

State of Arizona
Department of Liquor Licenses and Control

Created 05/22/2024 @ 10:43:23 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	COUNTRY GRIDDLE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	330 N DYSART ROAD # 101 GOODYEAR, AZ 85338 USA		
Mailing Address:	16801 W MOHAVE STREET GOODYEAR, AZ 853389 USA		
Phone:	(480)476-0051		
Alt. Phone:	(562)279-6167		
Email:	PRUVALCABA03@GMAIL.COM		

AGENT

Name:	PEDRO RUVALCABA CARBAJAL
Gender:	Male
Correspondence Address:	16801 W MOHAVE STREET GOODYEAR, AZ 853389 USA
Phone:	(562)279-6167
Alt. Phone:	
Email:	PRUVALCABA03@GMAIL.COM

OWNER

Name:	COUNTRY GRIDDLE LLC		
Contact Name:	PEDRO RUVALCABA CARBAJAL		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23444246	State of Incorporation:	AZ
Incorporation Date:	11/04/2022		
Correspondence Address:	16801 W MOHAVE STREET GOODYEAR, AZ 853389 USA		
Phone:	(562)279-6167		
Alt. Phone:			
Email:	PRUVALCABA03@GMAIL.COM		

Officers / Stockholders

Name:
PEDRO RUVALCABA CARBAJAL
OLIVIA GONZALEZ RUVALCABA

Title:
Member
Member

% Interest:
50.00
50.00

COUNTRY GRIDDLE LLC - Member

Name: PEDRO RUVALCABA CARBAJAL
Gender: Male
Correspondence Address: 16801 W MOHAVE STREET
GOODYEAR, AZ 853389
USA
Phone: (562)279-6167
Alt. Phone:
Email: PRUVALCABA03@GMAIL.COM

COUNTRY GRIDDLE LLC - Member

Name: OLIVIA GONZALEZ RUVALCABA
Gender: Female
Correspondence Address: 16801 W MOHAVE STREET
GOODYEAR, AZ 853389
USA
Phone: (562)706-1889
Alt. Phone:
Email: OLIRUVALCABA@GMAIL.COM

APPLICATION INFORMATION

Application Number: 263343
Application Type: New Application
Created Date: 10/19/2023

QUESTIONS & ANSWERS

012 Restaurant

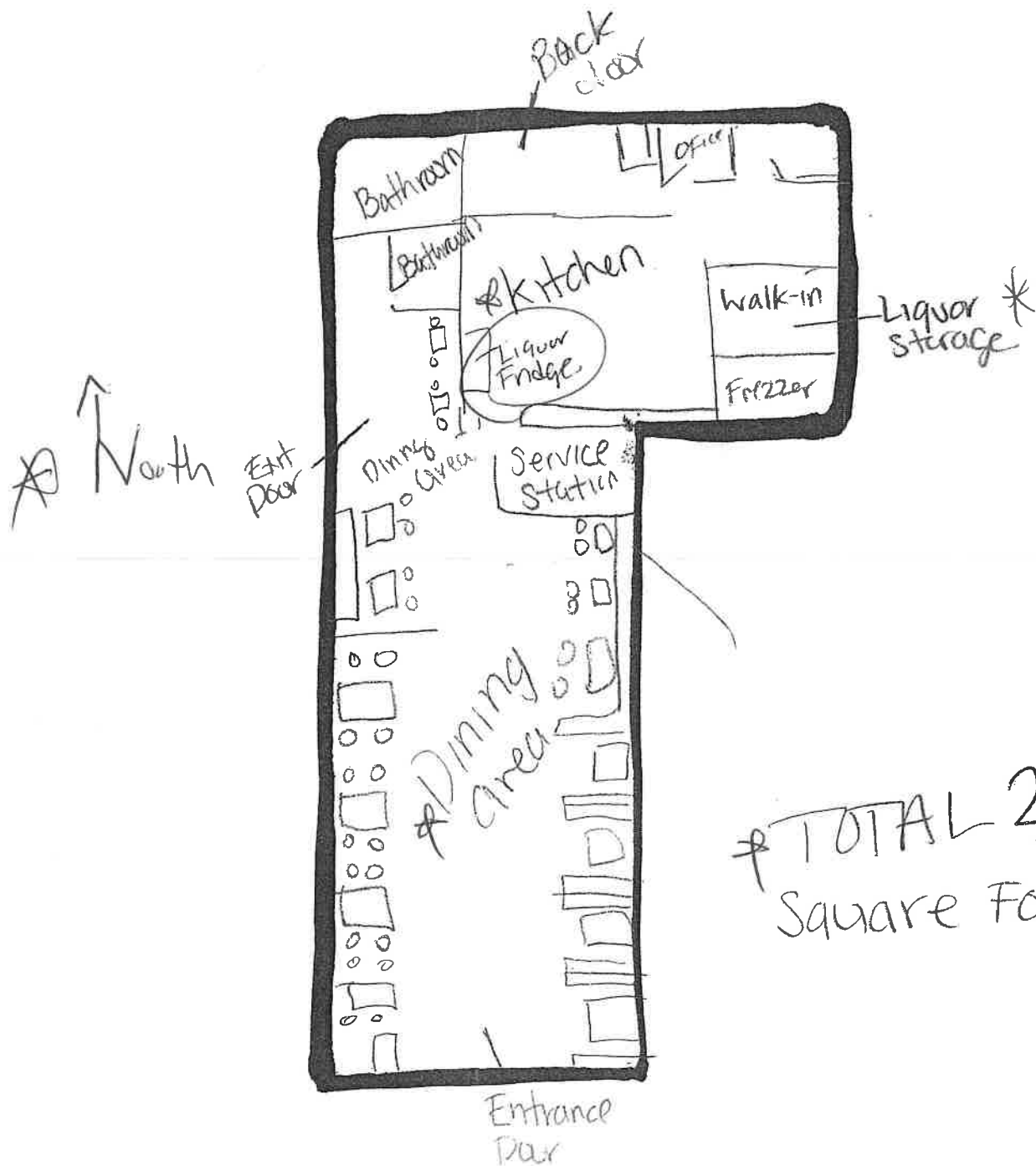
- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
property tenant
- 3) Is there a penalty if lease is not fulfilled?
No
- 4) Is the Business located within 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.
No money owed 0.00

- 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?
Breakfast and Lunch restaurant

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
RECORDS REQUIRED FOR AUDIT	record required for audit.pdf	12/28/2023
MENU	Country Griddle Menu update 01.01.2024.pdf	02/29/2024
DIAGRAM/FLOOR PLAN	Country griddle floor plan map.pdf	05/02/2024
QUESTIONNAIRE	document for license.pdf	05/02/2024
RESTAURANT OPERATION PLAN	List of locations equipment, service or entertainment items, and seating capacity.docx	05/02/2024
	Country Griddle diagram.pdf	05/15/2024
	CG menu.pdf	05/20/2024
	Olivia controlling document and certificates.pdf	05/20/2024
	Pedro agent document and certificates.pdf	05/20/2024
	Pedro Passport.pdf	05/20/2024
	Alien Status form.pdf	05/20/2024
	Restaurant operation plan form.pdf	05/20/2024

Country Griddle Diagram



*TOTAL 2,380
Square Footage



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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): Country Griddle

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS	
Grill	N/A none
Oven	N/A none
Freezer	walk in freezer
Refrigerator	Walk in refrigerator
Sink	3 compartment sink, prep sink
Dish Washing Facilities	single rack dishwasher machine
Food Preparation Counter (Dimensions)	prep table 30x 60
Other	36in Range with oven, 60in griddle, 40lbs 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.) 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?) _____ %

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

a) Restaurant dining area of your premises: [59]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [0]

TOTAL [= 59]

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.)

1 television

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

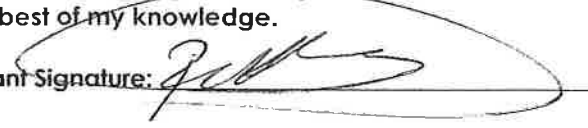
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. List number of employees for each position:

Position	How many
Cooks	4
Bartenders	0
Hostesses	1
Managers	0
Servers	5
Other (busser)	1
Other (dishwasher)	1
Other ()	

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I, (Print Full Name) Pedro Ruvalcaba Carbajal, 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: 

Country Griddle

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Classic Breakfasts

served with country potatoes or fruit , (2)* eggs and choice of toast or biscuit & gravy

Ham Steak & *Eggs 14.99

*** Steak & *Eggs** 18.99

Country Fried Steak & *Eggs 16.99



***Eggs Any Style** 11.99

Bacon & *Eggs 13.99

Sausage links & *Eggs 13.99

Turkey Sausage & *Eggs 13.99

Corned Beef Hash & *Eggs 15.99

Hawaiian Portuguese Sausage & *Eggs 15.99

Favorites

Farmer's Breakfast Sandwich Bacon or sliced ham, over-hard egg, cheese, lettuce, tomato and mayo on grilled sourdough served with country potatoes 14.99

Loco Moco Steamed white rice topped with Beef Patty, (1) fried *egg and homemade brown gravy topped with green onions 14.99

Country Skillet (3) Scrambled eggs, onions ,country potatoes, cheese and choice of sausage or diced ham and choice of toast or biscuit & gravy 14.99

Chicken Rancho Skillet (3) Scrambled eggs mixed with onions, bell peppers, country potatoes and grilled chicken topped with Ranchero sauce and cheese with choice for toast or biscuit & gravy 15.99

Vegetarian Skillet (3) Scrambled eggs mixed with country potatoes, onions, mushrooms, spinach, bell peppers ,tomatoes topped with cheese and choice of toast or biscuit & gravy 14.99

Country Stacked Split Biscuit topped with sausage patties, (2)*eggs and our homemade gravy served with country potatoes 13.99

Avocado Toast 1 slice sourdough toast spread with smashed avocado ,slice tomato and (2) *eggs served with country potatoes 12.99

Spinach & Jack Scramble (3) Scrambled eggs with spinach with Jack cheese served country potatoes and choice of toast or biscuit & gravy 13.99

Loaded Country Potatoes Our delicious country potatoes, topped with cheddar cheese, avocado and sour cream (No eggs included) 9.49

Egg White Mix (3) Eggs whites scrambled, mushrooms, tomato, onions, bell peppers mixed with white rice and choice of toast or biscuit & gravy 13.99

Low Carb Breakfast

(2) Fresh eggs with your choice of bacon or sausage links , served with cottage cheese and sliced tomatoes 13.99

Across the Border

Breakfast Burrito Flour tortilla stuffed with (3) scrambled eggs, country potatoes, cheese and choice of bacon or sausage 13.99

Huevos Rancheros Crispy Corn tortillas topped with refried beans, (2) *eggs, homemade Ranchero sauce and cheddar cheese served with country potatoes 13.99

Chorizo & Eggs (3) Scrambled eggs with (pork or Soy chorizo) served with country potatoes or refried beans (choice of toast ,tortillas or biscuit & gravy) 13.99

Machaca Shredded beef ,tomatoes and onions scrambled with (3) eggs served with country potatoes or refried beans (choice of toast, tortillas or biscuit & gravy) 15.99

Chilaquiles & Eggs Homemade chilaquiles(red) topped with cheese and garnished with sour cream and green onions served with (2) *eggs and choice of country potatoes or refried beans 13.99

Substitute Egg whites 1.00

*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness especially, if you have certain medical conditions.

Omelets

served with country potatoes or fruit and choice of toast, tortillas or biscuit & gravy

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Denver Omelet Diced ham, onions and bell peppers 13.99

Benedict Omelet Diced ham, spinach, tomatoes topped with Hollandaise sauce 15.99

Chili & Cheese Omelet Our Chili & Beans, cheddar cheese, topped chopped raw onions 13.99

Vegetarian Omelet Tomatoes, onions, mushrooms, bell peppers, spinach, cheddar cheese 14.99

Southern Omelet Chorizo(pork or Soy), onions topped with cheddar cheese, avocado and sour cream 15.99

Country's Favorite Omelet Bacon, Sausage, Ham, onions, bell peppers, tomatoes, cheddar cheese 15.99

Steak Fajita Omelet Sliced steak, mushrooms, onions, bell peppers topped with homemade ranchero sauce and cheddar cheese 15.99

Popeye Omelet Spinach, bacon, onions, mushrooms and Jack cheese 14.99

JSM Omelet Sausage and mushroom topped with Jack cheese 13.99

ABC Omelet Bacon and cheddar cheese topped with Avocado 14.99

Eggs Benedict

(2) poach eggs on an English muffin topped with homemade Hollandaise sauce, served with country potatoes or fruit

-Canadian Bacon Benedict 12.99 - **California Benedict** 15.99 - **Florentine Benedict** 12.99
(Bacon & Avocado) (Spinach & tomato)



Pancakes · Waffle · French Toast

Pancakes

-Buttermilk Pancakes (2) 8.99

-Banana Pancakes (2) 10.99

-Blueberry Pancakes (2) 10.99

-Chocolate Chip Pancakes (2) 10.99

- Griddle's Favorite pancakes(2) 12.99
Blueberries, banana & granola mix

***Add combo for 4.50 : (2) eggs and choice of (2)bacon or (2)sausages links**



Add 1 Fruit Topping for 2.99

Homemade Waffle 8.99

A Golden-Brown Belgium waffle

***Add combo for 4.50 : (2) eggs and choice of (2)bacon or (2)sausages links**

French Toast 10.99

Thick egg bread dipped in our special batter with a hint of vanilla and a touch of cinnamon dusted with powdered sugar

***Add combo for 4.50 : (2) *eggs and choice of (2)bacon or (2)sausages links**

Oatmeal Old fashioned oats served with milk, granola mix and brown sugar 8.49

Substitute Egg Whites \$1.00

*Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness especially, if you have certain medical conditions.

LUNCH

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Upgrade to Onions rings or
Sweet Potato Fries 2.50
**Add Cup of Soup or House
Salad 3.49**

Burgers & Sandwiches

Served with a choice of French fries, fried zucchini ,or fruit

Burgers

Sub Turkey Patty or Garden Patty

A.B.C. Burger Avocado, bacon, cheddar cheese, lettuce, tomato, onions, pickles and thousand island 16.99

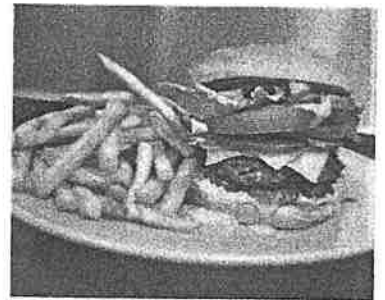
Classic Cheese Burger Cheddar cheese, lettuce, tomato ,onions and pickles, thousand island 13.99

BBQ Cheese Burger BBQ sauce. Bacon, cheddar cheese, lettuce, tomato 14.99

Chili Size Homemade chili & cheddar cheese topped with raw onions 14.99

Mushroom & Onion Cheese Burger

mushrooms ,onions, cheddar cheese ,lettuce ,tomato 14.99



Sandwiches

Philly Cheese Steak Sliced top sirloin steak, mushrooms, onions, bell peppers, Jack cheese on a French roll 14.99

Beefeater Roast beef, Jack cheese on grilled sourdough bread 13.99

French Beef Dip Roast beef, Swiss cheese on a French roll served with side of au jus 13.99

Reuben Sandwich Corned Beef on grilled rye bread with Jack cheese, thousand island and sauerkraut 14.99

Pastrami Sandwich pastrami, pickles ,mustard, Swiss cheese on a French roll 13.99

Grilled Ham & Cheese Sliced ham and melted cheddar cheese on grilled sourdough 12.99

Patty Melt Beef patty, melted cheddar cheese with grilled onions on grilled rye bread 13.99

Tuna Melt Homemade Tuna salad ,melted cheddar cheese served on grilled sourdough 13.99

Chicken Philly Slices chicken breast, onions, mushrooms, bell peppers ,Jack cheese, on a French roll 14.99

California Chicken Grilled chicken breast, Jack cheese, bacon, avocado, lettuce, tomato, mayo on a Burger Bun 16.99

Mushroom Chicken Grilled chicken breast, mushrooms, bacon, Jack cheese, lettuce, tomato on a Burger Bun 14.99

Club Sandwich Sliced turkey breast, sliced ham, bacon, lettuce, tomato mayo on white toast 15.99

B.L.T Bacon, lettuce, tomato and mayo on white toast 13.99

Cold Tuna Homemade Tuna salad , lettuce, tomato, mayo on white toast 13.99

Veggie Sandwich Avocado, onions, tomato, mayo and American cheese on grilled French roll 11.99

Salads

Country Grilled Chicken Salad Avocado, chicken, bacon, tomatoes, a hard-boiled egg and cheddar cheese tossed with Ranch dressing topped with croutons 13.99

Chef's Salad Turkey, Ham, tomatoes, cheddar cheese and a hard-boiled egg tossed with thousand island dressing 13.99

BBQ Chicken Salad Grilled Chicken, tomatoes, corn, black beans tossed with chipotle ranch dressing and drizzle with BBQ sauce topped with tortilla strips 13.99

Sides

Bacon(4) or Sausage(4)	5.25	Ham Steak or Corn Beef & Hash	7.99
Toast or English Muffin	2.95	Fresh Seasonal Fruit Bowl	6.99
Homemade Biscuit & Gravy (2)	5.99	One Egg	2.00
Bagel & Cream Cheese	3.99	Country potatoes	5.99
Bowl of Homemade Chili	7.99		
Bowl of Soup	7.99	French Fries	5.99
Fried Zucchini	6.99	Avocado	3.00

Beverages

Coffee 3.95
Iced Tea 3.95
Hot Tea(no free refills)3.95
Hot Chocolate (no free refills)4.50
Milk (no free refills) 3.95
Chocolate Milk 3.95(no free refills)

Juices (no free refills)
Orange Juice 4.50
Tomato 4.50
Apple 4.50
Grapefruit 4.50
Cranberry 4.50

Soft Drinks
Coke 3.95
Diet Coke 3.95
Coke Zero 3.95
Dr. Pepper 3.95
Sprite 3.95
Fanta Orange 3.95
Raspberry Tea 3.95
Pink Lemonade 3.95

18% GRATUITY WILL BE ADDED TO PARTIES SIX (6) OR MORE



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): Country Griddle
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

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- 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.

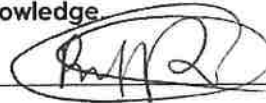
A.R.S. §4-205.02(G)

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) Pedro Rivalcaba, 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: SG
Amount: \$820

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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 #: 28 3343
Date Accepted: 5/20/24
CSR: CA

Type or Print with Black Ink

License Number:

805.541

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: Ruvalcaba Carbajal Pedro Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Yahualica Jalisco Mexico Height: 5'10" Weight: 225 Eyes: Brown Hair: Brown
City State COUNTRY

5. Name of current/most recent spouse: Gonzalez-Ruvalcaba Olivia 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? 02/10/2021

7. Daytime telephone number: 562) 279-6167 Email address: pruvalcaba03@gmail.com

8. Premises Name: Country Griddle Business Phone: 480/476/0051 CA

9. Premises Address: 330 N. Dysart Rd, suite 101 Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list 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)
11/1/2021	CURRENT	Business owner	Country Grande 330 N. Dysart Rd Suite 101 Goodyear, AZ 85338
7/1/2018	06/15/2021	Business owner	Country Gate 2321 E. 4th St Suite A Santa Ana, CA
6/15/21	11/1/2021	manager yardhouse	Glendale, AZ 9401 W. Westgate Blvd Glendale, AZ 85303

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
02/2021	CURRENT				
04/2012	01/2021				

(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) Pedro Ruvakaba Cervantes 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: Pedro Ruvakaba Cervantes

Date: 05/15/2024



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) Pedro Ruvalcaba Carbajal

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 Yuhualica State Jalisco COUNTRY Mexico

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

2) Name of document: USA Passport

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

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

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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. §

Pedro Ruvalcaba Carbajal

Print Name



Signature

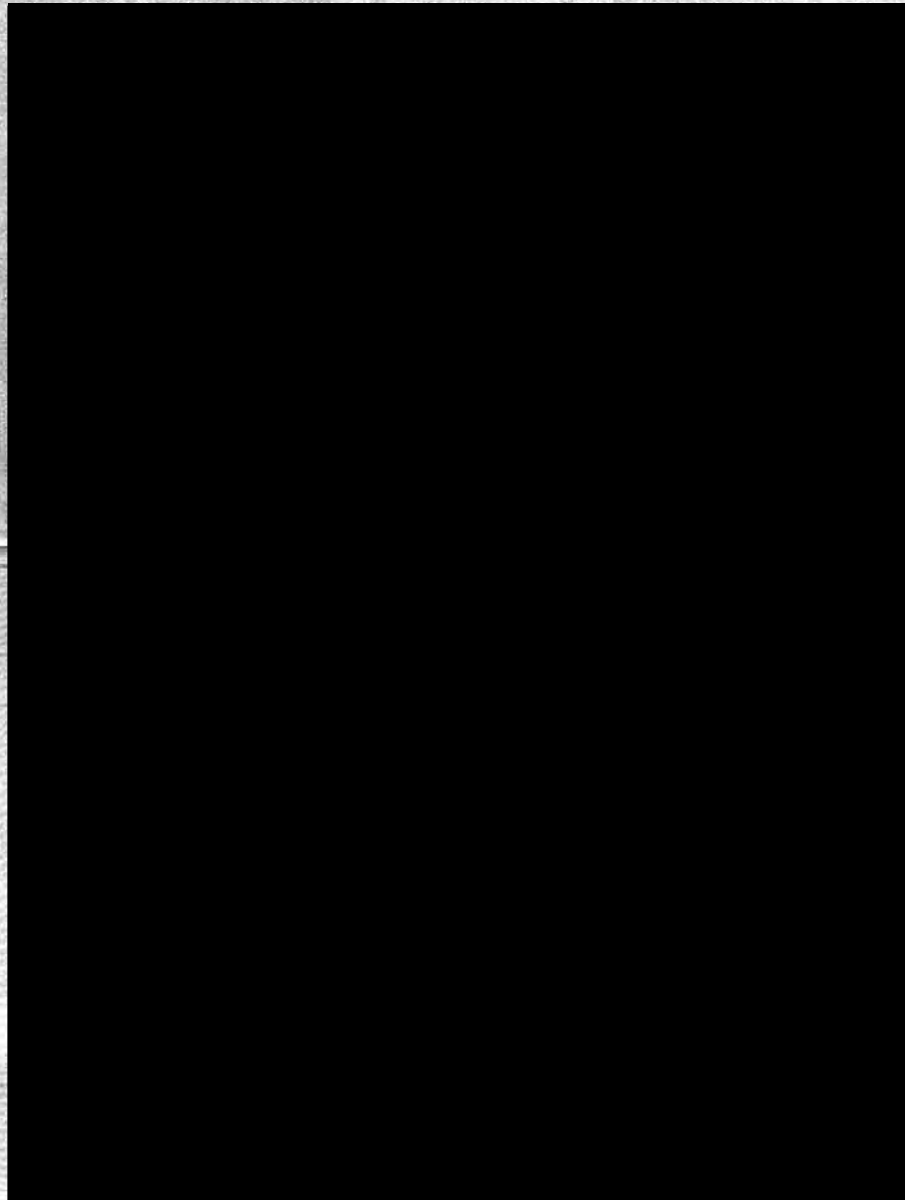
5/20/2024

Date

'24 MAY 22 Liq. Lic. AM 7 53

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.





ARIZONA

24 MAY 20 11:11 AM, PM 2 03

Certificate # **159303**

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

Pedro Ruvalcaba

(Full name, please print)

Signature

05/02/2024

Training Completion Date

05/02/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AACEA

Company Name

PO Box 386 Litchfield Park, AZ 85340

Mailing Address
(888) 865-1900

Daytime Contact Phone Number

Len Riggs

Instructor Name (please print)

I, **Len Riggs**, certify that the above named individual did successfully complete

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

Instructor Signature

02/ 05/ 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/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.

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AMENDMENT

[Logout \(/arizona/index.php?option=com_comprofiler&task=logout&Itemid=637\)](http://arizona/index.php?option=com_comprofiler&task=logout&Itemid=637)



ARIZONA

24 MAY 15 13:47:14 PM 2007

Certificate # **159303**

**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

Pedro Ruvalcaba

Full Name (please print)

Signature

05/02/2024

Training Completion Date

05/02/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AACEA

Company Name

PO Box 386 Litchfield Park, AZ 85340

Mailing Address
(888) 885-1900

Daytime Contact Phone Number

I, **Len Riggs**, 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

02/ 05/ 2024
Day Mo Year

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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)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	Liquor Store (series 9)	Private Club (series 14)	Hotel/Motel w/restaurant (series 11)
Restaurant (series 12)	In-state Farm Winery (series 13)		Beer & Wine Store (series 10)

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[Logout \(/arizona/index.php?option=com_comprofiler&task=logout&Itemid=637\)](/arizona/index.php?option=com_comprofiler&task=logout&Itemid=637)

Certificate # AZM-ON01206842

24 MAY 20 11:41 AM '23

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

Pedro Ruvalcaba Carbajal

Full Name (please print)



Signature

05/15/2024

Training Completion Date

05/15/2027

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

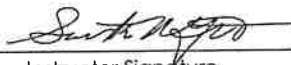
Mailing Address

(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

05/15/2024

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

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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)

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*24 MAY 20 PM 1:44 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

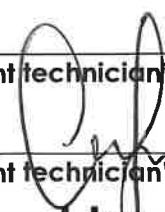
Job #:	263343
Date Accepted:	5/22/24
CSR:	CA

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 05/15/2024	Name of Applicant: Pedro Ruvalcaba Carbajal.
Name of Fingerprint Technician: Belen Salas.	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: Arizona Livescan	Phone Number: 602 246-3444
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC: SG
Amount: \$22.00

24 MAY 22 11:11 AM 7:52



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 #: 863343
Date Accepted: 5/18/21
CSR: CA

Type or Print with **Black Ink**

License Number:

865-542

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: Gonzalez-Ruralcaba Olivia Birth Date: [REDACTED]
Last First (NOT a public record)
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Arizona
4. Place of birth: Long Beach CA U.S.A Height: 5'2" Weight: 155lb Eyes: BRO Hair: BROWN
City State COUNTRY
5. Name of current/most recent spouse: Ruralcaba Carlos Pedro 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? 2/10/2021
7. Daytime telephone number: 562) 706-1889 Email address: oliruralcaba@gmail.com
8. Premises Name: Country Grande Business Phone: 480/476/6051
9. Premises Address: 330 N. Dysart Rd, Suite 101 Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list 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)
11/1/2021	CURRENT	Business owner	Cumby-Girdle 330 N. Dysart Rd Suite 101, Goodyear, AZ 85338
7/1/2018	6/15/2021	Business owner	Cumby-Cafe 2321 E. 4th St Suite A Santa Ana, CA
6/15/21	11/1/2021	NOT WORKING	NOT WORKING - 116801 W. Monroe St. Goodyear AZ 85338

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
02/21	CURRENT				
04/2012	01/2021				

(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) Olivia Gonzalez-Ruiz 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: 5/15/2024

Certificate # AZB-ON-01234767

124 MAY 20 1971 L.A. PH 2 123

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

Olivia Gonzalez-Ruvalcaba

Full Name (please print)

[Signature]

Signature

05/15/2024

Training Completion Date

05/15/2027

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

[Signature]
Instructor Signature

05/15/2024

Day Mo Year

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Liquor Store (series 9)
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Certificate # AZM-ON01206843

24 MAY 20 11:47 AM '23

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

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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

Olivia Gonzalez-Ruvalcaba

Full Name (please print)



Signature

05/15/2024

Training Completion Date

05/15/2027

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

05/15/2024

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

24 MAY 20 PM 1:45 AZD LLC

DLLC USE ONLY

Job #:	263343
Date Accepted:	5/18/2024
CSR:	CS

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 05/15/2024	Name of Applicant: Olivia Gonzalez-Ruvalcaba.
Name of Fingerprint Technician: Belen Salas.	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: Arizona Livescan	Phone Number: 602 246-3444
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	



Accepted Application

Date Application Accepted 05-02-2024 online # 263343

License Type #12 App for Country Bridle

Application Reviewed by Selena

No. of times Application Request for more Information 5/14

created _____

805.541 - Pedro

805.542 - Olivia

Email to Goodyear

Email to Site & CRaya

Date Application Processed 5/28/2024

Processed by CA

Type of Payment \$194⁰⁰

Payment Received by SG Online

CSR Assigned to C. Raya