

State of Arizona
Department of Liquor Licenses and Control

Created 03/27/2024 @ 03:14:19 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	POPO'S FIESTA DEL SOL		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	15375 W MCDOWELL ROAD GOODYEAR, AZ 85395 USA		
Mailing Address:	530 E MCDOWELL ROAD STE 107-241 PHOENIX, AZ 85004 USA		
Phone:	(623)600-8694		
Alt. Phone:	(480)353-8035		
Email:	TJMORSE1208@Q.COM		

AGENT

Name:	THERESA JUNE MORSE
Gender:	Female
Correspondence Address:	530 E MCDOWELL ROAD STE 107-241 PHOENIX, AZ 85004 USA
Phone:	(480)353-8035
Alt. Phone:	
Email:	TJMORSE1208@Q.COM

OWNER

60th day
05-26-2024

105th day
07-10-2024

Name: POPO'S GOODYEAR LLC
Contact Name: THERESA JUNE MORSE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23631120 State of Incorporation: AZ
Incorporation Date: 01/17/2024
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (480)353-8035
Alt. Phone:
Email: TJMORSE1208@Q.COM

Officers / Stockholders

Name:	Title:	% Interest:
ELVA CONSUELO TELLO	Member	50.00
MARIO ESQUIO TELLO	Member	50.00

POPO'S GOODYEAR LLC - Member

Name: MARIO ESQUIO TELLO
Gender: Male
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (623)521-2478
Alt. Phone:
Email: ETELLO73@YAHOO.COM

POPO'S GOODYEAR LLC - Member

Name: ELVA CONSUELO TELLO
Gender: Female
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (623)521-2478
Alt. Phone:
Email: ETELLO73@YAHOO.COM

MANAGERS

Name: JUSTIN MARCELLUS FERREL
Gender: Male
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (703)582-0697
Alt. Phone:
Email: JUSTMFE@GMAIL.COM

Name: AMITY RAQUEL TELLO
Gender: Female
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (623)298-9113
Alt. Phone:
Email: AMITY.R.TELLO@GMAIL.COM

APPLICATION INFORMATION

Application Number: 287965
Application Type: New Application
Created Date: 03/18/2024

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?
LANDLORD REMEDIES
- 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.
JOSEPH LUCIDI 13935 W CREOSOTE DR PEORIA. AZ 85383 \$250,000
- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
Yes
Is the patio contiguous or non-contiguous (within 30 feet)?
CONTIGUOUS PATIO
- 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

State of Arizona
Department of Liquor Licenses and Control

Created 03/27/2024 @ 03:14:33 PM

Local Governing Body Report

LICENSE

Number:	INP070027669	Type:	INP INTERIM PERMIT
Name:	POPO'S FIESTA DEL SOL		
State:	Active		
Issue Date:	03/27/2024	Expiration Date:	07/10/2024
Original Issue Date:	03/27/2024		
Location:	15375 W MCDOWELL ROAD GOODYEAR, AZ 85395 USA		
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Phone:	(623)600-8694		
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Contact Name: THERESA JUNE MORSE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23631120 State of Incorporation: AZ
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Phone: (480)353-8035
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Officers / Stockholders

Name:	Title:	% Interest:
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MARIO ESIQUIO TELLO	Member	50.00

POPO'S GOODYEAR LLC - Member

Name: MARIO ESIQUIO TELLO
Gender: Male
Correspondence Address: 530 E MCDOWELL ROAD
STE 107-241
PHOENIX, AZ 85004
USA
Phone: (623)521-2478
Alt. Phone:
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Gender: Female
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Phone: (703)582-0697
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Name: AMITY RAQUEL TELLO
Gender: Female
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STE 107-241
PHOENIX, AZ 85004
USA
Phone: (623)298-9113
Alt. Phone:
Email: AMITY.R.TELLO@GMAIL.COM

APPLICATION INFORMATION

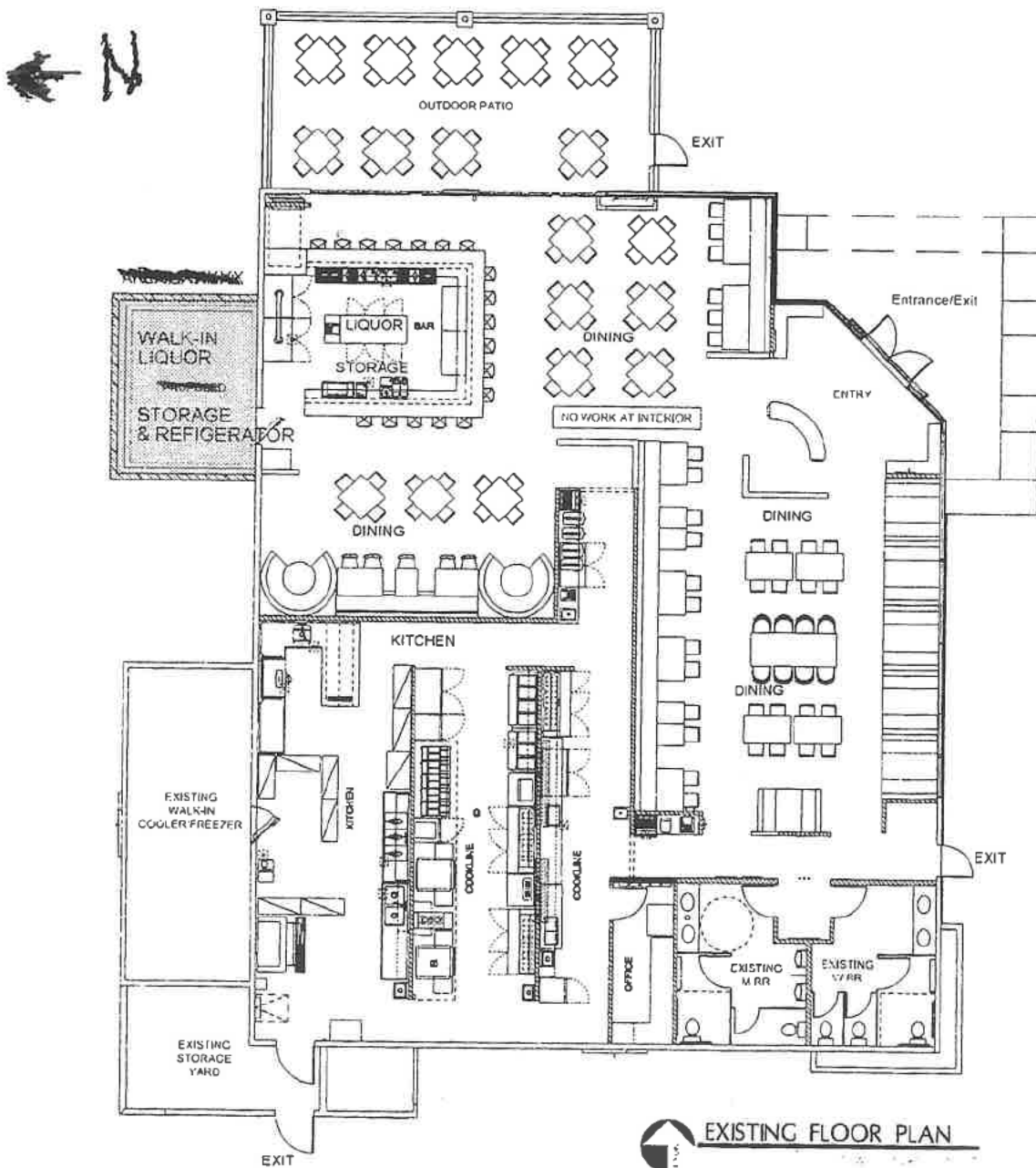
Application Number: 287967
Application Type: New Application
Created Date: 03/18/2024

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
012070018592
- 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.

53 FT = 5,008



EGG ESPECIALES

*HUEVOS CON QUESO

Cheese omelet, with rice, beans and a flour tortilla..... 13.85

*HUEVOS RANCHEROS

Two eggs fried over easy served atop corn tortillas and smothered in our own special sauce. Served with rice, beans and a flour tortilla 13.85

*CHORIZO OR MACHACA CON HUEVOS

Chorizo or machaca scrambled with eggs. Served with rice, beans and a flour tortilla 13.95

*HUEVOS MEXICANA

Cheese omelet with green chiles, tomatoes and green onions. Served with rice, beans and a flour tortilla 13.85



PLATOS AMERICANOS



*SPANISH RIBEYE

Charbroiled 8 oz. Ribeye, smothered in our spanish sauce. Served with rice, beans, and a flour tortilla.....20.85

*RIBEYE STEAK

8 ounces of ribeye, charbroiled.

Served with french fries, cheese toast and your choice of albondigas soup or a dinner salad.....20.85

*POPO BURGER

1/3 Pound burger garnished with lettuce, tomato, onions and pickles. Served with french fries10.45
with cheese.....11.05

CHARBROILED CHICKEN SANDWICH

Garnished with lettuce, tomato and pickles.

Served with french fries 11.35

Add green chile strips 1.35

BBQ SANDWICH Served with french fries 12.20

GRILLED CHEESE Served with french fries8.20

ON THE SIDE

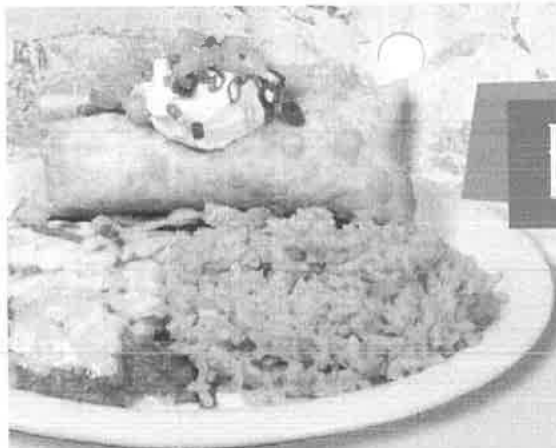
Grilled veggies.....	6.00
Rice	3.15
Beans	3.15
Black beans	3.15
Flour tortilla	1.35
with butter	1.60
Corn tortillas (3)	1.35
with butter	1.60

Side of or extra cheese.....	1.40
Side of lemons.....	.65
Chiles toreados (fried jalepenos)....	3.45
Guacamole	2.75
Sliced avocado	2.85
Sour cream	1.80

Tomatillo	2.00
Pico de gallo	2.00
Jalapenos (2).....	1.60
Jalapeno cream cheese	2.75
Egg	1.60
Salad Dressing.....	.25

*Items with asterisks are served undercooked or cooked to order.

Consuming raw or undercooked meats, poultry, seafood, shellfish or egg may increase your risk of food borne illness.



LUNCH SPECIALS

Served Monday thru Friday 11 am-3:00 pm

TREMENDA CHIMIS *Lunch sized!*

Chimichanga stuffed and topped with one of the following choices:

Filling	Topping
Bean & cheese, machaca,	Guacamole,
chicken, ground beef or	sour cream or
red or green chile con carne	jalapeno cream cheese
Served with rice and beans	12.20

MEXICAN PIZZA

Lunch sized portion of your favorite appetizer .. 11.40

NACHITOS SUPREME10.25

TACO SALAD LUNCH SIZE

Machaca, Shredded Chicken, or Ground Beef 10.45

SOLO SOMBRERO CHOICE OF 1 ITEM

Chicken or machaca taco, chicken or machaca tostada, chicken or machaca flauta (flauta topped with guacamole or sour cream) served with rice and beans.

Choice of one of the above 11.40

BUCKIN' BURROS

Lunch sized burro stuffed with one of the following items enchilada or Spanish style: bean and cheese, red or green chile con carne, machaca, chicken, or ground beef.

Served with rice and beans 11.45

CARNITAS

Pork carnitas, served with rice & beans, pico de gallo, sour cream, and tortillas 13.20

ESTILO CHARRO

Cheese enchilada with rice and beans 10.70

DESSERTS

FRIED ICE CREAM

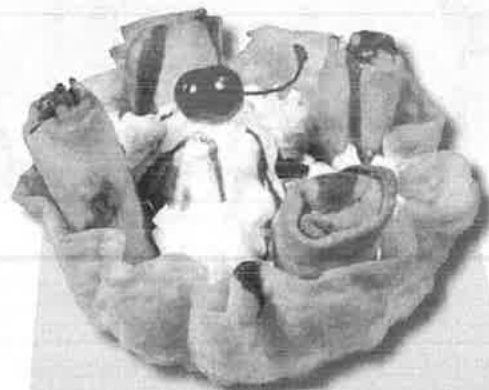
Topped with chocolate or strawberries and whipped cream6.50

SOPAPILLAS

Puffy deep fried pastry served with honey 6.50

FLAN

Traditional Mexican caramel custard6.50



CHOCOLATE CHIMIS

Four Mini chimis filled with hot fudge, and served with vanilla ice cream 7.00



DRINKS



Soda, ice tea and coffee 3.30
Bottle of sasparilla (no free refills) 3.20

JUICES

Orange, cranberry, pineapple grapefruit & apple 3.60
Kids juice or milk 2.25
Milk 3.00

TAKEOUT

CHIPS 3.00

RED SAUCE 3.30 half-pint5.05 pint

SAISA 3.75 half-pint6.25 pint

Disclaimer: While we offer gluten-free menu options, we are not a gluten-free kitchen. Cross-contamination may occur and our restaurant is unable to guarantee that any item can be completely free of allergens. Our tortillas and vegetable oil come from factories that contain gluten, soy, eggs, and nuts.



FAJITAS

Marinated and charbroiled steak, chicken, shrimp, carmitas served on top of a bed of sizzling onions and bell peppers. Served with beans or rice, guacamole, sour cream, pico de gallo, and flour or corn tortillas.

*HALF POUND

Carmitas, chicken or steak	21.20
Shrimp fajitas	24.95
Veggie fajitas	17.80

*FULL POUND

Carmitas, chicken, steak, or combo	38.65
Shrimp, or shrimp combo	44.85

COMBO PLATES

NO SUBSTITUTIONS PLEASE

- 1 Machaca enchilada, machaca taco, tostada and beans..... 17.25
- 2 Red cheese enchilada, beef tamale, tostada and beans..... 16.85
- 3 Green chicken enchilada, chicken taco, rice and beans 17.15
- 4 Three cheese enchiladas topped with an egg and beans 16.85
- 5 Green & red chile con carne, rice, beans and flour tortilla..... 16.85
- 6 Three chicken or machaca tacos and rice 16.85
- 7 Red cheese enchilada, machaca taco and tostada 13.75
- 8 Machaca taco, tostada and beans 13.60
- 9 Chile relleno, red cheese enchilada and rice..... 15.95
- 10 Red or green chile burro enchilada style, rice and beans 15.90



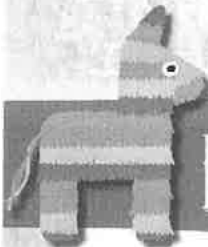
COMBO PLATE 1

Machaca enchilada, machaca taco, tostada & beans 17.25



PROTEIN BOWL

Black Beans | Carne Asada | Cheese | Pico de Gallo
Grilled Onions & Bell Peppers | Avocado | Sour Cream
14.85



POPITO'S KIDS

under 10

Choice of beef taco, cheese enchilada, bean tostada, mini bean and cheese burro, or mini cheese quesadilla.
Served with rice and beans 8.65

CHICKEN STRIPS

with french fries	8.65
Adult order add	2.50

MIX & MATCH

PICK 2

Enchilada | Taco | Flauta | Tostada | Tamale
Machaca | Chicken | Ground Beef

Served with rice & beans..... 17.75

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ALA CARTE

TACOS

TACOS

Machaca, chicken or ground beef 5.80

CARNE ASADA

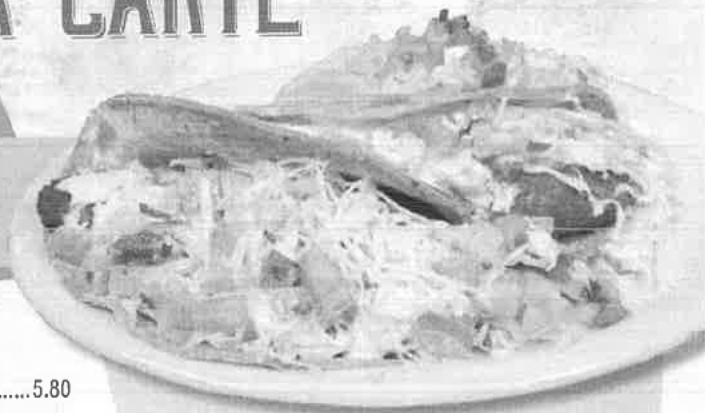
2 tacos garnished with pico de gallo & guacamole..... 12.95

CARNITAS

2 tacos garnished with pico de gallo..... 12.95

SHRIMP

2 tacos garnished with pico de gallo, cabbage and tartar sauce..... 12.95



FISH TACO

Breaded cod, deep fried & garnished with cabbage, pico de gallo, and tartar sauce 6.30

BOWL OF RED OR GREEN CHILE CON CARNE

served with a flour tortilla..... 9.80

BURRITOS

FAJITA BURRO

Large flour tortilla mixed with grilled onions and bell peppers, stuffed with your choice of filling.

Steak, chicken, carnitas 11.65

Veggie with black beans & cheese..... 10.45

Shrimp..... 13.00

POPO'S BURRITOS

Bean and cheese..... 6.45

Ground beef, red or green chile con carne, machaca, chicken, or three way burro 9.20

Chorizo or machaca mixed with eggs..... 9.20

Carne asada, guacamole and pico de gallo 11.25

BURRITO EXTRAS

Enchilada or spanish style..... 2.50

Deep fried 1.50

Melted cheese 2.00

Mixed with rice..... 1.50

Mixed with beans..... 1.50

Cream cheese melted on top 3.00

FLAUTA HORN

Machaca or chicken (1)..... 6.95

RELLENDO

A green chile stuffed with monterey jack cheese, surrounded by a meringue of egg and then golden fried.

Smothered in our spanish sauce..... 10.25

Add beef, chicken, or machaca 3.45

TOSTADAS

Bean and cheese..... 5.60

Machaca, chicken, ground beef, red or green chile con carne 7.20

TAMALES

Green corn or red beef, smothered in enchilada or spanish sauce 7.60

ENCHILADAS

ENCHILADAS

Cheese and onion 6.40

Chicken, machaca, ground beef..... 8.10

Spinach and cheese 6.60

Seafood 8.10

Add to any item above:

Guacamole 2.75 • Sour Cream 1.80 • Jalapeno Cream Cheese 2.75

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APPETIZERS

*ROLLED QUESADILLA

A POPO'S FAVORITE

Large grilled flour tortilla stuffed with your choice of grilled steak, chicken, or shrimp. Melted cheese and pico de gallo, served with guacamole and sour cream... 16.50
Shrimp 20.00

CHEESE CRISP

Toasted flour tortilla with melted cheese, open-faced or folded... 8.20

MARY LOU

Quesadilla covered with red or green chile con carne 13.40

GUACAMOLE BOWL 11.00

CARNE ASADA FRIES 15.20
with guacamole and sour cream

NACHOS

Hot corn chips, covered with melted cheese, tomatoes, olives and green onions.

Choice of hot or mild chiles ... 14.00

Nacho Supreme 18.00
Machaca, beans, guacamole and sour cream.

SPINACH CON QUESO

Monterey Jack and American cheese melted with spinach. Served with flour tortilla chips 11.40
Cup 6.25

CHILE CON QUESO

Our spicy cheese dip, served with flour tortilla chips 11.20
Cup 5.30

SPICY BEAN DIP

Bean & cream cheese dip served with flour tortilla chips 11.20
Cup 5.30

MEXICAN PIZZA

Your choice of machaca, shredded chicken, or ground beef covered with green chiles, tomatoes, green onions, black olives and cheese 18.50

MINI PLATTER

Mini chimis, tacos, taquitos, tostadas, and tamales served with guacamole, sour cream, rice & beans. Choice of machaca or chicken 19.00

JALAPENO POPPERS

6 breaded, deep fried, roasted and peeled jalapenos stuffed with cream cheese 8.00

MINI CHIMICHANGAS

Eight crispy, bite-sized machaca or chicken chimis, served with sour cream and guacamole 15.20

STREET TACOS (3) CORN

Tortillas with carnitas, cilantro and white onion 13.20

CHICKEN STRIPS

6 breaded, deep fried strips of chicken served with a spicy buffalo sauce 11.50



SOUPS & SALADS

*ALBONDIGAS

Our spicy vegetable and meatball soup served with a tortilla 7.95

CHICKEN TORTILLA SOUP

Shredded chicken mixed with vegetables and rice, topped with shredded cheese and tortilla strips
Bowl 8.95
Cup 5.75

MENUUDO

Available Only on Saturdays and Sundays
Fresh homemade soup served with flour or corn tortilla 10.65

MEXICANA

Garden salad topped with your choice of machaca, ground beef, or shredded chicken. Garnished with tomatoes, green onions, cheese and black olives. Served in a flour tortilla bowl .. 14.10

*FAJITA SALAD

Garden salad topped with grilled chicken, steak or shrimp. Served on a bed of grilled onions and bell peppers and garnished with avocado, green onions, tomatoes, cheese and olives. Served in a flour tortilla bowl .. 15.95
Shrimp 19.45

*SANTA FE SALAD

Garden salad topped with grilled chicken, steak, or shrimp, garnished with avocado, tomatoes, green onions, cheese and black olives. Served in a flour tortilla bowl... 15.60
Shrimp 19.10

Salad Dressing Choices:
Ranch, Italian, Chipotle Ranch,
Cilantro Lime Ranch

SPECIALTIES



COMPLETE

Green machaca enchilada, machaca
taco, tostada, rice and beans20.00

*STEAK OR CHICKEN PICADO

Diced steak or chicken sautéed with
tomatoes, onions and green chiles, with
rice, beans & flour tortilla 20.60
Shrimp23.95

FIESTA

Chile relleno, machaca taco, rice, beans
and a flour tortilla 19.95

TACO GRANDE

Large flour tortilla, stuffed with machaca,
sour cream, guacamole, lettuce, green
onions, tomatoes, and cheese.
Served with rice and beans 15.75

TACO PLATTER

3 carne asada or fish tacos served with
rice and beans 19.55

GRILLED TACOS

2 grilled chicken fajita tacos with
avocado and a side of veggies20.75

CORONA BATTERED FISH BURRITO

Large flour tortilla stuffed with beer
battered cod fish, cabbage, tartar sauce
and pico de gallo.
Served with rice and beans 16.25

SPINACH ENCHILADAS

Two cheese enchiladas stuffed with
spinach, pico de gallo and topped with
baja sauce.
Served with rice and beans 17.00

SEAFOOD ENCHILADAS

Two enchiladas stuffed with a seafood
blend, topped with baja sauce & cheese.
Served with rice and beans20.35

CARNITAS

Pork carnitas, served with rice, beans,
pico de gallo, sour cream and
tortillas 19.30

EL POLLO ESPECIAL

MUY RICO (RICH IN FLAVOR)

Shredded chicken burro, deep fried,
smothered in spanish sauce, topped
with spicy jalapeno cream cheese.
Served with rice & beans18.50

CARNE ASADA DINNER

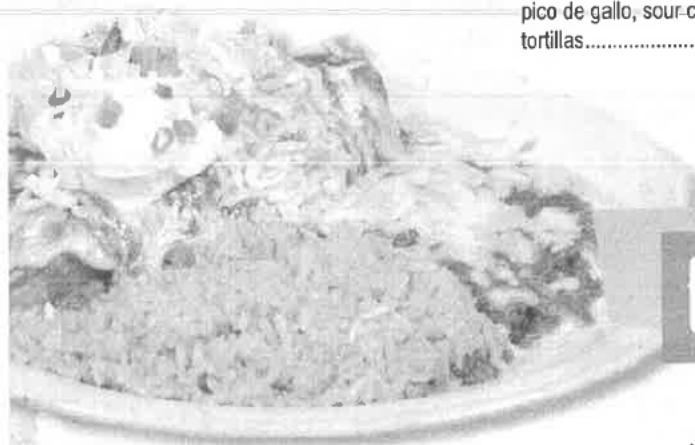
Our marinated ribeye steak, served with
rice, beans, guacamole, pico de gallo
and your choice of flour or corn
tortillas21.50

MONSTER BURRITO

2 flour tortillas stuffed with rice, beans,
pico de gallo, grilled onions, bell peppers
and cheese. Your choice of grilled
Chicken or Steak 17.60
Shrimp21.10

CHICKEN & VEGETABLE PLATE

Medley of veggies topped with grilled
chicken and melted cheese 17.25



CHIMICHANGAS

CHIMICHANGA DINNER

Enchilada or Spanish style served with rice and beans.
Machaca, chicken, ground beef, bean, and red or green
chile con carne 18.80
Carnitas, carne asada, steak or chicken fajita 21.40
Shrimp fajita 24.65

A deep fried burro with your choice of the following fillings
and any two toppings:

Guacamole, sour cream, or jalapeno cream cheese.
Machaca, shredded chicken, ground beef, green or red
chile, or beans 13.50
Steak or chicken fajita, carne asada or carnitas 16.35
Shrimp fajita 18.10
Add rice and beans 3.50

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24 MAR 18 PM 2:59 AZDLC

POPO'S

Fiesta Del Sol

MEXICAN FOOD

A family affair since 1964

PHOENIX

6542 W. Indian School Road

GLENDALE

17037 North 59th Avenue

MARGARITAS

POPO'S ORIGINAL MARGARITA

Frozen or On the Rocks \$9.00

Add Fruit: Strawberry, Mango, Banana, Peach, Pomegranate, Raspberry, Watermelon....50¢

SANGRITA

House Margarita, Fruit, Merlot..... 9.50

CADILLAC

1800 Reposado, Grand Marnier..... 13.00

EL PATRON

Patron Silver, Citrange..... 13.75

LOCAL RITA

Cruz Silver, Cointreau.....11.50

ITALIANO

Margaritaville Coconut, Amaretto 9.65

CORONITA

House Margarita with 7oz Coronita .. 12.95

LA PALOMA

1800 Silver, Ruby Red Grapefruit..... 9.65

BLOOD ORANGE

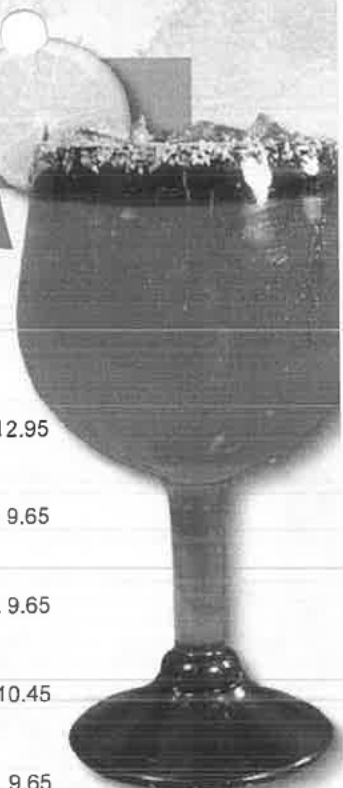
Cabo Wabo, Blood Orange Sour 9.65

SKINNY

Hornitos, Agave Nectar..... 10.45

PRICKLY PEAR

Cazadores, Prickly Pear 9.65



LIQUEURS

ADD A FLOAT \$2.00

Grand Marnier Orange

Blue Curacao Citrus

Cointreau Orange

Midori Melon

Amaretto Almond

Chambord Raspberry & Cognac



TRY OUR DELICIOUS HOUSE MADE SANGRIA

Quench your thirst with our own house made sangria!

Merlot, Orange Liqueur and Fresh Fruit.....9.65



HAPPY HOUR

3pm – 7pm Everyday

House Margaritas

Bottled and Draft Beer

Ask Your Server for details

Ask your server for details
on wine selections

DOMESTIC

Bud Light

Budweiser

Coors Light

Miller Lite

Michelob Ultra

IMPORT

Dos Equis Lager

Dos Equis Amber

Corona Extra

Corona Light

Pacifico

Estrella Jalisco

Modelo Especial

Modelo Negra

Tecate

CERVEZAS

CRAFT BEER

Four Peaks Hop Knot*

Four Peaks Kilt Lifter*

Blue Moon

Sam Adams Seasonal*

*Available at Glendale location only.



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**

POPO'S FIESTA DEL SOL

1. Name of restaurant (Please print):

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

LIST ONLY THE FOLLOWING - **NO ATTACHMENTS**

Grill	Royal 5' char grill, Royal flat grill
Oven	2 Duke ovens, Imperial 4 burner with oven, gas burner x 2
Freezer	Walk-in 10 x 8 Everest single door upright,
Refrigerator	1 Walk-in 10 x 24, 1 Walk-12 x 12, in Coca cola refrigerator upright, 1 - Everest top slide
Sink	2 - Triple sink, 6 hand sinks, 12' prep table with sink
Dish Washing Facilities	Ecolav dishwasher, Ecolab Glass washer
Food Preparation Counter (Dimensions)	1 Turbo Air 3 door sandwich prep, Everest 2 door sandwich prep
Other	Vulcan chip warmer, 4 heat lamps, 2 Royal Salamanders, 2 Dukers deep fryers, Thermatek deep fryer

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.) 87 %

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?) _____ %

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

a) Restaurant dining area of your premises: [151]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 21]

TOTAL [= 172]

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.)

Total 15 televisions (on patio and inside)

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.)

10. List number of employees for each position:

Position	How many
Cooks	8
Bartenders	5
Hostesses	6
Managers	2
Servers	15
Other (DISHWASHER)	6
Other (BUSSER)	8
Other (PREP)	4

I, (Print Full Name) THERESA JUNE MORSE, 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: Theresa June Morse



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:

POPO'S FIESTA DEL SOL

1. Name of restaurant (Please print): _____
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**

- 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

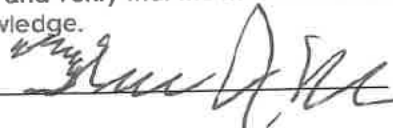
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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

I, (Print Full Name) THERESA JUNE MORSE, 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:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY

Job #:	287965
Date Accepted:	03-21-2024
CSR:	SG

FP Current
8-17-2023

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: MORSE THERESA JUNE Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: DETROIT MI USA Height: 501 Weight: 175 Eyes: HZL Hair: BLN

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

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 07/1981

7. Daytime telephone number: 480-353-8035 Email address: TJMORSE1208@Q.COM

8. Premises Name: POPO'S FIESTA DEL SOL Business Phone: ____/____/____

9. Premises Address: 15375 W MCDOWELL RD GOODYEAR ARIZONA 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 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)
02/2007	CURRENT	CONSULTANT/TRAINER	AVANT GARDE ALCOHOL TRAINING & EDUCATION 530 E MCDOWELL RD STE 107-241 PHOENIX AZ 85004

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
07/2023	CURRENT				
12/2006	07/2023				

(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) THERESA JUNE MORSE 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: 3/17/23

LC:

Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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**

DLLC USE ONLY

Job #: 287965

Date Accepted: 03-27-2024

CSR: SG

805-517

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: TELLO ELVA CONSUELO Birth Date: [REDACTED] (NOT a public record)
Last First Middle
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: ARIZONA
4. Place of birth: GLENDALE AZ USA Height: 501 Weight: 125 Eyes: BRO Hair: BRO
City State COUNTRY
5. Name of current/most recent spouse: TELLO MARIO ESIQUIO Birth Date: [REDACTED] (NOT a public record)
Last First Middle
6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 12/1973
7. Daytime telephone number: 623-521-2478 Email address: etello73@yahoo.com
8. Premises Name: POPO'S FIESTA DEL SOL Business Phone: 623 600 8694
9. Premises Address: 15375 W MCDOWELL RD GOODYEAR ARIZONA MARICOPA 85395
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list 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)
12/2010	CURRENT	RESTAURANT	POPO'S FIESTA DEL SOL 17037 N 59TH AVE GLENDALE AZ 85308

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
06/2000	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) ELVA CONSUELO TELLO 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: Elva C Tello Date: 03/11/2024

Certificate # _____

**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

ELVA CONSUELO TELLO

Full Name (please print)

Elva Tello

Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, 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).

Theresa J Morse

Instructor Signature

17 / 03 / 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.

Certificate # _____

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.

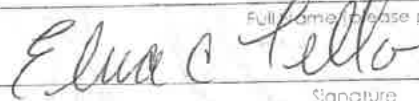
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing 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

ELVA CONSUELO TELLO

(Full Name, please print)



Signature

03/17/2024

Training Completion Date

03/17/2027Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

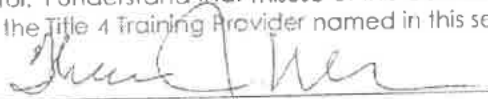
Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, 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

17 / 03 / 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)

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 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



Date: 03 / 07 / 2024

To Whom It May Concern:

The enclosed fingerprint cards for Elva Tello represent the best possible fingerprints. A combination of cornhusker lotion and glycerin was used to increase the ridge quality and rolled numerous times through the livescan system.

We have enclosed two fingerprint cards which reflect the best possible prints attainable.

Jayla Johnson
Fingerprint Technician



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 #:	287965
Date Accepted:	03-27-2024
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	Name of Applicant:	
03/07/2024	Elva Tello	
Name of Fingerprint Technician:		
Tyler Johnson		
Fingerprint technician's Signature:		
Tyler Johnson		
Fingerprint technician's Agency/company Name:		Phone Number:
The UPS Store 6120		602-258-1995
Type of Photo ID Provided (check one):		
☒ Driver's License ☐ Passport ☐ Other (Please specify)		

LC:

Amount:

24 MAR 18 PM 3:00 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

Type or Print with **Black Ink**

DLLC USE ONLY

Job #: 287965
Date Accepted: 03-27-2024
CSR: SG

805-517

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: TELLO MARIO ESIQUIO Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: PHOENIX AZ USA Height: 509 Weight: 200 Eyes: BRO Hair: BLK
City State COUNTRY

5. Name of current/most recent spouse: TELLO ELVA CONSUELO Birth Date: [REDACTED]
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? 12/1973

7. Daytime telephone number: 623-521-2478 Email address: etello73@yahoo.com

8. Premises Name: POPO'S FIESTA DEL SOL Business Phone: 623 / 600 / 8694

9. Premises Address: 15375 W MCDOWELL RD GOODYEAR ARIZONA MARICOPA 85395
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list 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)
12/2010	CURRENT	RESTAURANT	POPO'S FIESTA DEL SOL 17037 N 59TH AVE GLENDALE AZ 85308

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
06/2000	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) MARIO ESIQUIO TELLO 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: Mario Esiquio Tello Date: 03/11/2024

24 MAR 18 PM 3:00 AZD.L.C

Certificate # _____

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

MARIO ESIQUIO TELLO

Full Name (please print)

Mario Esiquio Tello

Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, 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).

Theresa J Morse

Instructor Signature

17 / 03 / 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.

Certificate # _____

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

MARIO ESQUIO TELLO

Full Name (please print)

Mario Esquio Tello
Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, 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).

Theresa J Morse
Instructor Signature

17 / 03 / 2024

Day Mo Year

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July 11, 2013



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 #:	287965
Date Accepted:	03-21-2024
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 03/07/2024	Name of Applicant: Esiquio Mando Tello
Name of Fingerprint Technician: Tyler Johnson	
Fingerprint technician's Signature: Tyler Johnson	
Fingerprint technician's Agency/company Name: The UPS Store 6120	Phone Number: 602 258 1995
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:



PREMISES MANAGER QUESTIONNAIRE

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

DLLC USE ONLY

Job #: 287965

Date Accepted: 03-27-2024

CSR: SG

805-517

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.

- Name: FERREL JUSTIN MARCELLUS Birth Date: [REDACTED]
Last First Middle (NOT a public record)
- Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ
- Place of birth: LEESBURG VA USA Height: 508 Weight: 175 Eyes: BRO Hair: BLK
City State COUNTRY
- Name of current/most recent spouse: _____ Birth Date: _____
Last First Middle (NOT a public record)
- Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 09/2022
- Daytime telephone number: 703-582-0697 Email address: justmfe@gmail.com
- Premises Name: POPO'S FIESTA DEL SOL Business Phone: 623 600 8694
- Premises Address: 15375 W MCDOWELL RD GOODYEAR ARIZONA 85395
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)
09/2022	CURRENT	RESTAURANT	POPO'S FIESTA DEL SOL 6542 W INDIAN SCHOOL RD PHOENIX AZ 85033
10/2022	Current	RESTAURANT	POPO'S FIESTA DEL SOL 17037 N 59TH AVE. GLENDALE AZ 85408
03/2022	09/2022	UNEMPLOYED	
02/2017	03/2022	STREAMING COMPANY	CRUNCHYROLL 444 BUSH STREET SAN FRANCISCO CA 94108

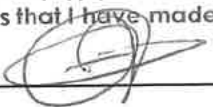
10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
11/2023	CURRENT				
09/2022	11/2023				
01/2020	09/2022				
06/2017	01/2020				

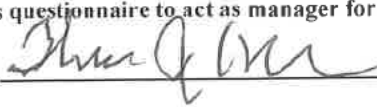
11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes ☒ No ☐
12. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within 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) JUSTIN MARCELLUS FERREL 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: 3/17/24

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

Print Name: THERESA JUNE MORSE Signature:  Date: 3/17/24

Certificate # _____

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

JUSTIN MARCELLUS FERREL

Full Name (please print)


 Signature
03/17/2024

Training Completion Date

03/17/2027
 Certificate Expiration Date
 (three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

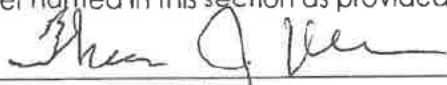
Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, 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
17 / 03 / 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
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**Certificate of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training**

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Student Information

JUSTIN MARCELLUS FERREL

Full Name (please print)



Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

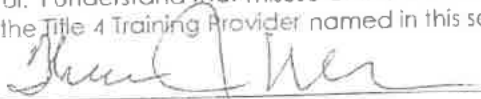
Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, THERESA J MORSE, 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

17 / 03 / 2024

Day / Mo / Year

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July 11, 2013



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 #:	287965
Date Accepted:	03-27-2024
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 03/07/24	Name of Applicant: <i>marcellus</i> Justin Ferrell
Name of Fingerprint Technician: Tyler Johnson	
Fingerprint technician's Signature: <i>Tyler Johnson</i>	
Fingerprint technician's Agency/company Name: The UPS Store 6120	Phone Number: 602-258-1995
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:

24 MAR 18 PM 3:00 AZD LLC



PREMISES MANAGER QUESTIONNAIRE

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**

DLLC USE ONLY

Job #:	287965
Date Accepted:	03-27-2024
CSR:	SK

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: TELLO AMITY RAQUEL 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: PHOENIX AZ USA Height: 502 Weight: 175 Eyes: BRO Hair: BRO
City State COUNTRY

4. Name of current/most recent spouse: _____ Birth Date: ____/____/____
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? 09/2022

6. Daytime telephone number: 623-298-9113 Email address: amity.r.tello@gmail.com

7. Premises Name: POPO'S FIESTA DEL SOL Business Phone: 623 600 8694

8. Premises Address: 15375 W MCDOWELL RD GOODYEAR ARIZONA 85395
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)
11/2021	CURRENT	SALES OPERATION MGR	WORKSPOT 1999 S BASCOM AVE CAMPBELL CA 95008
09/2016	10/2021	SALES OPERATION MGR	COPPER 301 HOWARD ST SAN FRANCISCO CA 94105

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
11/2023	CURRENT				
09/2022	11/2023				
01/2020	09/2022				
06/2017	01/2020				

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) AMITY RAQUEL TELLO 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: Amity Tello

Date: 03/17/24

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

Print Name: THERESA JUNE MORSE

Signature: Theresa June Morse

Date: 3/17/24

Certificate # _____

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

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

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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

AMITY RAQUEL TELLO

Full Name (please print)

Amity Tello
Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

Mailing Address

(480) 353-8035

Daytime Contact Phone Number

I, **THERESA J MORSE**, certify that the above named individual did successfully complete
Instructor Name (please print)

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Theresa J Morse
Instructor Signature

17 / 03 / 2024

Day Mo Year

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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

AMITY RAQUEL TELLO

Full Name (please print)

Amity Tello

Signature

03/17/2024

Training Completion Date

03/17/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Avant Garde Alcohol Training & Education

Company Name

530 East McDowell Road, #107-241 Phoenix, AZ 85004

Mailing Address

(480) 353-8035

Daytime Contact Phone Number

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Instructor Name (please print)

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Theresa J Morse

Instructor Signature

17 / 03 / 2024

Day Mo Year

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July 11, 2013



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 #:	287965
Date Accepted:	03-27-2024
CSR:	SG

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

PRINT the following information:

Date	Name of Applicant:	
03/07/2024	Amity Tello	
Name of Fingerprint Technician:		
Tyler Johnson		
Fingerprint technician's Signature:		
Tyler Johnson		
Fingerprint technician's Agency/company Name:		Phone Number:
The UPS Store 6120		602 258 1995
Type of Photo ID Provided (check one):		
☒ Driver's License ☐ Passport ☐ Other (Please specify)		



Date: 03 / 07 / 2024

To Whom It May Concern:

The enclosed fingerprint cards for ^{Balance} Amity Tello represent the best possible fingerprints. A combination of cornhusker lotion and glycerin was used to increase the ridge quality and rolled numerous times through the livescan system.

We have enclosed two fingerprint cards which reflect the best possible prints attainable.

Jayla Johnson
Fingerprint Technician