

State of Arizona
Department of Liquor Licenses and Control

Created 11/05/2024 @ 12:51:13 PM

Local Governing Body Report

LICENSE

Number:		Type:	007 BEER AND WINE BAR
Name:	VALLEY CRAFT		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	15671 W ROOSEVELT STREET STE 102 GOODYEAR, AZ 85338 USA		
Mailing Address:	15671 W ROOSEVELT STREET STE 102 GOODYEAR, AZ 85338 USA		
Phone:	(480)580-3996		
Alt. Phone:			
Email:	QUEQUINNII@GMAIL.COM		

AGENT

Name:	QUE ANTHONY DESEAN QUINN
Gender:	Male
Correspondence Address:	15671 W ROOSEVELT STREET STE 102 GOODYEAR, AZ 85338 USA
Phone:	(480)580-3996
Alt. Phone:	
Email:	QUEQUINNII@GMAIL.COM

OWNER

60TH DAY 01/04/2025
105TH DAY
02/18/2025

Name: WQ DISTRIBUTION INC
Contact Name: QUE ANTHONY DESEAN QUINN
Type: CORPORATION
AZ CC File Number: 23590396 State of Incorporation: AZ
Incorporation Date: 10/16/2023
Correspondence Address: 15671 W ROOSEVELT STREET
STE 102
GOODYEAR, AZ 85338
USA
Phone: (623)377-0825
Alt. Phone:
Email: QUEQUINNII@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
WILLIAM BARRY FOX	CEO	50.00
QUE ANTHONY DESEAN QUINN	Director	50.00

WQ DISTRIBUTION INC - CEO

Name: WILLIAM BARRY FOX
Gender: Male
Correspondence Address: 15671 W ROOSEVELT STREET
STE 102
GOODYEAR, AZ 85338
USA
Phone: (623)377-0825
Alt. Phone:
Email: WILLIAMFOX.JR@YAHOO.COM

WQ DISTRIBUTION INC - Director

Name: QUE ANTHONY DESEAN QUINN
Gender: Male
Correspondence Address: 15671 W ROOSEVELT STREET
STE 102
GOODYEAR, AZ 85338
USA
Phone: (480)580-3996
Alt. Phone:
Email: QUEQUINNII@GMAIL.COM

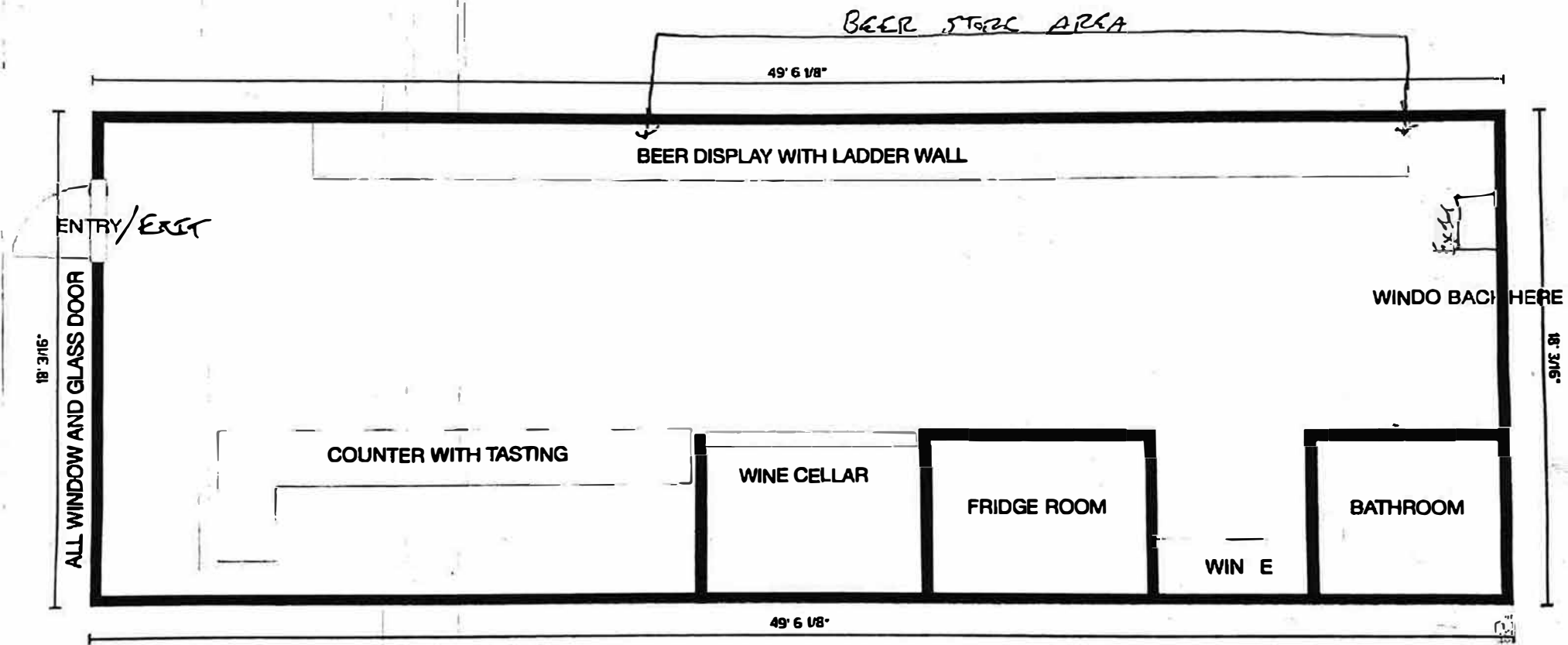
APPLICATION INFORMATION

Application Number: 310833
Application Type: New Application
Created Date: 09/24/2024

QUESTIONS & ANSWERS

007 Beer and Wine Bar

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
PALM VALLEY MONTESSORI 629 N SARIVAL AVE. GOODYEAR, AZ 85338 2 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY TENANT
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
ZERO
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No



TOTAL USABLE SQ.F. = 1342

24 10 17 14 18 10 58



Arizona Dept. of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

DLIC USE ONLY

Fee:

Job #: 133 310833

Date Accepted: 11/05/2024

CSR: SG

Personal Information Questionnaire

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. 54-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. 54-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. 54-101(22) and
A.R.S. 54-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☒ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: QUINN QUE ANTHONY DESEAN
Last First Middle
2. Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 03/02/1988
6. Email address: QUINNQUINN@GMAIL.COM
7. Home Address: [REDACTED]
8. Daytime phone #: 4805803996 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: _____
2. Business Name (doing business as): VALLEY CRAFT
3. Business Address: 15671 W ROOSEVELT ST STE 102 GILBERT AZ 85138

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☒ Agent ☒ Controlling Person ☐ Manager

Name of persons who will be handling the day to day operations: QUEEN, DAWN + WILLIAM FOX

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. 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 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Shelley Quinn 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: 10/10/24

To whom it may concern:

This letter is in reference to the Personal Information Questionnaire for Arizona Department of Liquor Licenses and Control Series 7 application for WQ Distribution, DBA Valley Craft.

In regards to Section 4 question 1, I affirm that I, Que Anthony Desean Quinn, have owned or been a controlling person of an entity that has held a liquor license within the past 5 years. This Liquor License is a current Series 10s license under the same company. Information below:

WQ Distribution Inc

Valley Craft

15671 W Roosevelt St

STE 102

Goodyear AZ 85338

Series 10s

010070027757

Exp 12/31/2024

Thank you for your time

Que Anthony Desean Quinn

10/3/2024

24 10 17 11:47 AM 10/15/24



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https://www.azliquor.gov
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DLIC USE ONLY

Fee:

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A.R.S. 54-101(22) and
A.R.S. 54-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: FOX WILLIAM Barry
Last First Middle
2. Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 5 / 1 / 1990
6. Email address: WILLIAM.FOX.JR@YAHOO.COM
7. Home Address: [REDACTED]
8. Daytime phone #: 602-377-0825 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

1. Liquor License #: _____
2. Business Name (doing business as): VALLEY CRAFT
3. Business Address: 15671 W ROOSEVELT ST STE 102 GROUND FLOOR AZ 85338

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Name of persons who will be handling the day to day operations: OLC QUINN, WILLIAM FOX

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If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. 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 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) WILLIAM FOX 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: 10/3/2024

To whom it may concern:

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In regards to Section 4 question 1, I affirm that I, William Fox, have owned or been a controlling person of an entity that has held a liquor license within the past 5 years. This Liquor License is a current Series 10s license under the same company. Information below:

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STE 102

Goodyear AZ 85338

Series 10s

010070027757

Exp 12/31/2024

Thank you for your time

William Fox



10/3/2024

24 10 17 134. Dept RM1038