

# NOTICE

## APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: 7/25/2022

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

City Council - City of San Luis

PLACE 1040 E. Union St. SLAZ DATE/TIME 8/24/2022 @ 7:00 P.M.

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 928-341-8520

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE

STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND

NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE

**STATE LIQUOR BOARD:** 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY: 928-341-8520 STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 07/20/2022 @ 03:15:01 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	004 WHOLESALER
Name:	VR WHOLESALE INC		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1345 N MAIN STREET SAN LUIS, AZ 85349 USA		
Mailing Address:	PO BOX 11153 SAN LUIS, AZ 85349 USA		
Phone:	(928)613-2300		
Alt. Phone:	(760)595-7046		
Email:	ISEPULVEDA@VRWHOLESALE.BIZ		

**AGENT**

Name:	RAUL RAFAEL URENA TAYLOR
Gender:	Male
Correspondence Address:	PO BOX 11153 SAN LUIS, AZ 85349 USA
Phone:	(760)595-7046
Alt. Phone:	
Email:	ISEPULVEDA@VRWHOLESALE.BIZ

**OWNER**

Name:	VR WHOLESALE INC		
Contact Name:	RAUL RAFAEL URENA TAYLOR		
Type:	CORPORATION		
AZ CC File Number:	16980564	State of Incorporation:	AZ
Incorporation Date:	08/03/2011		
Correspondence Address:	PO BOX 11153 SAN LUIS, AZ 85349 USA		
Phone:	(760)595-7046		
Alt. Phone:			
Email:	ISEPULVEDA@VRWHOLESALE.BIZ		

**Officers / Stockholders**

Name:  
LUIS CARLOS VALENCIA ROSAS  
MARICELA VALENCIA ROSAS

Title:  
President  
VP

% Interest:  
100.00

### **VR WHOLESALE INC - VP**

Name: MARICELA VALENCIA ROSAS  
Gender: Female  
Correspondence Address: 1380 SAN FRANCISCO STREET  
SAN LUIS, AZ 85349  
USA  
Phone: (928)627-0889  
Alt. Phone:  
Email:

### **VR WHOLESALE INC - President**

Name: LUIS CARLOS VALENCIA ROSAS  
Gender: Male  
Correspondence Address: PO BOX 11153  
SAN LUIS, AZ 85349  
USA  
Phone: (928)315-6112  
Alt. Phone:  
Email: LUISCARLOS@GRUPOCENTRA.MX

## APPLICATION INFORMATION

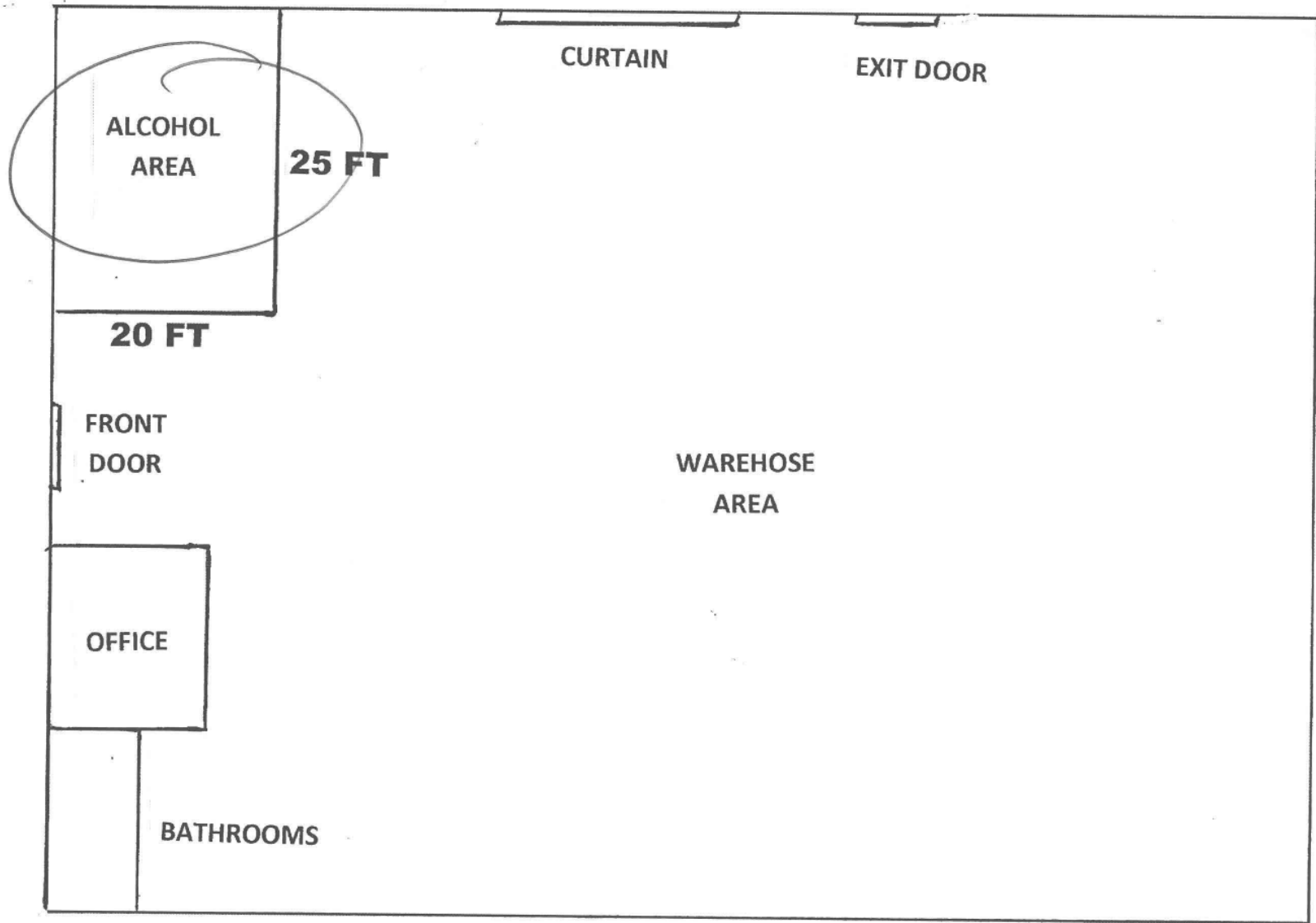
Application Number: 203725  
Application Type: New Application  
Created Date: 07/18/2022

*Chan*

## QUESTIONS & ANSWERS

### 004 Wholesaler

- 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  
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
- 6) Are there walk-up or drive-through windows on the premises?  
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

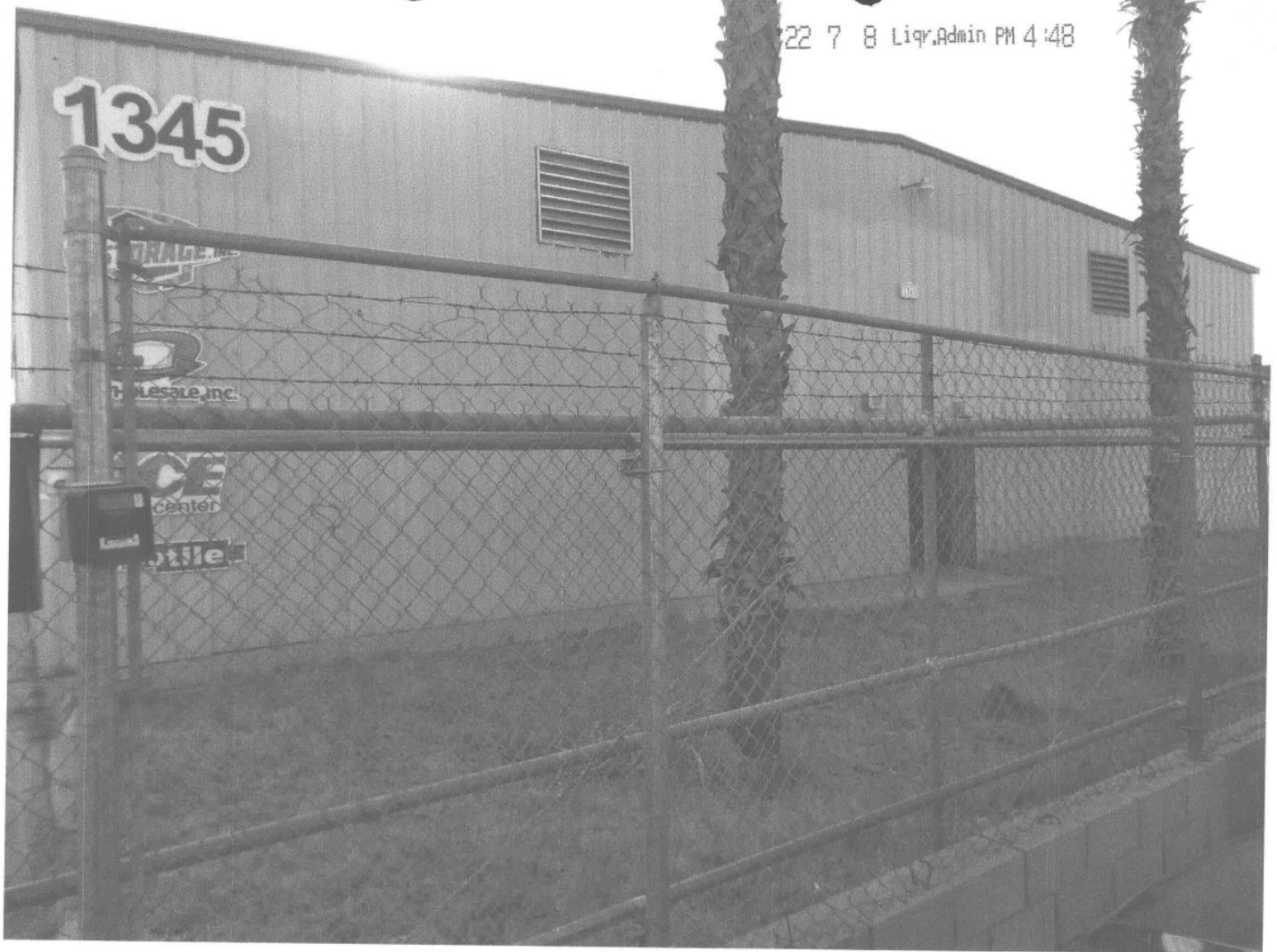


22 7 8 Up Admin PM 4/18

\*22 7 8 Liqr.Admin PM 4:48



22 7 8 Liqr.Admin PM 4:48



'22 7 8 Liq.Admin PM 4:48





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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

805-211

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

Liquor License #: 203925

1. Check the Appropriate Box

Form with checkboxes: Controlling Person, Agent (checked), Premises Manager (complete all questions except #12)

2. Name: Urena Taylor Raul Rafael Cr Birth Date [Redacted]

3. Social Security # [Redacted] Driver License # [Redacted] State: Arizona

4. Place of birth: Mexicali BC Mexico Height: 5'11" Weight: 187 Eyes: Green Hair: Brown

5. Name of current/most recent spouse: Urena Taylor Esmeralda Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 02/2009

7. Daytime telephone number: 760-595-7046 E-mail address: isepulveda@vrwholesale.biz

8. Business Name: Vr Wholesale, Inc. Business Phone: 928, 613, 2300

9. Business Location Address: 1345 N. Main St San Luis Arizona Yuma 85349

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 05/14, CURRENT, Supervisor, VR Wholesale, Inc. 1345 N. Main St San Luis AZ 85349

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. § 4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
15/16	CURRENT	1900 W. 30th st apt.207 Yuma AZ, 85364

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a D.L.C.C. approved Basic & Management Liquor Law Training Course within the past 3 years?  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 summonses 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 giving complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

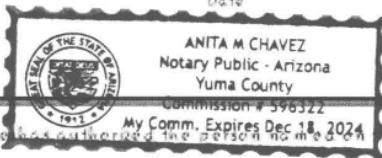
I, Raul R. Urena Taylor hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of AZ County of YUMA  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 12/18/24  
Date

8 Day of JUNE 2022  
Day Month Year



[Signature]  
Signature of Notary

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

PRINT NAME Raul R. Urena Taylor

SIGNATURE: [Signature]



State of Arizona  
 Department of Liquor Licenses and Control  
 800 W. Washington 5<sup>th</sup> Floor  
 Phoenix, AZ 85007  
 (602) 542-5141

22 7 8 Liq.Admin PM 4:48

**ARIZONA STATEMENT OF CITIZENSHIP  
 OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I – APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type) Raul R. Urena Taylor

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?  Yes  No

If **Yes**, indicate place of birth:

City Mexicali State (or equivalent) Baja California Country or Territory Mexico

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

2) Name of document: A United States Certificate of Naturalization  
 Go to Section IV.

If you answered **No**, you must complete Section III and IV.

Liquor Admin PM 4/4/13

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

\_\_\_\_\_  
Name of document provided

**Qualified Alien Status** (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present**

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

22 7 8 11:48 AM

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

**Raul R. Urena Taylor**

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

6/8/22

Today's Date

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

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

THE UNITED STATES OF AMERICA



[Redacted]

CERTIFICATE OF

NATURALIZATION

PM 4:48

USCIS Registration No. [Redacted]

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

*[Signature]*  
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

Marital status: **MARRIED**

Country of former nationality:  
**MEXICO**

at: **PHOENIX, ARIZONA**

The Secretary having found that:

**RAUL RAFAEL URENA TAYLOR**

residing at: **YUMA, ARIZONA**

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

**U.S. DISTRICT COURT FOR THE DISTRICT OF ARIZONA**

at: **PHOENIX, ARIZONA**

on: **MAY 01, 2015**

such person is admitted as a citizen of the United States of America.

*[Signature]*

U. S. Citizenship and Immigration Services



ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

*Arizona* DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION

9 CLASS D  
9a END NONE  
12 REST NONE

1 URENA TAYLOR  
2 RAUL RAFAEL

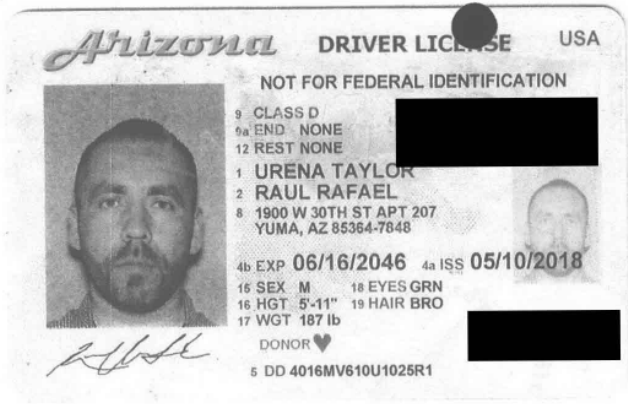
8 1900 W 30TH ST APT 207  
YUMA, AZ 85364-7848

4b EXP 06/16/2046 4a ISS 05/10/2018

15 SEX M 18 EYES GRN  
16 HGT 5'-11" 19 HAIR BRO  
17 WGT 187 lb

DONOR ♥

5 DD 4016MV610U1025R1



4:48

CLASS: D-Operator  
ENDORSEMENTS: None

RESTRICTIONS: None

Rev 02/14/2014

You Must Report a Change of Address Within 10 Days



**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**

**Raul Urena Taylor**

Full Name (please print)

Signature

**06/10/2022**

Training Completion Date

**06/09/2025**

Certificate Expiration Date  
(three years from completion date)

**Training Provider Information**

**360training.com Inc.**

Company Name

**5000 Plaza on the Lake, Suite 305, Austin, TX 78746**

Mailing Address

**(877) 881-2235**

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete  
Instructor Name (please print)

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

Instructor Signature

**06/10/2022**

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.

11. Provide your residence address information for the last five (5) years: *A.R.S. §4-202(D)* 8 Liquor Admin PM 4:48

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
02/2014	CURRENT	2266 N. DAVID RIEDEL BLVD, SAN LUIS AZ, 85349

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  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 summonses 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

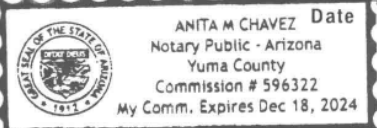
If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.  
Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**NOTARY**

I (Print Full Name) LUIS CARLOS VALENCIA ROSAS hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: \_\_\_\_\_ State of AZ County of YUMA  
The foregoing instrument was acknowledged before me this \_\_\_\_\_

My Commission Expires on: 12/18/24 2 Day of JUNE, 2022  
Day Month Year



ANITA M CHAVEZ  
Notary Public - Arizona  
Yuma County  
Commission # 596322  
My Comm. Expires Dec 18, 2024

*Anita M Chavez*  
Signature of Notary

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

PRINT NAME: LUIS CARLOS VALENCIA ROSAS SIGNATURE: \_\_\_\_\_



'22 7 8 Liqr.Admin PM 4:48

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

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type) Luis Carlos Valencia Rosas

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? [ ] Yes [x] No

If Yes, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

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

2) Name of document: \_\_\_\_\_
Go to Section IV.

If you answered No, you must complete Section III and IV.

2018-08-18 11:49 AM

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

I-94 With Photograph and Arizona Driver License

Name of document provided

**Qualified Alien Status** (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons** (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present**

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

2022 7 8 Licr Admin PM 4:49

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

**Luis Carlos Valencia Rosas**

Individual Owner/Agent Printed Name

Individual Owner/Agent Signature

6/2/22  
Today's Date

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

**You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**Evidence showing authorized presence in the United State includes the following:**

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.



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

**QUESTIONNAIRE**  
A.R.S. §4-202, 4-210  
Type or Print with Black Ink

805-211

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

Liquor License #: 203725

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: VALENCIA ROSAS LUIS CARLOS Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: SAN LUIS R.C. SONORA MEXICO Height: 5'06" Weight: 165 Eyes: BROWN Hair: BROWN

5. Name of current/most recent spouse: LEON DURAN MARIA DOLORES Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 2022

7. Daytime telephone number: 928-315-6112 E-mail address: LUISCARLOS@GRUPOCENTRA.MX

8. Business Name: VR WHOLESALE, INC. Business Phone: 928 / 613 / 2300

9. Business Location Address: 1345 N. MAIN ST SAN LUIS AZ YUMA 85349

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
07/2011	CURRENT	PRESIDENT	VR WHOLESALE, INC. 1345 N. Main St San Luis AZ 85349

(ATTACH ADDITIONAL SHEET IF NECESSARY)

CLASS: D-Operator  
 ENDORSEMENTS: None  
 RESTRICTIONS: B-Corrective Lens Must Be Worn  
 Rev 02/14/2014  
 You Must Report a Change of Address Within 10 Days



*Arizona* DRIVER LICENSE USA

NOT FOR FEDERAL

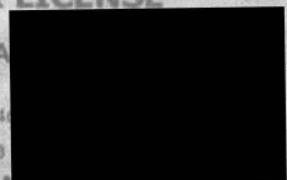
9 CLASS D  
 9a END NONE  
 12 REST B

1 VALENCIA ROSAS  
 2 LUIS CARLOS  
 8 2266 N REIDEL BLVD  
 SAN LUIS, AZ 853497821

4b EXP 05/10/2023 4a ISS 10/28/2021

15 SEX M 18 EYES BRO  
 16 HGT 5'-06" 19 HAIR BRO  
 17 WGT 165 lb

5 DD 0072028C6V111905





'22 7 8 Liqr.Admin PM 4:49



**VISA**

	Issuing Post Name	CIUDAD JUAREZ	[Redacted]
	Surname	VALENCIA ROSAS	
	Given Name	LUIS CARLOS	
	Sex	M	[Redacted]
Entries	M	Issue Date	11JUL2018
Annotation	VR STORAGE, INC. SAN LUIS, AZ PRESIDENT		[Redacted]
**		Visa Type /Class	E2
		Nationality	MEX
			0110

[Redacted]

Certificate # AZM-OFF-0120267

22 7 8 Liq.Admin PM 4:49

**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**

**Luis Carlos Valencia Rosas**

Full Name (please print)

Signature

05/23/2022

Training Completion Date

05/22/2025

Certificate Expiration Date

(three years from completion date)

**Training Provider Information**

**360training.com Inc.**

Company Name

5000 Plaza on the Lake, Suite 305, Austin, TX 78746

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete  
Instructor Name (please print)

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

*Samantha Montalbano*

Instructor Signature

05/23/2022

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 6)  
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.