

State of Arizona
Department of Liquor Licenses and Control

Created 01/24/2024 @ 11:36:37 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	WEST VALLEY SOCIAL CLUB		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA		
Mailing Address:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA		
Phone:	(623)703-4909		
Alt. Phone:	(717)434-2866		
Email:	WESTVALLEYSOCIALCLUB@GMAIL.COM		

AGENT

Name:	RYAN ANTHONY CHONKA
Gender:	Male
Correspondence Address:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA
Phone:	(605)591-8488
Alt. Phone:	(623)703-4909
Email:	RYANCHONKA@HOTMAIL.COM

OWNER

Name: WEST VALLEY SOCIAL CLUB LLC
Contact Name: RYAN ANTHONY CHONKA
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23601048 State of Incorporation: AZ
Incorporation Date: 10/31/2023
Correspondence Address: 633 S ESTRELLA PARKWAY
#105
GOODYEAR, AZ 85338
USA
Phone: (605)591-9488
Alt. Phone:
Email: WESTVALLEYSOCIALCLUB@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
RYAN ANTHONY CHONKA	Mgr-Member	100.00

WEST VALLEY SOCIAL CLUB LLC - Mgr-Member

Name: RYAN ANTHONY CHONKA
Gender: Male
Correspondence Address: 633 S ESTRELLA PARKWAY
#105
GOODYEAR, AZ 85338
USA
Phone: (605)591-9488
Alt. Phone:
Email: RYANCHONKA@HOTMAIL.COM

MANAGERS

Name: AUSTIN L BUNNER
Gender: Male
Correspondence Address: 633 S ESTRELLA PARKWAY
#105
GOODYEAR, AZ 85338
USA
Phone: (717)434-2868
Alt. Phone: (623)703-4909
Email: BUNNER14@MSN.COM

APPLICATION INFORMATION

Application Number: 278334
Application Type: New Application
Created Date: 01/17/2024

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 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?
LOSS OF DEPOSIT AND LOCK OUT/POTENTIAL LITIGATION
- 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.
ZERO
- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 9) What type of business will this license be used for?
RESTAURANT

IP

State of Arizona
Department of Liquor Licenses and Control

Created 01/24/2024 @ 11:36:49 AM

Local Governing Body Report

LICENSE

Number:	INP070026716	Type:	INP INTERIM PERMIT
Name:	WEST VALLEY SOCIAL CLUB		
State:	Active		
Issue Date:	01/24/2024	Expiration Date:	05/08/2024
Original Issue Date:	01/24/2024		
Location:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA		
Mailing Address:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA		
Phone:	(623)703-4909		
Alt. Phone:	(717)434-2866		
Email:	WESTVALLEYSOCIALCLUB@GMAIL.COM		

AGENT

Name:	RYAN ANTHONY CHONKA
Gender:	Male
Correspondence Address:	633 S ESTRELLA PARKWAY #105 GOODYEAR, AZ 85338 USA
Phone:	(605)591-8488
Alt. Phone:	(623)703-4909
Email:	RYANCHONKA@HOTMAIL.COM

OWNER

Name: WEST VALLEY SOCIAL CLUB LLC
Contact Name: RYAN ANTHONY CHONKA
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23601048 State of Incorporation: AZ
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GOODYEAR, AZ 85338
USA
Phone: (605)591-9488
Alt. Phone:
Email: WESTVALLEYSOCIALCLUB@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
RYAN ANTHONY CHONKA	Mgr-Member	100.00

WEST VALLEY SOCIAL CLUB LLC - Mgr-Member

Name: RYAN ANTHONY CHONKA
Gender: Male
Correspondence Address: 633 S ESTRELLA PARKWAY
#105
GOODYEAR, AZ 85338
USA
Phone: (605)591-9488
Alt. Phone:
Email: RYANCHONKA@HOTMAIL.COM

MANAGERS

Name: AUSTIN L BUNNER
Gender: Male
Correspondence Address: 633 S ESTRELLA PARKWAY
#105
GOODYEAR, AZ 85338
USA
Phone: (717)434-2868
Alt. Phone: (623)703-4909
Email: BUNNER14@MSN.COM

APPLICATION INFORMATION

Application Number: 278335
Application Type: New Application
Created Date: 01/17/2024

QUESTIONS & ANSWERS

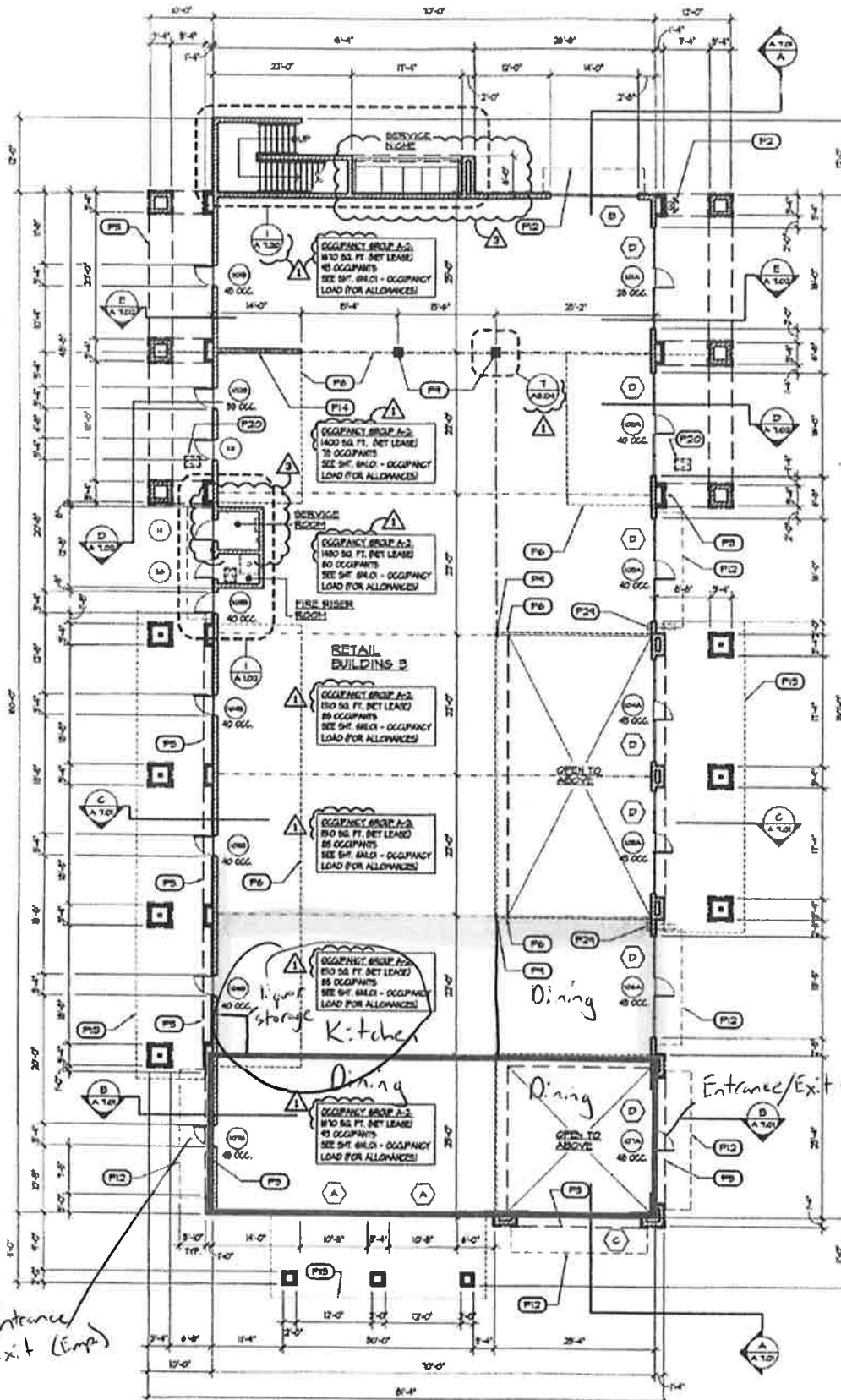
INP Interim Permit

- 1) Enter License Number currently at location
012070003631
- 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.

24 JAN 17 PM 2:41 AZD LLC

Exhibit A
Suite 3-105
3,740 SF

N Dub Pizza Pub
West Valley Social Club



BUILDING 3 - 1ST FLOOR PLAN

SCALE: 3/32" = 1'-0"

304071-FLOOR-BLD3

1

Entrance/Exit (Public)
3,740 sq. ft.

W

AS



RESTAURANT/HOTEL/MOTEL OPERATION PLAN

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

Type or Print with Black Ink

1. Name of restaurant (Please print): West Valley Social Club

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	Lang (Flattop)
Oven	Lincoln x2 - Conveyors
Freezer	True T-49 Two-Door 49 cu. ft.
Refrigerator	True T-49 Two-Door 49 cu. ft.
Sink	3 section
Dish Washing Facilities	4 sections, 2 drying racks, 2 faucet + spray hose
Food Preparation Counter (Dimensions)	30 ft long x 4 ft wide (stainless steel)
Other	

3. Attach a copy of your FULL menu with pricing **INCLUDING NON-ALCOHOLIC BEVERAGES**

4. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 50 %

5. Does your restaurant have a bar area that is distinct and separate from the dining area? ☐ YES ☒ No

(If yes, what percentage of the public floor space does this area cover?) N/A %

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

a) Restaurant dining area of your premises: [137]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 12]

TOTAL [= 149]

7. What type of dinnerware is primarily used in your restaurant? ☒ Reusable ☐ Disposable ☐ Both

8. Does your restaurant contain any **games, televisions, or any other entertainment**? ☒ YES ☐ No

If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

8 TV's

1 Pool Table

9. Do you have live entertainment or dancing? ☒ YES ☐ No

If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

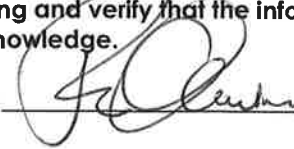
Trivia 2x/month

Live Music 2x/month

10. List number of employees for each position:

Position	How many
Cooks	6
Bartenders	6
Hostesses	2
Managers	2
Servers	6
Other (<u>Busser/Dish</u>)	2
Other ()	
Other ()	

I, (Print Full Name) RYAN ANTHONY CROMER, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

MENU



Tini-bites:

- > **Street Corn** - two half pieces of 'mexican style' street corn 7
- > **Deviled Eggs** - 6 old bag deviled deviled eggs with bacon 9
- > **"Hanging" Bacon** - 4 hanging thick cut candied maple bacon slices 14
- > **Charcuterie Board** - chef's choice of delicious meats and cheeses 22
- > **Shrimp Ceviche** - Fresh and delicious mix served w corn chips 15
- > **Cauliflower Bites** - Tossed in Sweet Thai Chili or Buffalo 9
- > **Pretzel Bites** - Pretzel nuggets served w dijon and beer cheese 10
- > **Boneless Wings** - 10 pieces of blanched then fried chicken 12

Not-So-Tini:

- > **Mushroom Ravioli** - wild mushroom ravioli served with carrots over sweet pea puree 21
- > **Blackened Shrimp Skewers** - skewered blackened line shrimp with rice 18
- > **Bougie Ramen Bowl** - served w hardboiled egg, chives and crispy pork belly 19
- > **Street Tacos** - your choice of steak, brisket, or shrimp w chips & salsa 17
- > **Not-Tini burgers** - 1 marked mini bacon cheeseburger slider 15
- > **Flat Iron Steak** - 6 oz flat iron steak served w garlic butter and potatoes au gratin 22
- > **Choice Salad** - Choice of House or Caesar 7

Drinks



Liquor:

- **Well Drink** - vodka, rum, gin, tequila, whiskey 7
- **Wine** - Cabernet, Pinot Noir, Merlot, Chardonnay, Pinot Grigio, Sauvignon Blanc 6
- **Top Shelf** - Grey Goose, Captain Morgan, Hendricks, Casamigos 12
- **Draft Beer** - Blue Moon, Michelob Ultra, Hop Knot IPA, Amberbock, Sam Adams 7
- **Bottled Beer** - Bud Light, Corona, Coors Light, Budweiser, Dos Equis Modelo, Pacifico 6

N/A Drinks:

- **Iced Tea/Coffee** 2.00
- **Juice** - OJ, Cranberry, Grapefruit 4.00
- **Soda** - Coke, Dr. Pepper, Ginger Ale, Sprite, Root Beer, Tonic, Soda Water 2.50
- **N/A Beer** - Odell's 6
- **Perrier** - Sparkling, Still 4.00



RECORDS REQUIRED FOR AUDIT RESTAURANT/HOTEL/MOTEL

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

Type or Print with Black Ink

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine Compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. Name of restaurant (Please print): West Valley Social Club
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets
11. **General Ledger**
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks

12. **Tax Records**

- A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
- B. Income Tax Return - city, state and federal (copies)
- C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. Payroll Records

*24 JAN 17 PM 2:42 AZD LLC

- A. Copies of all reports required by the State and Federal Government
- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages

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

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

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

**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).**

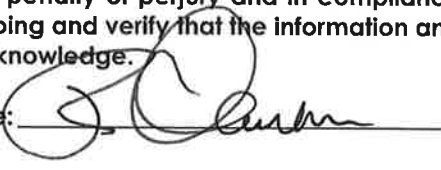
A.R.S. §4-210(A)7

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.

ANTHONY I, (Print Full Name) <u>RYAN CHONKA</u>, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge. Applicant Signature: 
--

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

LC:

Amount:

24 JAN 17 PM 2:41 AZD LLC



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY

Job #: 278334
Date Accepted: 01-24-2024
CSR: SG

Type or Print with Black Ink

License Number:

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →

☒ Agent

☒ Controlling Person

2. Name: CHONKA Ryan ANTHONY Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: PANORAMA CITY CA US Height: 5'9" Weight: 150 Eyes: HALE Hair: BROWN
City State COUNTRY

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

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 2/15/2011

7. Daytime telephone number: 605 591-9408 Email address: RYAN CHONKA@HOTMAIL.COM

8. Premises Name: WEST VALLEY SOCIAL CLUB Business Phone: 623/703/4909

9. Premises Address: 633 S. ESTRELA PKWY. SUITE 100 GOODYEAR AZ MARICOPA 85350
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 place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
12/2014	CURRENT	Owner/Consultant/President	ALLIED Consulting 645 W Jackson Blvd Spearfish, SD 57783

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
02/2011	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? **MUST** attach copies of both training certificates. 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 summons 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**

I, (Print Full Name) RYAN CHONKA, Anthony hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [Signature] Date: 1/17/24



ALIEN STATUS

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

Type or Print with **Black Ink**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) Ryan Anthony Chonka

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 Goodyear State AZ COUNTRY USA

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

2) Name of document: Passport (U.S.)

If you answered **No**, you must complete Sections III.

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

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

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

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

SECTION III – QUALIFIED ALIEN DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

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

RYAN CHONKA, ANTHONY

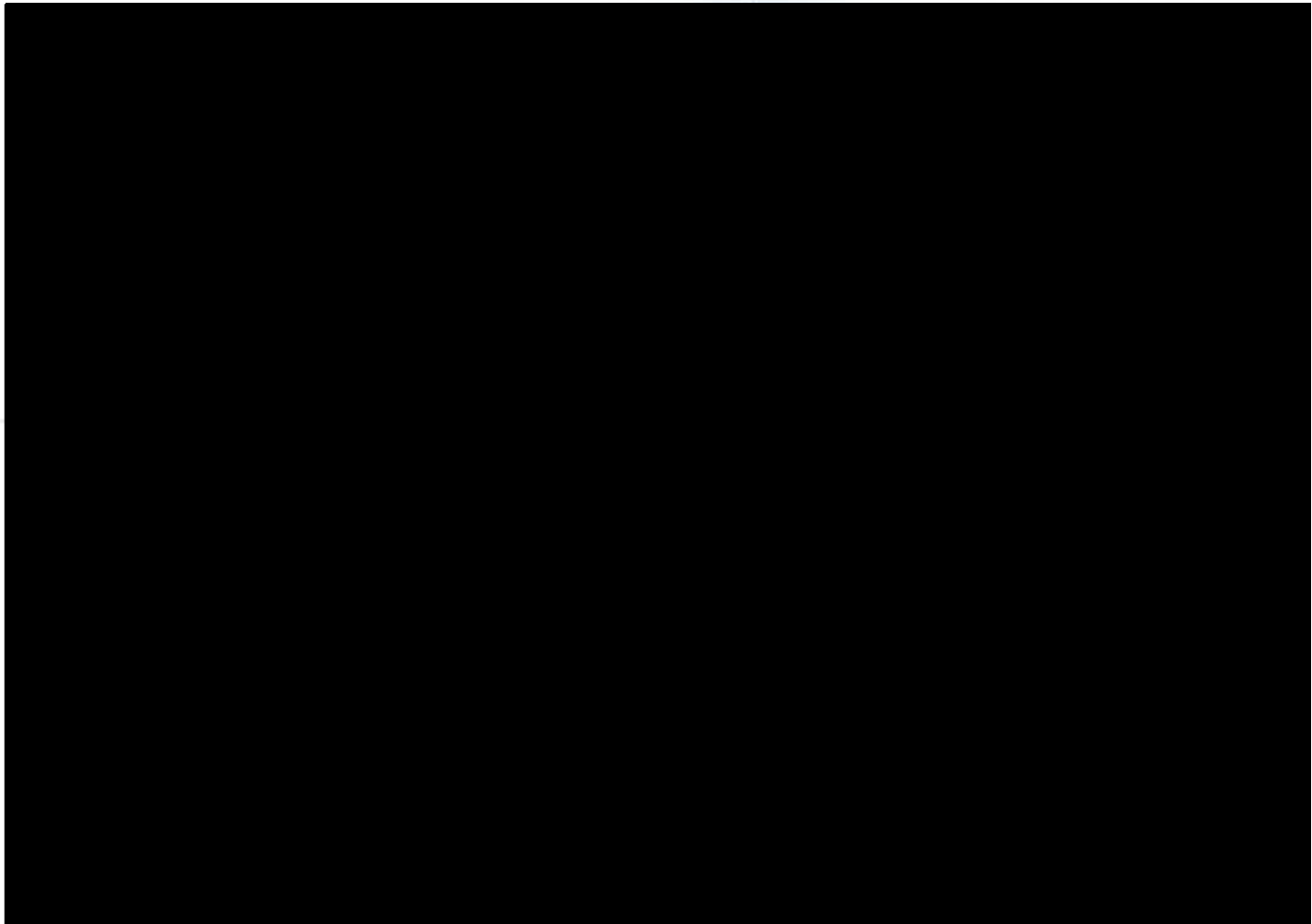
Print Name

[Signature]

Signature

1/17/24
Date

24 JAN 17 PM 2:42 AZD LLC





FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	278 334
Date Accepted:	01-24-2024
CSR:	SC

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date 01/16/2024	Name of Applicant: RYAN CHONKA
Name of Fingerprint Technician: D. BERRY #1428	
Fingerprint technician's Signature: D. Berry 1428	
Fingerprint technician's Agency/company Name: GOODHEAR POLICE	Phone Number: 623-932-1220
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:

24 JAN 17 PM 2:41 AZDILLC



PREMISES MANAGER QUESTIONNAIRE

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

DLLC USE ONLY

Job #:	278 334
Date Accepted:	01-24-2024
CSR:	865

Type or Print with Black Ink

805-488

License Number:

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Name: Buner Austin L Birth Date: [REDACTED]
Last First Middle (NOT a public record)

2. Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ

3. Place of birth: York PA USA Height: 6'4" Weight: 180 Eyes: Blue Hair: Blonde
City State COUNTRY

4. Name of current/most recent spouse: [REDACTED] Birth Date: [REDACTED]
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 08/01/22

6. Daytime telephone number: 717-434-2868 Email address: buner14@msn.com

7. Premises Name: West Valley Social Club Business Phone: 623 / 703 / 4909

8. Premises Address: 633 S. Estrella Pkwy. Suite 105 Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

9. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2022	CURRENT	Bartender	Pebble Creek Country Club 3639 Clubhouse Dr. Goodyear, AZ 85395
11/2021	08/2022	Bartender	Red Crab 4979 W Atlantic Ave Delray Beach, FL 33445
06/2019	11/2021	Bartender	Basin Harbor Resort 4800 Basin Harbor Rd Vergennes, VT 05491
05/2018	06/2019	Tour Guide	Yellowstone NP 202 Robert Keener Ave Gardiner, MT 59030

10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)(ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
08/2022	CURRENT				
12/2007	08/2022				

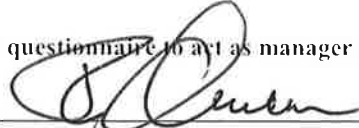
11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes ☒ No ☐
12. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
13. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202,4-210 Yes ☐ No ☒
14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
15. 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 ☒
16. 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 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) Austin Lee Bumer hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 1/17/2024

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

Print Name: RYAN ANTHONY CHENKA Signature:  Date: 1/17/24

Certificate # AZB-ON-01232313

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

Austin Bunner

Full Name (please print)


Signature

01/14/2024

Training Completion Date

01/13/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete

Instructor Name (please print)

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


Instructor Signature

01/14/2024

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-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 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

Austin Bunner

Full Name (please print)


Signature

01/16/2024

Training Completion Date

01/15/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete
Instructor Name (please print)

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


Instructor Signature

01/16/2024

Day Mo Year

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FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	278334
Date Accepted:	01-24-2024
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date 1/17/24	Name of Applicant: Austin L. Bunner
Name of Fingerprint Technician: JOHN GONZALES www.arizonafingerprintingservices.com	
Fingerprint technician's Signature: www.arizonafingerprintingservices.com	
Fingerprint technician's Agency/Company Name: ARIZONA FINGERPRINTING SERVICES 623-907-6388	Phone Number: 623 692 5256
Type of Photo ID Provided (check one): ☒ ADL [REDACTED] ☐ Driver's License ☐ Passport ☐ Other (Please specify)	