

State of Arizona
Department of Liquor Licenses and Control

Created 11/26/2024 @ 11:50:44 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	HIGH TIDE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1845 N GLOBE DRIVE BUILDING 2 GOODYEAR, AZ 85395 USA		
Mailing Address:	5030 W MCDOWELL ROAD STE 29-30 PHOENIX, AZ 85035 USA		
Phone:	(000)000-0000		
Alt. Phone:	(480)353-8035		
Email:	TJMORSE1208@Q.COM		

AGENT

Name:	THERESA JUNE MORSE
Gender:	Female
Correspondence Address:	5030 W MCDOWELL ROAD STE 29-30 PHOENIX, AZ 85035 USA
Phone:	(602)795-0202
Alt. Phone:	
Email:	TJMORSE1208@Q.COM

OWNER

60th Day:
1/25/25
105th Day:
3/11/25

Name: HIGH TIDE GOODYEAR, LLC
Contact Name: THERESA JUNE MORSE
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23563107 State of Incorporation: AZ
Incorporation Date: 08/01/2023
Correspondence Address: 5030 W MCDOWELL ROAD
STE 29-30
PHOENIX, AZ 85035
USA
Phone: (000)000-0000
Alt. Phone: (480)353-8035
Email: TJMORSE1208@Q.COM

Officers / Stockholders

Name:	Title:	% Interest:
GLASS LIVING TRUST DATED JULY 25, 2002	Stockholder	100.00

**GLASS LIVING TRUST DATED JULY 25, 2002 -
TRUSTEE**

Name: CHRISTOPHER THOMAS GLASS
Gender: Male
Correspondence Address: 2582 E THORNTON COURT
GILBERT, AZ 85297
USA
Phone: (480)821-9950
Alt. Phone:
Email: CG0590@HOTMAIL.COM

HIGH TIDE GOODYEAR, LLC - Stockholder

Name: GLASS LIVING TRUST DATED JULY 25, 2002
Contact Name: THERESA JUNE MORSE
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 2582 E THORNTON COURT
GILBERT, AZ 85297
USA
Phone: (480)353-8035
Alt. Phone:
Email: TJMORSE1208@Q.COM

**GLASS LIVING TRUST DATED JULY 25, 2002 -
TRUSTEE**

Name: KIMBERLY DEANNE GLASS
Gender: Female
Correspondence Address: 2582 E THORNTON COURT
GILBERT, AZ 85297
USA
Phone: (602)821-9950
Alt. Phone:
Email: CG0590@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 317058
Application Type: New Application
Created Date: 11/07/2024

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
TENANT
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
LANDLORD REMEDIES/EVICTION
- 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.
\$1.6 MILLION
REPUBLIC BANK OF AZ
645 E MISSOURI AVE STE 108, PHOENIX, AZ 85012
- 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?
01/15/2025
- 9) What type of business will this license be used for?
SEAFOOD RESTAURANT

HIGH TIDE GOODYEAR LLC

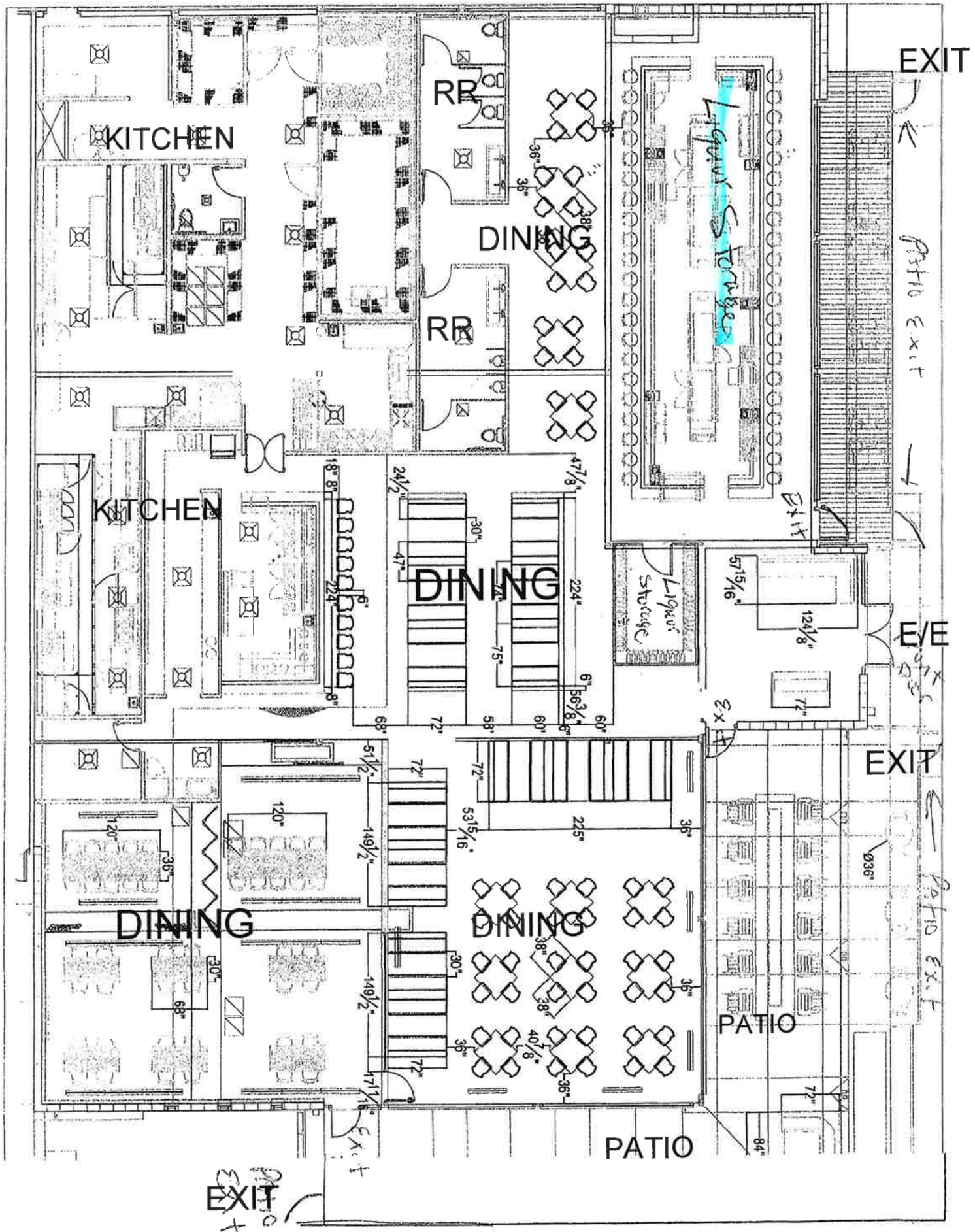
100%

GLASS LIVING TRUST, Dated July 25, 2002 CHRISTOPHER THOMAS GLASS-TRUSTEE KIMBERLY DEANNE GLASS-TRUSTEE 100% STOCKHOLDER
--

EXIT

SQ FT = 8,500

24 NOV 7 PM 3:26 AZD LLC





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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	Royal flat grill 24(w) x 32.5(d), Royal Charbroiler 36(w) x 25.5(d), Royal Range Stock Pot
Oven	Blodgett convection oven, Royal Range 4 burners, Rational Combi Oven steam, convection & combination, VarioSmoker Combi Oven Smoker, Cleveland Range steamer
Freezer	Everest Reach-in undercounter/Worktop Freezer 27.75(w) x 31.5(d), Custom Model No. INDOOR WALK-IN FREEZER
Refrigerator	Everest Refrigeration Model No. EOTPW2, Everest Refrigeration Model No. EPBSR2, Everest Refrigeration Model No. EPBR3 salad prep, Custom Model No. INDOOR WALK-IN COOLER 2-True back bar cabinet
Sink	Triple compartment sink, 4 hand sinks, prep sink, 2 mop sinks
Dish Washing Facilities	Triple compartment sink, Ecolab dishwasher
Food Preparation Counter (Dimensions)	Vollrath hot top prep, Everest sandwich prep with double door refg below, Everest Refrigeration Model No. EPBSR2 prep table, Everest MEGA TOP SANDWICH / SALAD PREPARATION
Other	Royal Fryer 15.5(w) x 30.5(d) 50lbs capacity, RATIONAL Water Filtration, HEATED HOLDING PROOFING CABINET, MOBILE, Nemco Countertop Warmer

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.) 82 %

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: [184]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+40]

TOTAL [= 224]

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.)

6 TELEVISIONS

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	24
Bartenders	8
Hostesses	8
Managers	2 (OWNERS)
Servers	20
Other (BUSSEER)	8
Other (DISHWASHER)	7
Other (RUNNERS)	3

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

Applicant Signature: Theresa June Morse



RECORDS REQUIRED FOR AUDIT RESTAURANT/HOTEL/MOTEL

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

Type or Print with **Black Ink**

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

HIGH TIDE

1. Name of restaurant (Please print): _____
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets

11. General Ledger

A. Sales Journals/Monthly Sales Schedules

- 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
- 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
- 3) Dated Guest Checks
- 4) Coupons/Specials/Discounts
- 5) Any other evidence to support income from food and liquor sales

B. Cash Receipts/Disbursement Journals

- 1) Daily Bank Deposit Slips
- 2) Bank Statements and canceled checks

12. Tax Records

A. Transaction Privilege Sales, Use and Severance Tax Return (copies)

B. Income Tax Return - city, state and federal (copies)

C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. **Payroll Records**

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

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

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

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

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

A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

For the purpose of this section:

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

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

Applicant Signature: Theresa June Morse

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

STARTERS & SHARING

*24NOV 7 PM 3:27 AZD LLC

CHILLED SEAFOOD PLATTERS

add Golden Osetra Caviar MKT

***HIGH TIDE COMBO** - ½ lb King Crab Legs, Shrimp Cocktail, Oysters, Scallops, Mussels, Poki MKT

***HIGH TIDE TOWER** - ½ Maine Lobster, 1 lb King Crab Legs, Shrimp Cocktail, Oysters, Mussels, Poki MKT

***RIP TIDE TOWER** - HIGH TIDE TOWER + Additional Chilled ½ Maine Lobster & Golden Osetra Caviar MKT

***SEASONAL OYSTER SELECTION** - ½ dozen or dozen MKT

***SCALLOPS ON THE HALF SHELL** - Tobiko (Roe), Ponzu, Micro Greens, ½ dozen, **served raw** 21

ROCKEFELLER, OYSTERS OR SCALLOPS - ½ dozen, Creamy Spinach, Bacon, Shallots, Bread Crumbs 24

SHRIMP COCKTAIL - Six Jumbo Shrimp, House Cocktail, Horseradish, Lemon 23

WARM SOURDOUGH LOAF - Whipped Butter and Garlic Herb Oil 6

LOBSTER MAC & CHEESE - Juicy Lobster, Three Cheese Sauce, Buttery Bread Crumbs 24

CALAMARI - Hand Cut & Panko Breaded, Grated Parmesan, Old Bay Lemon Aioli, Sweet & Spicy Chile Sauce 18

CRAB CAKE - Lemon Aioli, Fried Avocado, Micro Greens, Charred Corn Relish 19

CRAB GARLIC CHEESY BREAD - Marinara, Parmesan 13

STEAMED BLACK MUSSELS - Andouille Sausage, White Wine, Tomato, Roasted Shallot, Tarragon Butter 23

CAJUN STYLE SHRIMP BOIL - Charred Corn Relish 18

BRUSSELS SPROUTS - Toasted Cashews, Pickled Peppers, Cilantro, Mint & Garlic Chili Sauce 15

***AHI TOSTADAS** - Sesame Marinated Tuna, Avocado, Cucumber, Spicy Aioli, Cashews, Crispy Corn Tortillas 17

CEVICHE - Shrimp, Calamari, Crab, Sweet & Tangy Tomato Sauce, Cucumber, Avocado, Pumpkin Seeds, Chips 20

CHICKEN WINGS - Cooked Crispy & Tossed in HT Spice, served with Honey Hot Sauce & Ranch 19

CHARCUTERIE BOARD - Assorted Cured Meats & Premium Cheeses, Marinated Olives, Lahvosh 26

SOUPS & SALADS

LOBSTER BISQUE or **NEW ENGLAND CLAM CHOWDER** Cup 8 / Bowl 12

CHOPPED SALAD - Romaine, Tomatoes, Red Onion, Cucumbers, Pumpkin Seeds, Avocado, Jicama, Cabbage, Dried Cranberries, Aged Cheddar, Garlic-Lime Dressing topped with Green Goddess 16

CAESAR SALAD - Romaine Hearts, Grated Parmesan, Creamy Garlic Dressing, Croutons 13

WEDGE - Baby Iceberg, Bacon, Avocado, Crispy Shallots, Dried Cranberries, Tomato, Blue Cheese Dressing 16

BABY SPINACH - Candied Pecans, Strawberries, Golden Beets, Goat Cheese, Champagne Vinaigrette 16

add to any Salad - Grilled Chicken Breast 6 / Garlic Shrimp-Grilled, Sauteed or Battered 7 / *Grilled Salmon 10

BURGERS & SANDWICHES

***BURGER** - Cheddar, Lettuce, Tomato, Toasted Brioche Bun, Sea Salt Fries 17 / with Smoked Bacon 19

***SURF & TURF BURGER** - Topped w/ Buttery King Crab, Lettuce, Tomato, Remoulade, Brioche Bun, Sea Salt Fries 24

***SALMON BLT** - Grilled Salmon, Bacon, Lettuce, Tomato, Green Goddess Aioli, Brioche Bun, Sea Salt Fries 21

\$4 split plate charge

20% gratuity will be added to parties of 8 or more

We do not accept bank issued gift cards

*Eating raw or undercooked meat, fish or shellfish can increase the risk of food borne illness

HOUSE STEAM POTS & ENTREES

*24 NOV 7 PM 3:27 AZDILLC

CIOPPINO - Shrimp, Mussels, Clams, Sea Bass, Calamari, Fennel in a Tomato White Wine Broth 32

TIDE ROAST - Crab, Clams, Shrimp, Crawfish, Simmered in a Lobster Citrus Brandy Tomato Cream Sauce
Served with a Scoop of Rice 32 / add Oysters 34

LOUISIANA GUMBO - Rich Creole Stew, Andouille Sausage, Chicken, Okra, Crab, Shrimp, Crawfish
Served with a Scoop of Rice 27 / add Oysters 29 / sub Chicken & Sausage (no Seafood) 22

LINGUINE & CLAMS - Lemon, Garlic, White Wine Butter Sauce, Linguine 24 / sub Shrimp 27

SPICY SEAFOOD PASTA - Shrimp, Halibut, Cod, Calamari, Clams, Mussels, Artichokes in Spicy Tomato
Cream Sauce 37

SEAFOOD PAN ROAST serves 2

½ Maine Lobster, King Crab, Chilean Sea Bass, Diver Scallops, Jumbo Shrimp,
Mussels, Parmesan Risotto, Asparagus, Lobster Butter Broth MKT

WHOLE MAINE LOBSTER - 2 lb+ Steamed & Cracked, Thermidor Butter, Whipped Potatoes, Asparagus MKT

ALASKAN KING CRAB LEGS - ½ lb or 1 lb, Drawn Butter & Lemon, choice of 2 sides MKT

***ICELANDIC SALMON** - Creamy Risotto with Roasted Crimini Mushrooms, Sugar Snap Peas,
Pickled Peppers and Lemon Butter Sauce 36

***CHILEAN SEA BASS** - Pan Seared with Pistachio Risotto, Asparagus, Artichoke & Lobster Beurre Blanc 48

BAJA CORVINA SEA BASS - Herb Crusted, Risotto, Asparagus, Heirloom Tomato, Basil,
Citrus Beurre Blanc 34

***SEARED DIVER SCALLOPS** - Pasta Saltimbocca, Artichokes, Tomato, Prosciutto, Sage, Asparagus 48

***SEARED AHI TUNA** - Togarashi Spiced & Seared Rare, Steamed Rice, Tempura Asparagus,
Ponzu, Wasabi Cream 36

ENCHILADAS DEL MAR - Sea Bass, Shrimp, Halibut, Tomatillo Lime Cream Sauce, Cilantro-Lime Rice,
Red Beans, Avocado & Pico De Gallo 25

FISH & CHIPS - Battered Cod, Mixed Fries, Peach Cashew Slaw, Remoulade 20
sub **BATTERED HALIBUT** 24 / sub **BATTERED SHRIMP** 21 / sub **BATTERED OYSTERS** 21

***DOUBLE CUT PORK CHOP** - Whipped Potatoes, Garlic Green Beans, Bourbon Cherries & Mustard Sauce 38

BRAISED BEEF SHORT RIBS - Glazed Carrots, Whipped Potatoes, Natural Jus 34

FAMOUS BUTTERMILK FRIED CHICKEN - Drizzled with Honey & Served with Whipped Potatoes,
Garlic Green Beans 20

GRILLED CHICKEN SACHETTI PASTA - Porcini Mushroom Stuffed Pasta, Baby Spinach, Sweet Tomatoes,
White Wine and Parmesan Cream Sauce, Crispy Leeks 24

SIDES - Sea Salt Fries, Sweet Potato Fries, Whipped Potatoes, Baked Mac & Cheese, Glazed Carrots, Garlic
Green Beans, Grilled Asparagus, Fried Okra, Red Beans & Rice, Parmesan Risotto 7

BLACK ANGUS STEAKS choice of 2 sides

*16 oz **PRIME NEW YORK**, Harris Ranch MKT

*8 oz **FILET MIGNON** MKT

Accompaniments (choose one) Demi Glace, Blue Cheese Spread

SURF ANY DISH add ***SEARED JUMBO DIVER SCALLOP** MKT

MAIN LOBSTER Whole, ½ or Tail MKT Steamed or Rockefeller Style

ALASKAN KING CRAB LEGS single leg, ½ lb or 1 lb MKT

NON-ALCOHOLIC BEVERAGES

COFFEE	\$4.25
TEA	\$4.25
SODA	\$4.25



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

24 NOV 7 PM 3:27 AZDLLC
DLLC USE ONLY

Fee:
Job #: 317058
Date Accepted: 11/17/24
CSR: JT

fp current 8/17/25

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. §4-202(A).

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

A.R.S. §4-101(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. §4-101(22) and
A.R.S. §4-202(C)

SECTION 1 - INDIVIDUAL INFORMATION

☒ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

- Name: MORSE THERESA JUNE
Last First Middle
- Social Security # [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License # [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 07 / 04 / 1981
- Email address: TJMORSE1208@Q.COM
- Home Address [REDACTED]
- Daytime phone #: 480-353-8035 Alternative phone #: 480-353-8035

SECTION 2 - LICENSEE BUSINESS INFORMATION

- License Number: _____
- Business Name (doing business as): HIGH TIDE
- Business Address: 1845 N GLOBE DRIVE BUILDING 2 GOODYEAR ARIZONA 85395

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: _____

GLASS, CHRISTOPHER THOMAS

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

Signature: Theresa June Morse Date: 11/07/2024



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

24 NOV 7 PM 3:27 AZDILLC

DLLC USE ONLY

Fee:

Job #:

317058

Date Accepted:

11/7/24

CSR:

JT

fp pending 805-606

Personal Information Questionnaire

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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.

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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. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: GLASS KIMBERLY DEANNE
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: 08 / 22 / 1988
6. Email address: CG0590@HOTMAIL.COM
7. Home Address: [REDACTED]
8. Daytime phone #: 602-821-9950 Alternative phone #: 480-353-8035

SECTION 2 - LICENSED BUSINESS INFORMATION

1. License Number: _____
2. Business Name (doing business as): HIGH TIDE
3. Business Address: 1845 N GLOBE DRIVE BUILDING 2 GOODYEAR ARIZONA 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

24 NOV 7 PM 3:27 AZD LLC

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: _____

GLASS, CHRISTOPHER THOMAS

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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) KIMBERLY DEANNE GLASS 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: Kimberly Deanne Glass Date: 11-06-24

AMENDMENT TO QUESTIONNAIRE
KIMBERLY DEANNE GLASS

Question 1 (page 2)

I am a controlling person on the following liquor licenses:

1. 12079520
2. 012070014213
3. 1207B159

Respectfully,

A handwritten signature in cursive script that reads "Kimberly Deanne Glass". The signature is written in dark ink and is positioned above the printed name.

Kimberly Deanne Glass



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 #:

Date Accepted:

CSR:

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 11/6/24	Name of Applicant: KIM GLASS
Name of Fingerprint Technician: MEGAN PICKELL 440	
Fingerprint technician's Signature: <i>Megan Pickell</i> 440	
Fingerprint technician's Agency/company Name: CWSOA/ Fingerprint Tech 1757 E Baseline Rd, #104, Gilbert, AZ 85233	Phone Number: 480-892-4295
Type of Photo ID Provided (check one):	
☐ Driver's License ☒ Passport ☐ Other (Please specify)	



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

*24 NOV 7 PM 3:27 AZD LLC
DLIC USE ONLY

Fee:
Job #: 317058
Date Accepted: 11/7/24
CSR: JT

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. §4-202(A).

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

A.R.S. §4-101(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. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: GLASS CHRISTOPHER THOMAS
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: 06 / 07 / 1985
6. Email address: CG0590@HOTMAIL.COM
7. Home Address: [REDACTED]
8. Daytime phone #: 602-821-9950 Alternative phone #: 480-353-8035

SECTION 2 - LICENSED BUSINESS INFORMATION

1. License Number: _____
2. Business Name (doing business as): HIGH TIDE
3. Business Address: 1845 N GLOBE DRIVE BUILDING 2 GOODYEAR ARIZONA 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

*24 NOV 7 PM 3:27 AZDLLC

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: _____

GLASS, CHRISTOPHER THOMAS

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) CHRISTOPHER THOMAS GLASS 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: _____

Christopher Thomas Glass

Date: _____

10/6/2024

AMENDMENT TO QUESTIONNAIRE
CHRISTOPHER THOMAS GLASS

Question 1 (page 2)

I am a controlling person on the following liquor licenses:

1. 12079520
2. 012070014213
3. 1207B159

Respectfully,


Christopher Thomas Glass

Certificate # _____

☒ Renew 7 PM 3:27 AZD LLC

☐ Off-sale

☐ On- and off-sale

Certificate of Completion
For
Title 4 BASIC 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.

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

CHRIS ROBERT THOMAS GLASS

Full Name (please print)

Christopher Thomas Glass

Signature

8-14-23

Training Completion Date

8-14-26

Certificate Expiration Date

(three years from completion date)

Training Provider Information

A.A.C.

Company Name

40 North Central Avenue, Suite 1400, Phoenix, Arizona 85004

Mailing Address

(480) 236-8250

Daytime Contact Phone Number

D Feagles

Instructor Name (please print)

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

14/8/2023

Day Mo Year

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

2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # _____

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

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

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Christopher Thomas Glass

Full Name (please print)

Christopher T Glass

Signature

8-14-23

Training Completion Date

8-14-26

Certificate Expiration Date
(three years from completion date)

Training Provider Information

A.A.I.C.

Company Name

40 North Central Avenue, Suite 1400, Phoenix, Arizona 85004

Mailing Address

(480) 236-8250

Daytime Contact Phone Number

D FEAGLES

I, _____, 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).

[Signature]

Instructor Signature

14 8 2023

Day Mo Year

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5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date 11/6/24	Name of Applicant: CHRIS GLASS
Name of Fingerprint Technician: MEGAN PICKELL 440	
Fingerprint technician's Signature: 440	
Fingerprint technician's Agency/company Name: CWSOA/ Fingerprint Tech 1757 E Baseline Rd, #104, Gilbert, AZ 85233	Phone Number: 480-892-4295
Type of Photo ID Provided (check one):	
☐ Driver's License ☒ Passport ☐ Other (Please specify)	