

State of Arizona
Department of Liquor Licenses and Control

Created 07/22/2024 @ 04:49:13 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	BUBBA'S 33		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1460 N BULLARD AVENUE GOODYEAR, AZ 85395 USA		
Mailing Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(602)738-1421		
Alt. Phone:			
Email:	MERECOINC@GMAIL.COM		

AGENT

Name:	LAUREN KAY MERRETT
Gender:	Female
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA
Phone:	(602)738-1421
Alt. Phone:	
Email:	MERECOINC@GMAIL.COM

OWNER

Name:	BUBBA'S HOLDINGS LLC		
Contact Name:	LAUREN MERRETT		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	R22028229	State of Incorporation:	AZ
Incorporation Date:	08/04/2017		
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(602)738-1421		
Alt. Phone:			
Email:	MERECOINC@GMAIL.COM		

Officers / Stockholders

Name:
TEXAS ROADHOUSE INC

Title: % Interest:
ManagingMember,Stockholder 100.00
r

**TEXAS ROADHOUSE INC - Chief
COMMUNICATIONS OFFICER**

Name: TRAVIS CARTER DOSTER
Gender: Male
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email: TRAVIS.DOSTER@TEXASROADHOUSE.COM

TEXAS ROADHOUSE INC - President

Name: REGINA ANN TOBIN
Gender: Female
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email: GINA.TOBIN@TEXASROADHOUSE.COM

**TEXAS ROADHOUSE INC - Chief LEGAL/ADMIN
OFFICER/CORP SEC**

Name: CHRISTOPHER CHARLES COLSON
Gender: Male
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email: CHRISTOPHER.COLSON@TEXASROADHOUSE.COM

**BUBBA'S HOLDINGS LLC -
ManagingMember,Stockholder**

Name: TEXAS ROADHOUSE INC
Contact Name: TEXAS ROADHOUSE INC
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation: AZ
Incorporation Date:
Correspondence Address: 6040 DUTCHMAN LANE
#400
LOUISVILLE, KY 40205
USA
Phone: (623)635-4700
Alt. Phone: (480)917-8478
Email:

TEXAS ROADHOUSE INC - CFO

Name: CHRISTOPHER DAVID MONROE
Gender: Male
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email: CHRIS.MONROE@TEXASROADHOUSE.COM

TEXAS ROADHOUSE INC - PresIDENT,CEO

Name: GERALD LEE MORGAN
Gender: Male
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email:

TEXAS ROADHOUSE INC - ChIEF TECH OFFICER

Name: HERNAN EDWARD MUJICA
Gender: Male
Correspondence Address: 736 S LONGMORE STREET
CHANDLER, AZ 85224
USA
Phone: (502)426-9984
Alt. Phone:
Email: HERNAN.MUIJCA@TEXASROADHOUSE.COM

MANAGERS

Name: ANDREW JOSEPH WALKER
Gender: Male
Correspondence Address: 3902 W DENVER STREET
CHANDLER, AZ 85226
USA
Phone: (502)426-9984
Alt. Phone: (623)308-4045
Email:

Name: JAIME BARAJAS
Gender: Male
Correspondence Address: 5500 WAYZATA BOULEVARD
STE 1600
MINNEAPOLIS, MN 55416
USA
Phone: (623)877-9127
Alt. Phone: (480)231-4041
Email:

APPLICATION INFORMATION

Application Number: 299995
Application Type: New Application
Created Date: 06/24/2024

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 owner
- 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.
0 publicly traded self funded
- 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
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
9/15/2024
- 9) What type of business will this license be used for?
Restaurant

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Footprint copy.pdf	06/24/2024
MENU	menu copy.pdf	06/24/2024
ORGANIZATIONAL DOCUMENTS	Bubba's Holdings LLC copy.pdf	06/24/2024
QUESTIONNAIRE	My Q (Merged).pdf copy.pdf	06/24/2024
RECORDS REQUIRED FOR AUDIT	AUDIT GOOD records request cop copy.pdf	06/24/2024
RESTAURANT OPERATION PLAN	Rest Op Plan copy copy.pdf	06/24/2024

ORGANIZATIONAL FLOW CHART

Bubba's Holdings LLC

Texas Roadhouse, Inc. (A Publicly Traded Company) (100% Owner/Manager of Bubba's Holdings LLC)

Officers of Texas Roadhouse, Inc.

<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Chief Executive Officer:	Gerald L. Morgan,	*
President:	Regina A. Tobin,	*
Chief Financial Officer:	D. Christopher Monroe,	*
Chief Technology Officer:	Hernan E. Mujica,	*
Chief Communications Officer:	Travis C. Doster,	*
Chief Legal and Administrative Officer & Corporate Secretary:	Christopher C. Colson,	*

Directors of Texas Roadhouse, Inc.

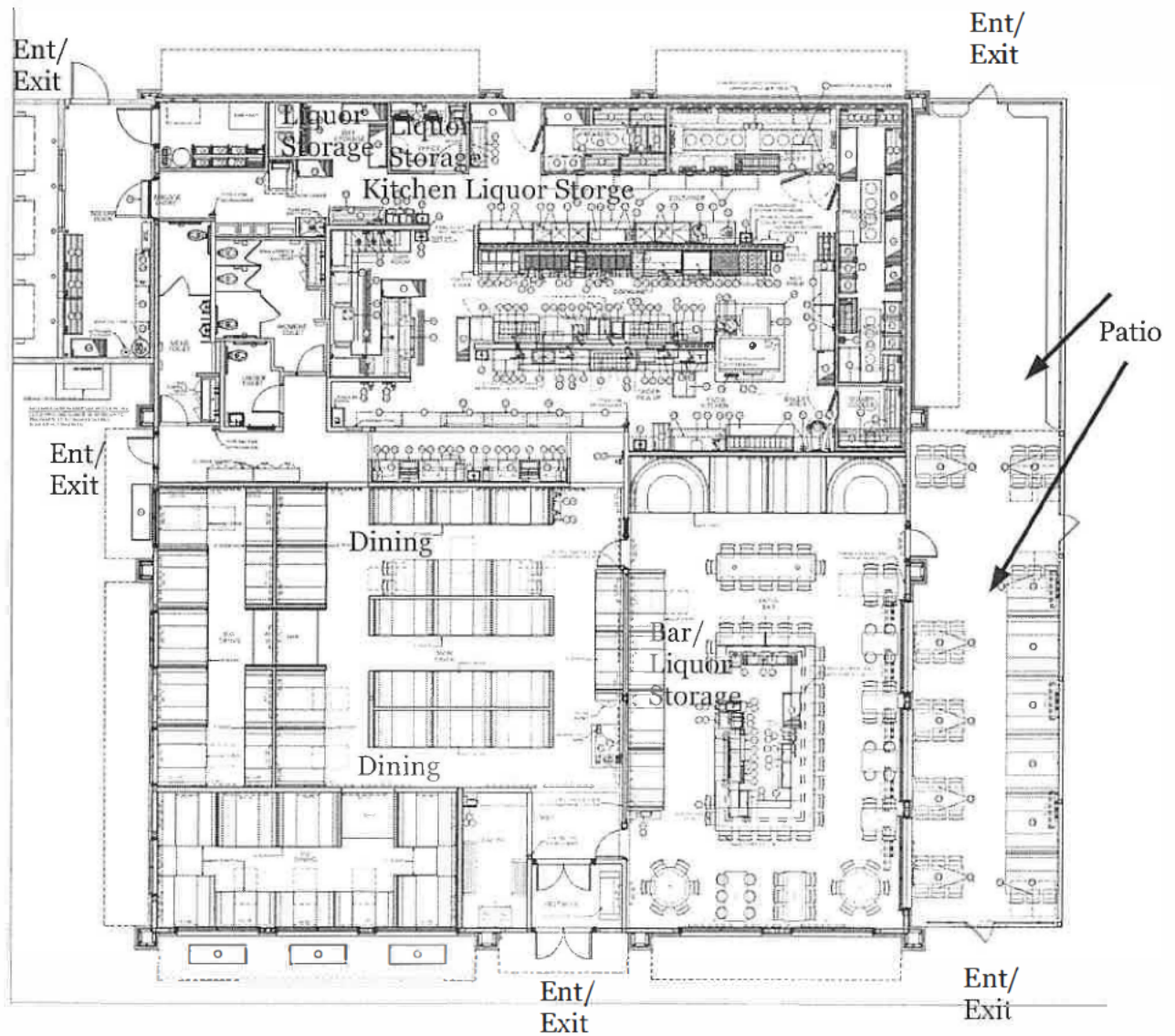
<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Director:	Gerald L. Morgan,	*
Director:	Gregory N. Moore,	*
Director:	Curtis A. Warfield,	*
Director:	James R. Zarley,	*
Director:	Kathleen M. Widmer,	*
Director:	Michael A. Crawford,	*
Director:	Donna T. Epps,	*
Director:	Wayne L. Jones,	*
Director:	Jane M. Abell,	*

* Represents beneficial ownership of less than 1.0% of the outstanding shares of class. As set forth in the 2023 annual report.

24 7 8 Lgr. Dept AM 7 03

Bubba's 33
1460 N Bullard Ave.
Goodyear AZ 85395

7575 ft.²





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): Bubba's
2. Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	ACCUTEMP EGF2083B3650 T1
Oven	COOK AND HOLD OVEN ON CASTERS
Freezer	KOLPAK 208V/3PH 12.3 AMPS 208V/1PH 9.8 AMPS
Refrigerator	SILVER KING SKRCB84H/C13
Sink	ADVANCE TABCO FS-3-2424 24L
Dish Washing Facilities	ECOLAB ECOTEMP EC44HH
Food Preparation Counter (Dimensions)	CUSTOM STAINLESS STEEL
Other	

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

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

(Do not include kitchen, bar, hi-top tables, or game area.) 95 %

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?) 5 %

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

a) Restaurant dining area of your premises: [294]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 24]

TOTAL [= 318]

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.)

15 flatscreen TVs

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	20
Bartenders	5
Hostesses	5
Managers	1
Servers	60
Other (Bussers)	15
Other ()	
Other ()	

I, (Print Full Name) Lauren Kay Merrett, 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: Lauren Kay Merrett

MONDAY MADNESS

any burger
\$10.99



TUESDAY PIZZA NIGHT

ANY 12" PIZZA
\$12.99



PIZZAS FOR Victory

Winning is the only way to win. For more information, visit bubbass33.com



Bottomless BEVERAGES

FLAVORED LEMONADES
Bubba Blueberry, Lemon, Blackberry, Raspberry, Strawberry, Watermelon

SOFT DRINKS: 12oz, 16oz, 20oz
COFFEE: 12oz, 16oz, 20oz

LOW SODIUM Iced Tea
Sweet or Unsweet
Cranberry, Lemon, Lime, Orange, Peach, Raspberry, Strawberry, Watermelon

Red Bull
Energy Drink
12oz, 16oz, 20oz

Homemade DESSERTS

Chocolate Chip Cookie Sandwich
Bubba's Cheesecake
Bubba's Cheesecake
Bubba's Cheesecake

SIDES

Calico Salad
Seasoned Fries
Tater Tots
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish

KIDS CORNER

FOR CHILDREN 12 YEARS & UNDER

Mini Chicken Sandwich
Mini Cheeseburger
Mini Fries
Mini Drink

LOAD UP YOUR TUBES, TOTS OR MASHED POTATOES FOR \$1.50 (ADD \$1.00 FOR CASH)

SCRATCH-MADE Food FOR All



BEER

LEGENDARY BUBBA'S BEER
Bubba's Beer
Bubba's Beer
Bubba's Beer

DOWNLOAD OUR MOBILE APP!

ORDER TO GO or GET ON THE WAITLIST
VISIT BUBBAS33.COM OR SCAN HERE

JOIN OUR FAN CLUB

Get a FREE PIZZA

Sign up online at BUBBAS33.COM and get a FREE 12" Deep Top Pizza on your next visit

Bubba's 33

SCRATCH-MADE Food FOR All



STARTERS

Hot Wings
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish

Half-Pound BURGERS

Scratch-made and hand-crafted burgers served on a toasted bun with all the fixings and a special sauce.

CHICKEN BURGERS

CHICKEN BURGERS

CHICKEN BURGERS

CHICKEN BURGERS

Stone-Baked PIZZA

Every pizza is made with love. All pizzas are hand-baked.

PIZZA TOPPINGS

PIZZA TOPPINGS

PIZZA TOPPINGS

PIZZA TOPPINGS

Hearty DINNERS

Chicken Fingers
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish
Crispy Chicken
Crispy Fish

Fresh SALADS

Salads are made with fresh ingredients and served with a house dressing.

Salads are made with fresh ingredients and served with a house dressing.

Salads are made with fresh ingredients and served with a house dressing.

Salads are made with fresh ingredients and served with a house dressing.

Hand-Crafted SANDWICHES

Hand-crafted sandwiches made with fresh ingredients and served on a toasted bun.

Hand-crafted sandwiches made with fresh ingredients and served on a toasted bun.

Hand-crafted sandwiches made with fresh ingredients and served on a toasted bun.

Hand-crafted sandwiches made with fresh ingredients and served on a toasted bun.

Signature PASTAS

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

ADD SOME BUBBA'S Style TO YOUR DINNER

Bubba's Style
Bubba's Style
Bubba's Style
Bubba's Style

Signature PASTAS

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature PASTAS

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature PASTAS

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature PASTAS

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Signature pastas made with fresh ingredients and served with a house sauce.

Beer \$9.00 - \$22.00

DOMESTIC

- Bud Light®
- Budweiser®
- Miller Lite®
- Coors Light®
- Michelob Ultra®

IMPORT

- Dos Equis®
- Modelo®
- Stella Artois®

CRAFT

- Samuel Adams®
Seasonal
- Blue Moon®
Belgium White

BOTTLES & CANS

- Heineken®
- Heineken® 0.0
- Samuel Adams® Boston Lager
- Corona Extra®
- Guinness® Draught
- Angry Orchard®
- PBR

SELTZER

- Truly Wild Berry
- Bud Light® Black Cherry

RED WINE

- K&L Cellars Cabernet Sauvignon
- Apothec Red Blend

WHITE & BLUSH WINE

- Ecco Domani® Pinot Grigio
- Cupcake® Chardonnay

\$9.00 - \$40.00



...the most delicious...
...the most delicious...
...the most delicious...

Cocktails \$9.00-\$17.00



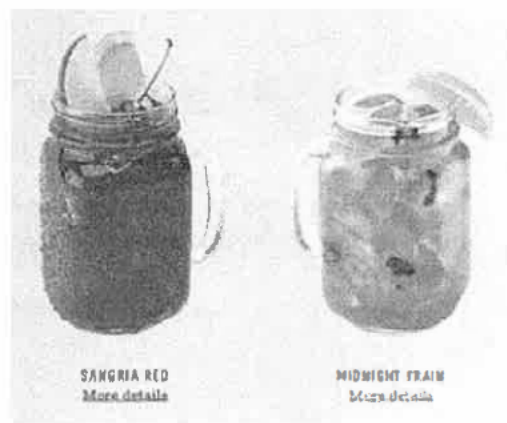
BUBBA'S LONG ISLAND ICED TEA
[More details](#)

BLUE OCEAN LONG ISLAND ICED TEA
[More details](#)



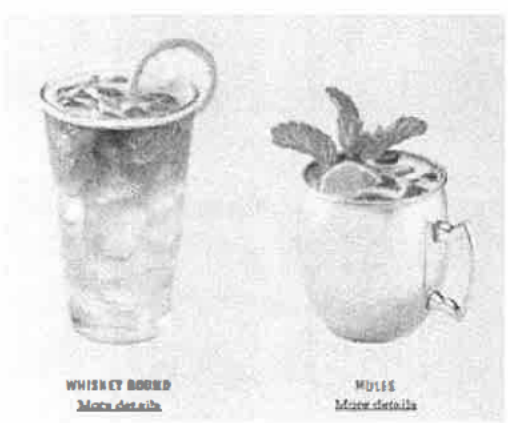
PINK LADY LONG ISLAND ICED TEA
[More details](#)

FRESH & FRUITY LEMONADE
[More details](#)



SANGRIA RED
[More details](#)

MIDNIGHT FRUIT
[More details](#)



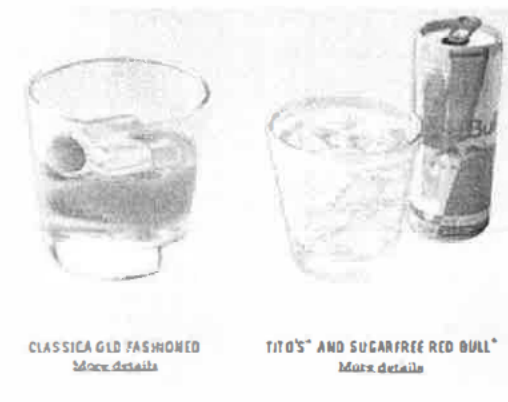
WHISKEY BOOBY
[More details](#)

MULES
[More details](#)



BLACKBERRY SMASH
[More details](#)

PINEAPPLE SMASH
[More details](#)



CLASSICA OLD FASHIONED
[More details](#)

TITO'S® AND SUGARFREE RED BULL®
[More details](#)



BUBBA'S SPARKLING LEMONADES
[More details](#)

TITO'S® Seltzers
[More details](#)



BUBBA'S MARGARITA
[More details](#)

THE TRIPLE DOWN MARG
[More details](#)

EXOTIC MARG
[More details](#)

Soda etc. \$5.00 - \$9.00



SOFT DRINKS

ORDER



ICED TEA (SWEET OR UNSWEET)

ORDER



FLAVORED LEMONADE

ORDER



WATER

ORDER



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

RECORDS REQUIRED FOR AUDIT
Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

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

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

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government
 - B. Employee Log (A.R.S. § 4-119)
 - C. Employee time cards (actual document used to sign in and out each work day)
 - D. Payroll records for all employees showing hours worked each week and hourly wages

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

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

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

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

A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

For the purpose of this section:

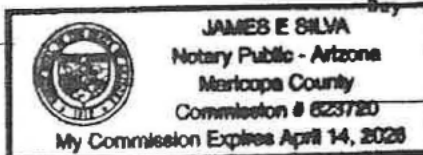
- 1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are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

NOTARY

I, (Print Full Name) Lauren Kay Merrett, have read and understand all aspects of this statement

X (Signature) Lauren Kay Merrett State of Arizona County of Maricopa
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: 04/14/2026 17 of June 2020
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

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

24 7 8 Lic. Dept AM 7:03

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 #	299995
Date Accepted:	6-24-2024
CSR	Clay

FP Current
3-15-2024

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: Merrett, Lauren Kay Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Phoenix, AZ USA Height: 5'8" Weight: 150 Eyes: HZ Hair: BR
City State COUNTRY

5. Name of current/most recent spouse: Morrow, James Quincy Birth Date: [REDACTED]
Last First (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 12/1958

7. Daytime telephone number: 602-738-1421 Email address: Merecoin@gmail.com

8. Premises Name: Bubba's 33 Business Phone: Pending

9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
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)
01/1996	CURRENT	Pres/CEO Mereco Inc.	736 S Longmore St., Chandler AZ 85224

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
05/2000	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) Lauren Kay Merrett 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: Lauren Kay Merrett

Date: 04/20/2023

IC:

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 #:	299995
Date Accepted:	6-24-2024
CSA:	Chap

FP Curat
4-26-2024

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: Doster Travis Carter Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Fayetteville AR USA Height: 6' 1" Weight: 215 Eyes: Green Hair: Gray
City State COUNTRY

5. Name of current/most recent spouse: Doster Elizabeth Anne 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? N/A

7. Daytime telephone number: 502 426-9984 Email address: travis.doster@texasroadhouse.com

8. Premises Name: Bubba's 33 Business Phone: Pending /

9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
Street (do not use PO Box) City State County Zip

24 7 8 Lique. Dept AM 7 03

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)
11/2023	CURRENT	Chief Communications Officer	Texas Roadhouse 6040 Dutchmans Ln., Louisville, KY 40205
11/2006	11/2023	Multiple, most recently VP of Communications	Texas Roadhouse 6040 Dutchmans Ln., Louisville, KY 40205

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
01/2010	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) Travis Carter Doster 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: 7-8-24

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#	299995
Date Accepted:	6-24-2024
CYR:	Chayn

FP current
4-26-2024

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: Mujica Hernan Edward Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Montreal Quebec Canada Height: 6'0" Weight: 190 Eyes: green Hair: brown
City State COUNTRY

5. Name of current/most recent spouse: Mujica Margaret Karen 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? [REDACTED]

7. Daytime telephone number: 502-426-9984 Email address: hernan.mujica@texasroadhouse.com

8. Premises Name: Bubba's 33 Business Phone: Pending

9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
Street (do not use PO Box) City State County Zip

24 7 8 Liqueur Dept 703

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)
1/2012	CURRENT	Multiple, currently Chief Information Officer	Texas Roadhouse 6040 Dutchmans Lane, Louisville, KY 40205

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
4/2012	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) Herman Mujica 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: 4/8/2024

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 #:	299995
Date Accepted:	6-24-2024
Clerk:	Chay

FP Arrest
4-26-2024

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: Tobin Regina Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)
3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Kentucky
4. Place of birth: Greensburg PA USA Height: 5'5" Weight: 186 Eyes: Brown Hair: Brown
City State COUNTRY
5. Name of current/most recent spouse: Mi lam Katherine Lynn 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? _____
7. Daytime telephone number: 502-426-9984 Email address: gina.tobin@texasroadhouse.com
8. Premises Name: Bubba's 33 Business Phone: Pending
9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
Street (do not use PO Box) City State County Zip

*24 7 8 Lqr. Dept AM 7:03

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)
01/2023	CURRENT	President	Texas Roadhouse 6040 Dutchmans Ln., Louisville, KY 40205
2021	01/2023	Chief Learning & Culture Officer	Texas Roadhouse - 6040 Dutchmans Ln., Louisville, KY 40205
2019	2021	VP of Training	Texas Roadhouse 6040 Dutchmans Ln., Louisville, KY 40205

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
06/2021	CURRENT				
11/2018	06/2021				

(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) Regina Ann Tobin 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: Regina Ann Tobin

Date: 4-9-24

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 #:	299995
Date Accepted:	6-24-2024
CSR:	Chay

FP Airtet
4-26-2024

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: Morgan Gerald Lee Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Sarasota FL USA Height: 6'0" Weight: 190 Eyes: brown Hair: brown
City State COUNTRY

5. Name of current/most recent spouse: Morgan Michelle Dawn 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? [REDACTED]

7. Daytime telephone number: 502-426-9984 Email address: jerry.morgan@texasroadhouse.com

8. Premises Name: Bubba's 33 Business Phone: Pending

9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
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)
05/1997	CURRENT	Multiple, Currently CEO	Texas Roadhouse - 6040 Dutchmans Lane, Louisville, KY 40205

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

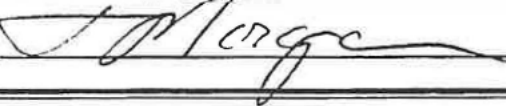
FROM Month/Year	To Month/Year	Street	City	State	Zip
09/2021	CURRENT				
07/2020	09/2021				
07/2010	07/2020				

(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) Gerald Morgan 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: 4/8/2024

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 #:	299995
Date Accepted:	6-24-2024
CSR:	Chay

FP Current
4-26-2024

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: Monroe Christopher David Birth Date: [REDACTED]
Last First Middle (NO public record)

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

4. Place of birth: El Paso TX USA Height: 5'11" Weight: 195 Eyes: Blue Hair: Gray
City State COUNTRY

5. Name of current/most recent spouse: Monroe Kimberly Wells 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? _____

7. Daytime telephone number: 502-426-9984 Email address: chris.monroe@texasroadhouse.com

8. Premises Name: Bubba's 33 Business Phone: Pending

9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
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)
07/2023	CURRENT	Chief Financial Officer	Texas Roadhouse - 6040 Dutchmans Ln., Louisville, KY 40205
04/2017	06/2023	SVP Treasurer	Southwest Airlines - 2702 Love Field Dr., Dallas, TX 75235

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

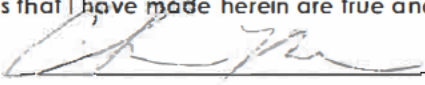
FROM Month/Year	TO Month/Year	Street	City	State	Zip
07/2023	CURRENT				
07/2023	07/2017				

(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) David Christopher Monroe 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: 4-8-24

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

DLIC USE ONLY

Job #	249995
Date Accepted	6-24-2024
CSR	Chay

FP Current
4-26-2024

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: Colson Christopher Charles Birth Date: [REDACTED]
Last First Middle (NOT a public record)
3. Social Security # [REDACTED] Drivers License #: [REDACTED] State Issued: Kentucky
4. Place of birth: Louisville KY USA Height: 6'1" Weight: 240 Eyes: blue Hair: brown/gray
City State COUNTRY
5. Name of current/most recent spouse: Colson Bridgette Hibbs 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? _____
7. Daytime telephone number: 502-426-9984 Email address: christopher.colson@texasroadhouse.com
8. Premises Name: Bubba's 33 Business Phone: Pending /
9. Premises Address: 1460 N Bullard Ave. Goodyear AZ 85395 Maricopa
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)
09/2005	CURRENT	Multiple, Currently Chief Legal and Administrative Officer and Corporate Secretary	Texas Roadhouse 6040 Dutchmans Lane, Louisville, KY 40205

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

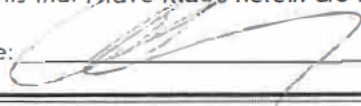
FROM Month/Year	To Month/Year	Street	City	State	Zip
01/2016	CURRENT				

(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) Christopher Colson 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: 04/08/2024