	
15	BEVERAGE DISPENSER	EXISTING	
16	BEER COOLER	EXISTING	
17	CHILLER	EXISTING	
18	CHILLER	EXISTING	
19	ICE BIN - CHOP IN	EXISTING	
20	WALL UNIT - LIQUOR DISPLAY	EXISTING	
21	SODA DISPENSARY	EXISTING	
22	WALL SINK	EXISTING	
23	GREASE TRAP	EXISTING	

WALL LEGEND:

- EXISTING WALLS TO REMAIN
- NEW WALLS



01 EQUIPMENT FLOOR PLAN

SCALE: 1/8" = 1'-0"

CLIENT/PROJECT:
OCHO RIOS JERK SPOT RESTURANT AND BAR
 13291 W. MCDOWELL RD.
 Goodyear AZ

SKETCH:
EQUIPMENT FLOOR PLAN

ABN
 ARCHITECTURAL
 BUILDING
 NATIONAL



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

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DLIC USE ONLY

Job # 184099

RESTAURANT OPERATION PLAN

- Name of restaurant (Please print): Ocho Rios Jerk spot
- List equipment below by Make, Model, and Capacity: (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill	CPG CB4 48 48" 160,000 BTU
Oven	CPG S60-G24-N 280,000 BTU 60"
Freezer	Avontco SS 3F HC 80 7/8"
Refrigerator	Avontco SS 3R HC 81"
Sink	Regency 4 Bowl underbar sink 72" x 18 3/4"
Dish Washing Facilities	Regency 60"
Food Preparation Counter (Dimensions)	30" x 72" + 30" x 72" + 48" x 30"
Other	

- Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
- List the seating capacity for:
 - Restaurant dining area of your premises: (Do not include patio seating) [40]
 - Bar area of your premises: [+ 8]
 - Total dining and bar seating capacity of your premises: [= 48]
- What Type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☒ Disposable ☒ Both
- 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?) 15 %
- What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 50 %

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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.)

6-TV's

9. Do you have live entertainment or dancing? ☒ YES ☐ No
(If yes, what type and how often 8.5
example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

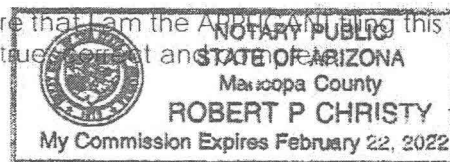
DJ 1x a week

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	2
Bartenders	2
Hostesses	1
Managers	1
Servers	2
Other ()	
Other ()	
Other ()	

I, Theressa Miller, hereby declare that I am the APPLICANT of this application.
I have read this application and the contents and all statements true, correct and

X [Signature]
(Signature of APPLICANT)



NOTARY

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 14 day of Feb 2022
Day Month Year

My Commission Expires on: 02-22-2022
Date

[Signature]
Signature of Notary Public



Arizona Department of Liquor Licenses and
Control

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

22 MAR 22 11:41 AM 8 23

RECORDS REQUIRED FOR AUDIT

Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

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. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of *all* food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, *accurate* inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. 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
11. 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
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. §4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
B. All documents which support purchases made for food to be sold off the licensed premises.
C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

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

A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

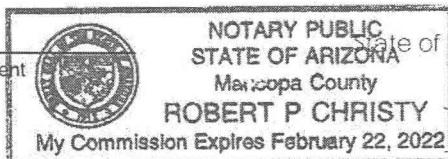
For the purpose of this section:

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

NOTARY

I, (Print Full Name) Theressa Miller, have read and understand all aspects of this statement

X (Signature) [Signature]
Controlling Person / Agent



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

My commission expires on: 02-22-2022

14 of Feb 2022
Day Month Year

[Signature]
Signature of NOTARY PUBLIC

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

Entrees

JERK CHICKEN ♦

A Jamaican delight, spicy delicious chicken grilled with a unique combination of spices from the island. Served with your choice of 2 side items, plantain and festival.....

12.99

CURRY CHICKEN

Tender chicken simmered in flavorful curry. Served with your choice of 2 side items, plantain and festival.....

11.99

BROWN STEW CHICKEN

Chicken stewed in a flavorful brown sauce. Served with your choice of 2 side items, plantain and festival.....

11.99

JAMAICAN FRIED CHICKEN

Chicken seasoned and fried to perfection. Your meal includes a leg quarter (leg and thigh), 2 sides, a festival and plantain.....

12.99

CURRY GOAT

Goat meat simmered in flavorful curry. Served with your choice of 2 side items, plantain and festival.....

19.99

OXTAIL

Flavorful cuts of beef stewed in a brown sauce. Served with your choice of 2 side items, plantain and festival.....

23.99

TILAPIA MEAL

Soft, flaky tilapia cooked the way you want it. Choose from Curry, Coconut Curry, Brown Stew, Escovitch, or Jerk. Served with your choice of 2 side items, plantain and festival.....

14.99

SNAPPER

Whole Red Snapper prepared either escovitch, brown stew, or steamed. Served with your choice of 2 side items, plantain and festival.....

24.99

VEGGIE MEAL

Rice and peas, steamed cabbage (contains butter), coleslaw, plantains, and festival.....

11.99

VEGAN MEAL

Rice and peas, steamed cabbage, coleslaw, plantains, and festival. No butter or animal products used.....

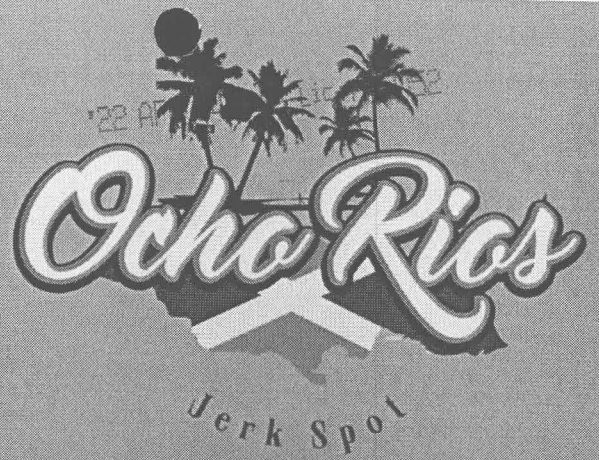
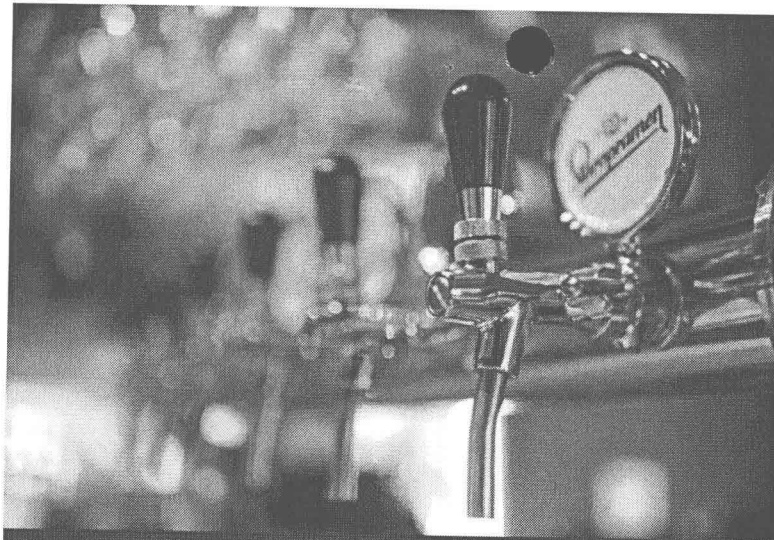
11.99

JERK PORK ♦

Sweet, spicy pork cooked on a charcoal grill. Served with your choice of 2 side items, plantain, and festival.....

16.99

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JAMAICAN SODAS

Pineapple	\$3.50
Kola Champagne	\$3.50
Pine-Ginger	\$3.50
Cream Soda	\$3.50
Ginger Beer	\$3.75
Orange	\$3.50
Grape	\$3.50
Ting	\$4.45
Pink Ting	\$4.45

SODAS

Coke	\$1.50
Sprite	\$1.50
Dr. Pepper	\$1.50





Sides

RICE & PEAS

.....\$4.00

WHITE RICE

.....\$3.50

STEAM CABBAGE

.....\$4.00

JAMAICAN COLESLAW

.....\$4.00

MAC & CHEESE

.....\$4.00

PLANTAINS

Sweet plantains fried to golden perfection.....\$4.00

FESTIVAL

Traditional Jamaican fried bread with a hint of sweetness.\$4.00

POTATO SALAD

.....\$4.00

MAC & CHEESE

.....\$4.00

Extras

BREADFRUIT

.....\$5.00

BAMMY

.....\$5.00

BOILED BANANA

.....\$4.00

ROAST CORN

.....\$4.00

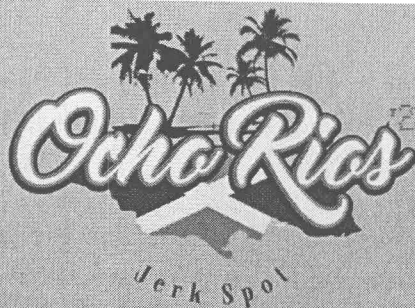
YAM

.....\$5.50

BOILED DUMPLING

.....\$4.00

Ocho Rios



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PINE-GINGER

\$5.00 \$7.00

CARROT-GINGER

\$5.00 \$7.00

CUCUMBER

\$5.00 \$7.00

FRUIT PUNCH

\$6.00 \$8.00

MANGO

\$5.00 \$7.00

SOURSOP WITH LIME & SUGAR

\$6.00 \$8.00

SOURSOP WITH MILK

\$6.00 \$8.00

SORREL

\$5.00 \$7.00

SORREL WITH RUM

\$6.00 \$8.00

IRISH MOSS

\$6.00 \$8.00

NATURAL
JUICE

Desserts

Menu

Coconut Rum Cake

\$8.00

Jamaican Rum/Black Cake

\$9.00

Banana Bread

\$7.00

Sweet Potato Pudding

\$7.00

Grapenut Ice Cream

\$6.00

Soursop Ice Cream

\$6.00

Guinness Ice Cream

\$6.00

Rum & Raisin Ice Cream

\$6.00



Ocho Rios



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22 APR 14 147. Lic. PH 3 01

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

805173

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#: 184099

1. Check the Appropriate Box →

☒ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Miller Theressa Cavita Birth Date: [REDACTED]
Last First Middle

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

4. Place of birth: Kingstown, St. Vincent and the Grenadines Height: 5'2" Weight: 200lb Eyes: Brown Hair: Black
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: 8/1998

7. Daytime telephone number: 480-294-2058 E-mail address: richardscce@yahoo.com

8. Business Name: Ocho Rios Jerk Spot - West Business Phone: 480-294-2058

9. Business Location Address: 13291 W. McDowell Rd FEZ Goodyear, AZ 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)
10/2017	CURRENT	Ocho Rios Jerk Spot	Own Business 4220 W. Northern Ave Phx, AZ 85051
5/2006	current	Registered Nurse	Honor Health 7400 E. Osborn Rd Scottsdale, AZ

(ATTACH ADDITIONAL SHEET IF NECESSARY)



22 MAR 22 Liq. Lic. AM 8:23

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

805-173

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

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Liquor License#: 184099

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager
(complete all questions except #12)

2. Name: Miller Theressa Cavita Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Kingstown, St. Vincent Height: 5'2" Weight: 200lb Eyes: Brown Hair: Black
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:

7. Daytime telephone number: 480-294-2058 E-mail address: ochariascc@yahoo.com

8. Business Name: Ocho Rios Jerk Spot - West Business Phone: 480-294-2058

9. Business Location Address: 13291 W. McDowell Rd EEZ Goodyear, AZ 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)
10/2017	CURRENT	Ocho Rios Jerk Spot	Own Business
5/2006	current	Registered Nurse	Honor Health 7400 E. Osborn Rd Scottsdale, AZ

(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
9/2020	CURRENT	12513 W. Peade Ave Litchfield Park, AZ 85340
9/2019	9/2020	45438 W. Guilder Ave Maricopa, AZ 85319
5/2011	9/2020	42462 W. Avela Dr. Maricopa, AZ 85318

(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) Theressa Miller 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

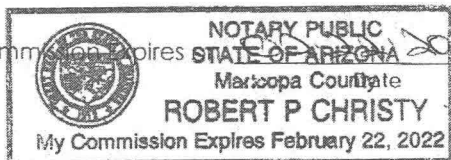
14

Day of Feb

2022

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: Theressa Miller

SIGNATURE: [Signature]



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) Theressa Miller

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 _____ State (or equivalent) Kingstown Country or Territory St. Vincent and the Grenadines

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

2) Name of document: AZ Driver's license
Go to Section IV.

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

SECTION III – ALIEN STATUS DECLARATION

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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

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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.

Theressa Miller

Individual Owner/Agent Printed Name

[Signature]

Individual Owner/Agent Signature

4/14/2022

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.

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ARIZONA

Driver License

Number [REDACTED]

Expires

12/07/2044

Date of Birth

Issued

04/17/2014

THERESSA CAVITA MILLER
42462 W AVELLA DR
MARICOPA AZ 85138-3026

Class D

Sex F

Eyes BRO

Height 5-03

Hair BK

Weight 175

Theresa Miller

