

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

11 JUN 15 11:47:19 AM 1210

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
INTERIM PERMIT Complete Section 5
NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16
PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16
LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16
PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16

SECTION 2 Type of ownership:

- J.T.W.R.O.S. Complete Section 6
INDIVIDUAL Complete Section 6
PARTNERSHIP Complete Section 6
CORPORATION Complete Section 7
LIMITED LIABILITY CO. Complete Section 7
CLUB Complete Section 8
GOVERNMENT Complete Section 10
TRUST Complete Section 6
OTHER (Explain)

SECTION 3 Type of license and fees LICENSE #(s): 12

1. Type of License(s): restaurant

\$100 \$148

2. Total fees attached:

Department Use Only \$ 148.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. Schweizer Donya Marie
Last First Middle

2. Corp./Partnership/L.L.C.: Donya Marie's Beyond Chocolate LLC
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Donya Marie's Beyond Chocolate RESTAURANT
(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 171 S. State Hwy 69 Suite E Dewey Prescott Valley Yavapai 86327
(Do not use PO Box Number) City County Zip

5. Business Phone: 602-525-0248 602-513-0248 Daytime Contact: 602-513-0248

6. Is the business located within the incorporated limits of the above city or town? [X] YES [ ] NO

7. Mailing Address: Same 171 S. State Hwy 69, Suite E Dewey AZ 86327
City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: Application 100.00 Interim Permit Agent Change Club Finger Prints \$ 48.00 TOTAL OF ALL FEES 148.00

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? [X] YES [ ] NO

Accepted by: JB Date: 06-21-11 Lic. # 12133492

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use?  YES  NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

(Print full name)

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business?  YES  NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Donya Marie's Beyond Chocolate LLC (Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 4/14/2011 State where Incorporated/Organized: Arizona

3. AZ Corporation Commission File No.: ~~116674230~~ JS Date authorized to do business in AZ: 4/14/2011

4. AZ L.L.C. File No: L16674230 Date authorized to do business in AZ: 4/14/2011

5. Is Corp./L.L.C. Non-profit?  YES  NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Schweizer	Donya	MARIE	DB member	171 S. State Hwy 69, Dewey, AZ 86327	
<del>Schweizer</del>	<del>Jason</del>	<del>Stuart</del>	<del>Member</del>	<del>171 S. State Hwy 69, Dewey, AZ 86327</del>	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Schweizer	DONYA	MARIE	50	171 S. STATE HWY 69 DEWEY, AZ 86327	
Schweizer	JASON	STUART	50	171 S. STATE HWY 69 DEWEY, AZ 86327	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
 (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit?  YES  NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
7. Current Mailing Address: Street \_\_\_\_\_  
(Other than business) City, State, Zip \_\_\_\_\_

8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
9. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)



**SECTION 13 - continued**

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
 YES  NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?  YES  NO
- 9. Is the premises currently licensed with a liquor license?  YES  NO If yes, give license number and licensee's name:  
 License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

**SECTION 14 Restaurant or hotel/motel license applicants:**

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location?  YES  NO  
 If yes, give the name of licensee, Agent or a company name:  
 \_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this  hotel/motel  restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

*Stacy Marie Schaefer*  
 applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

*JS*  
 applicants initials

**SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

- 1. Check ALL boxes that apply to your business:  
 Entrances/Exits     Liquor storage areas    Patio:  Contiguous  
 Service windows     Drive-in windows     Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign?  YES  NO  
 If yes, what is your estimated opening date? MAY 2017  
month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

*JS*  
 applicants initials

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

PLEASE SEE ATTACHED

SECTION 16 Signature Block

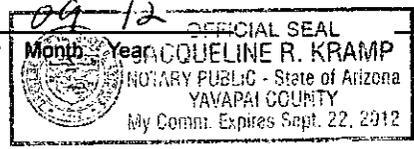
I, Danya Marie Schweizer, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

Danya Marie Schweizer  
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this 1 of June, 2011  
Day Month Year

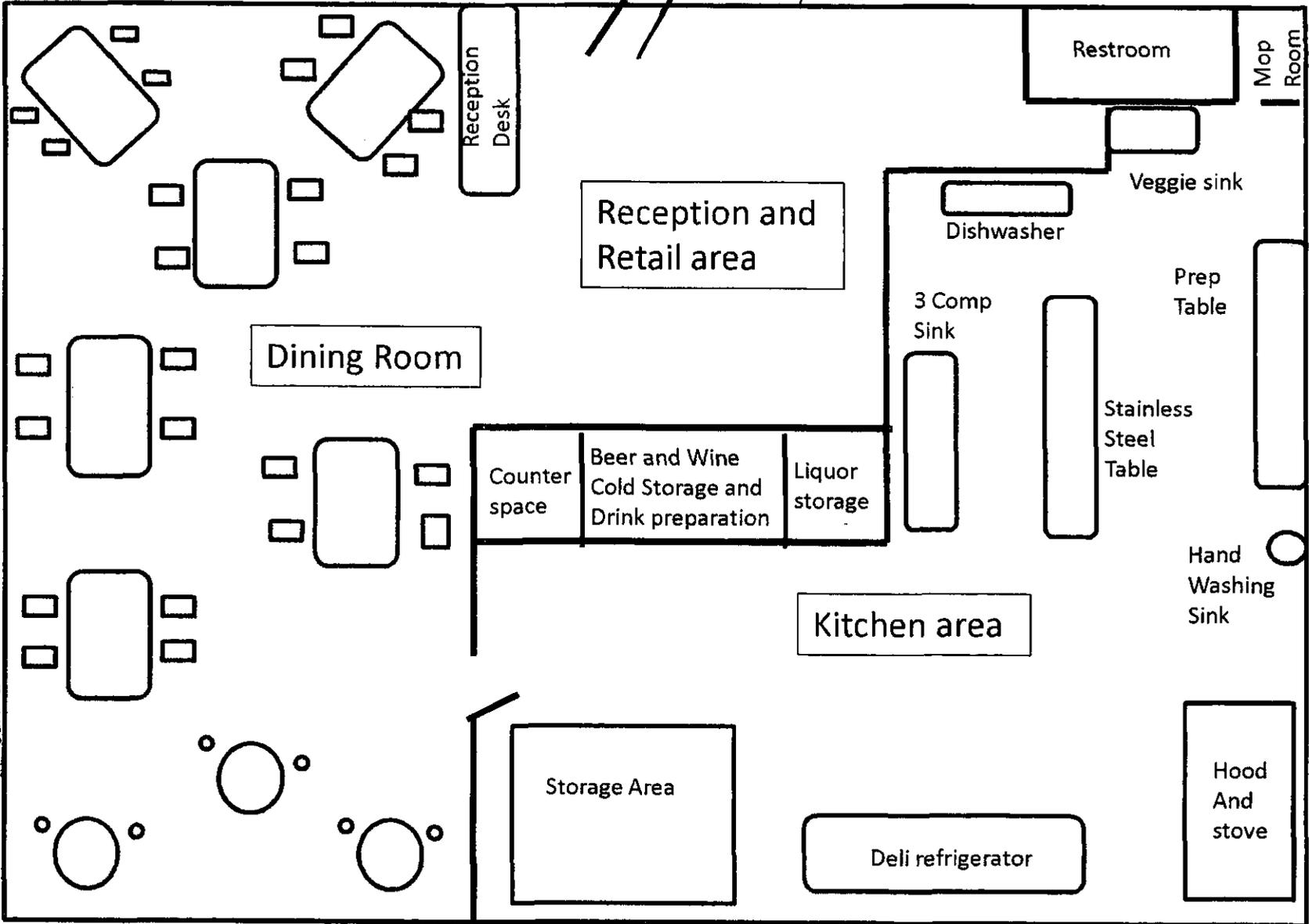
My commission expires on : 22 09 12  
Day Month Year



Jacqueline R. Kramp  
signature of NOTARY PUBLIC

TOTAL SQUARE FEET = 1,100

The ONLY ENTRANCE & EXIT



11 JUN 15 09:54 AM S1190204 P1210

11 JUN 15 09:54 AM S1190204 P1210

**ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL**

800 W. Washington 5th Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

**RESTAURANT OPERATION PLAN**

LICENSE # 12133492

1. List by Make, Model and Capacity of your :

Grill	Imperial Range - 2 burners and grill
Oven	Included
Freezer	True 20 cu ft
Refrigerator	2 household and one 5ft deli <del>ref</del> Refri.
Sink	3 compartment, hand washing, mop sink, vegetable sing
Dish Washing Facilities	dishwasher
Food Preparation Counter (Dimensions)	6 ft stainless steel, 6 ft butcher block
Other	3 MICROWAVES

2. Print the name of your restaurant: Donya Marie's Beyond Chocolate RESTAURANT.

3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).

4. List the seating capacity for:

a. Restaurant area of your premises

b. Bar area of your premises

c. Total area of your premises

*Handwritten:*  
 [ 30 SEATS ]  
 [ 0 ]  
 [ 30 ] SEATS TOTAL

5. What type of dinnerware and utensils are utilized within your restaurant?

Reusable       Disposable

6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover).  Yes \_\_\_\_\_ %     No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 50 %

\*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television?  Yes  No  
If yes, specify what types and how many of each type (Television, Pool Tables, Video Games, Darts, etc).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Do you have live entertainment or dancing?  Yes  No  
(If yes, what type and how often?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Use space below or attach a list of employee positions and their duties to fully staff your business.

1- OWNER / CHEF  
1- OWNER / STAFF / WAITER

There are only the two listed - We don't have  
ANY EMPLOYEES & we don't expect to hire any at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

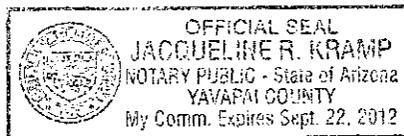
I, Doniya Marie Schweizer, hereby declare that I am the APPLICANT filing this application. I have  
(Print full name)  
read this application and the contents and all statements true, correct and complete.

Doniya Marie Schweizer State of Arizona County of Yavapai  
(Signature of APPLICANT) The foregoing instrument was acknowledged before me this

1 day of June, 2011.  
Day of Month Month Year

My commission expires on: Sept 22, 2012

Jacqueline R Kramp  
(Signature of NOTARY PUBLIC)





### *The Sweet Life*

- Rum cake – Donya’s rum cakes rival any rum cake ever made, using her special methods of soaking her cakes so the rum is added after the cake is baked. Dark Chocolate or Original (yellow). \$ 6
- Vanilla ice cream - Topped with one of Donya Marie’s Dark Chocolate Gourmet sauces: Original Decadence, Huckleberry Thrill, Grand Marnier Jubilee, Peppermint Cooler, Maple Syrup. \$ 5
- Panna Cotta – A silky Italian dessert; “Cooked Cream”. Served w/ your choice of Donya’s dark chocolate gourmet sauces. \$ 5
- Chocolate Cherry Cobbler – A delicious blend of two classic favorites. \$ 8
- Chocolate Peanut Butter Pie - Chocolate crust, chocolate ganache, crunchy peanut butter filling, and topped with real whipped cream, dark cocoa powder and crunchy peanuts. \$ 8
- Chocolate Blueberry Cobbler – Delicious local grown blueberries balanced with delectable dark chocolate. \$ 8

(Add a scoop of ice cream for a dollar more)

*Individual and Family Size Take  
away for lunch or dinner!*

All menu items are available for you to take away in individual or family size portions. Please ask us for details and pricing.

### *Special Events and Dinners*

Special events and groups of 4 or more can be accommodated **outside of normal business hours** if reserved. Please call, go on line, or ask Jason for details.



## *Gluten Free Menu*

### *LIGHT FARE*

Saucy Meatballs –4 meatballs made from local grass fed ground beef, w/choice of Donya’s BBQ sauce (Original or Sassy) or Marinara Sauce. Meatballs contain Almond flour.	\$ 7
Shrimp Marinara Cocktail -Peeled shrimp w/ Donya’s marinara sauce dip. Donya’s Sassy bread dipping oil and GF Artisan bread.	\$ 10 \$ 6
Chips and Salsa – Organic Corn chips w/ choice of Sultry Mango or Black Bean and Corn Salsas.	\$ 5
House Salad –Romaine lettuce, peas, red cabbage, shredded carrots. Choice of vinaigrettes –Sassy Fiesta (Balsamic vinegar), Huckleberry Thrill (White Wine vinegar), or Chipotle (Red Wine vinegar).	\$ 6
Cup of Clam Chowder – also lactose free.	\$ 5

### *HEARTY FARE*

Meatballs Marinara –A generous serving of Donya’s homemade meatballs (contain almond flour) smothered with Donya’s Marinara sauce. Served on a bed of brown rice. Includes house salad.	\$ 15
Shrimp Salad –Romaine lettuce, carrots, and cabbage tossed in Donya’s creamy house dressing and topped with a generous amount of shrimp.	\$ 15
New World Italian Sandwich – Donya’s homemade meat balls (contains almond flour) covered in Donya’s Sassy or Original BBQ sauce on GF artisan bread. Includes house salad.	\$ 13
Chicken Sandwich w/ Donya’s Raspberry Chipotle Sauce – sliced chicken breast served on GF artisan bread. Includes house salad.	\$ 13
BBQ Chicken Salad – Chicken and romaine lettuce tossed in Donya’s Sassy or Original BBQ Sauce, topped w / carrots.	\$ 10
Chicken Chipotle Salad – Chicken and romaine and lettuce tossed in Donya’s chipotle vinaigrette (containing no oil or sugar), topped with black beans and organic sweet corn.	\$ 10
Southwest Stew –A robust balance of local grass fed ground beef, organic sweet corn, beans, tomatoes, and Donya’s spice blend. Served with corn tortillas.	\$ 10
Lentil Soup – Green lentils, organic sweet corn, onions, carrots, tomatoes, and Donya’s spice blend. Served with GF artisan bread.	\$ 9
Black Bean Soup – Black beans, carrots, organic corn, onions and tomatoes in Donya’s wonderful spice blend. Served with GF artisan bread.	\$ 9
Tomato Basil & Corn Soup – Crushed tomatoes with organic basil and organic sweet corn. Served with GF artisan bread.	\$ 9
Clam Chowder –Made with an abundance of clams from the USA. Served with GF artisan bread.	\$ 8
Papa’s Chili Beans – A spicy blend of local grass fed ground beef w/kidney beans. Served with corn tortillas.	\$ 10



## Hearty fare

- Lively Lasagna - A hearty square made with Donya's Marinara sauce, local grass fed beef and a bit of a bite! Includes house salad. \$ 13
- Meatballs Marinara – A generous serving of meatballs smothered with Donya's Marinara sauce. Served on a bed of brown rice. Includes house salad. \$ 13
- Shrimp Salad – Romaine lettuce, carrots, cabbage tossed in Donya's shrimp dressing and topped with a generous amount of shrimp. \$ 15
- New World Italian Sandwich – Meat Balls soaked in Donya's Sassy or Original BBQ sauce on artisan bread. Includes house salad. \$ 12
- Chicken Sandwich w/ Donya's Raspberry Chipotle Sauce – Sliced chicken breast on artisan bread. Includes house salad. \$ 12
- Nye Beach Breakfast Special - Layered French toast, ham, cheese, apple compote, raisins, granola, and a delicious sweet cream sauce. \$ 10
- BBQ Chicken Salad – Romaine lettuce, carrots, and chicken with Donya's Sassy or Original BBQ Sauce. \$ 10
- Chicken Chipotle Salad – Donya's Chipotle vinaigrette containing no oil or sugar with chicken, romaine lettuce, black beans and corn. \$ 10
- Southwest Stew – A robust balance of local grass fed beef, sweet corn, beans, tomatoes, and Donya's spice blend. Served with flour tortillas. \$ 10
- Lentil Soup – Green lentils, sweet corn, onions, carrots, tomatoes, and Donya's spice blend. Served with artisan bread. \$ 9
- Black Bean Soup – Black beans, carrots, sweet corn, onions and tomatoes in Donya's wonderful spice blend. Served with artisan bread. \$ 9
- Tomato Basil/Corn Soup – Crushed tomatoes with basil and sweet corn. Served with artisan bread. \$ 9
- Clam Chowder – Made with an abundance of clams from the USA. Served with artisan bread. \$ 8
- Papa's Chili Beans – A spicy blend of local grass fed ground beef with kidney beans. Served with flour tortillas \$ 10

# Donya Marie's

Beyond chocolate.....

## Light Fare

Saucy Meatballs – 4 meatballs w/ choice of Donya's BBQ (Original or Sassy) or Marinara Sauce.	\$ 6
Shrimp Marinara Cocktail - Peeled shrimp w/ Donya's marinara sauce dip.	\$ 10
Gourmet Chicken Sliders – Tender chicken breast served on artisan bread with choice of sauces (DM's Creamy dressing, BBQ sauce, Raspberry chipotle sauce).	\$ 7
DM Nachos – Corn tortilla chips, cheddar cheese and choice of Mango or black bean and corn salsa.	\$ 8
Donya's Sassy bread dipping oil and Artisan bread.	\$ 6
Chips and Salsa - Sultry Mango or Black Bean and Corn Salsas.	\$ 5
PizzWich - Italian meatballs, Donya's marinara sauce and melted cheese on demi baguette	\$ 8
House Salad – Romaine lettuce, peas, red cabbage, shredded carrots. Choice of vinaigrettes – Sassy Fiesta (Balsamic vinegar), Huckleberry Thrill (White Wine vinegar), or Chipotle (Red Wine vinegar); Southwest Ranch. House Creamy.	\$ 6
Cup of Clam Chowder – Ask for a sample!	\$ 5
Choco-Mac – Chocolate Macaroni and Cheese (Kids or adults!).	\$ 6
Choco – Beanie Weenies – Chocolate baked beans and turkey hot dog slices.	\$ 6
Demi Baguette	\$ 2

## Beverages

Adult Beverages - (Liquor License applied for but can't do yet)	
Cocoas – (Amaretto, Huckleberry, or Original)	\$3
Coffee – each cup individually fresh brewed (Second cup \$1)	\$3
Limeade - Dark Chocolate Huckleberry (Refill \$1)	\$3
Ice Tea – (Refill \$1)	\$3
Hot tea – each cup individually brewed (Second cup \$1)	\$3
Sodas – Pepsi, Diet Pepsi, Mountain Dew	\$2

Please see table topper for dessert menu

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

11 JUN 15 Lic. Dept PM 1 19

800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

## RECORDS REQUIRED FOR AUDIT

### SERIES 11 (HOTEL/MOTELW/RESTAURANT AND SERIES 12 (RESTAURANT)

#### 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. ~~11/01/15 City Dept #19~~ Employees showing hours worked each week and hourly wages

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

... documents which support the income derived from the sale of food off the licensed 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.

... 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 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)

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 liquors sold on the licensed premises, regardless of whether the sales of spirituous liquors are 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 licensee name):

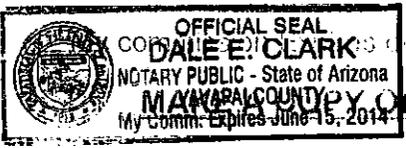
SCHWEIZER DONYA MARI E  
 First Middle

have read and fully understand all aspects of this statement.

State of ARIZONA County of Yavapai  
 The foregoing instrument was acknowledged before me this

*Donya Marie Schweizer*

14<sup>th</sup> day of JUNE 2011  
 Day Month Year



15 JUNE 2014  
 Day Month Year

*Dale E. Clark*  
 (Signature of Notary Public)

THIS DOCUMENT AND KEEP IT WITH YOUR LLC RECORDS

MAR 01 2011

11 JUN 15 11:49 AM Dept PM 119

FILE NO. L-166074230

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

### ARTICLES OF ORGANIZATION

DO NOT PUBLISH  
THIS SECTION

NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. **DO NOT LEAVE THIS SECTION BLANK**

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent **must** sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)

ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)

#### 1. The name of the organization:

A. Donya Marie's Beyond Chocolate LLC  
 LLC Name/Reservation File Number (If one has been obtained). If not, leave this line blank

B. Donya Marie's Beyond Chocolate, LLC  
 Limited Liability Company Name

#### 2. Known place of business in Arizona (If address is the same as the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 171 S State Hwy 69 Suite E

City Dewey State AZ Zip 86327

#### 3. The name and street address of the statutory agent in Arizona

Name Donya M. Schweitzer

Address 7312 E. Goodnight Lane

City Prescott Valley State AZ Zip 86314

#### Acceptance of Appointment by Statutory Agent:

I Donya M. Schweitzer, having been designated to act as  
(Print Name of the Statutory Agent)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: [Signature]

If signing on behalf of a company, please print the company name here.

**DO NOT PUBLISH THIS SECTION**

4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

**4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)**

\_\_\_\_\_

**5. Dissolution: The latest date of Dissolution**

The latest date to dissolve \_\_\_/\_\_\_/\_\_\_ (Please enter month, day and four digit year)  
 The Limited Liability Company is Perpetual

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. Perpetual means continuing forever or indefinitely

**6. Management Structure: (Check one box only) A.R.S. §29-632(5)**

**A. RESERVED TO THE MEMBER(S)**  
IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.

**B. VESTED IN MANAGER(S)**  
IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name <u>DONYA M. SCHWEIZER</u>	Name _____
<input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: <u>7312 E. Goodnight LN</u>	Address: _____
City: <u>Prescott Valley</u> State, <u>AZ</u> Zip: <u>86314</u>	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address (es) of each member. NOTE: if reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s) check the manager's box and provide the name(s) and address (es) of each manager and each member who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

The person (s) executing this document need not be a manager or member of the company.

Executed this 27 day of FEBRUARY, 2011

Executed by [Signature] Print Name DONYA SCHWEIZER

If signing on behalf of a company, please print the company name here.

Phone Number: 602-573-0248 Fax Number: N/A

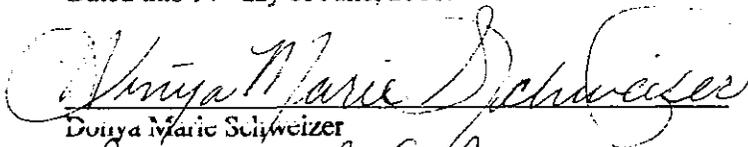
11 JUN 20 11:47:11 AM 1/42

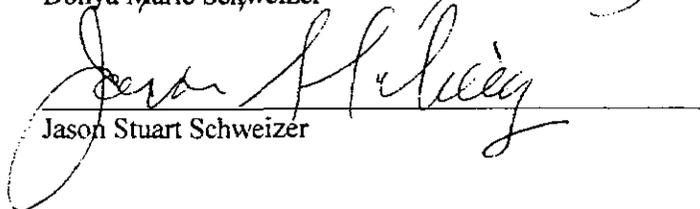
**Donya Marie's Beyond Chocolate, LLC  
OPERATING AGREEMENT**

I, Donya Marie Schweizer, controlling member of Donya Marie's Beyond Chocolate, LLC, agree to give Jason Schweizer fifty percent (50%) of all profits made from the sales of Donya Marie's Beyond Chocolate, LLC.

Duties of both Donya and Jason include but are not limited to the following:  
Cooking; cleaning; serving; bussing.

Dated this 14<sup>th</sup> day of June, 2011.

  
Donya Marie Schweizer

  
Jason Stuart Schweizer

**AMENDMENT**

Donya Marie's Beyond Chocolate, LLC  
*OPERATING AGREEMENT*

'11 JUN 15 Wed. Dept PM 1:19

I, Donya Marie Schweizer, controlling member of Donya Marie's Beyond Chocolate, LLC, agree to give Jason Schweizer fifty percent (50%) of all profits made from the sales of Donya Marie's Beyond Chocolate, LLC.

Dated this 14<sup>th</sup> day of June, 2011.

  
Donya Marie Schweizer

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor  
 Phoenix AZ 85007-1293  
 (602) 542-5141

802-679

QUESTIONNAIRE

P1065137 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

12133492

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box →  Controlling Person (Complete Questions 1-19)  Agent (Complete Questions 1-19)  Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Schweizer Donya Marie Date of Birth: \_\_\_\_\_  
 Last First Middle (NOT a Public Record)

3. Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: AZ  
 (NOT a public record) (NOT a public record)

4. Place of Birth: Silver City New Mexico USA Height: 5' 9" Weight: 128 Eyes: Br Hair: Br  
 City State Country (not county)

5. Marital Status  Single  Married  Divorced  Widowed Daytime Contact Phone: 602.513.0248

6. Name of Current or Most Recent Spouse: Schweizer Jason Stuart Date of Birth: \_\_\_\_\_  
 (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona if Arizona, date of residency: December 2010

8. Telephone number to contact you during business hours for any questions regarding this document: 602 513-0248

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Donya Marie's Beyond Chocolate RESTAURANT Premises Phone: 602 513-0248

11. Physical Location of Licensed Premises Address: 171 S. State Hwy 69, Dewey, AZ 86327 Suite E YAVAPAI 86329  
 Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
May/2005	CURRENT	Business Owner	Donya Marie's Beyond Chocolate 171 S STATE Hwy 69, Dewey AZ 86329

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address (If rented, attach additional sheet with name, address and phone number of landlord)	City	State	Zip
12/2010	CURRENT	Rent	7312 <del>7312</del> E. Goodnight Lane	Prescott Valley	Az	86314
5/1/2010	12/2010	Rent	180C NW Gilbert Lane	Newport	OR	97365
10/2009	5/1/2010	Rent	422 SW Coast Ave	Depoe Bay	OR	97065
6/06	10/09	OWN	2025 W. Winterwood Ct.	NAMPA	ID	83686

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? 8 and answer #14a below ~~skip to #15~~  YES  NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.  YES  NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)?  YES  NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved?  YES  NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?  YES  NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  YES  NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  YES  NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved, and dispositions.  
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, DONYA MARIE SCHWEIZER, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

Donya Marie Schweizer  
(Signature of Applicant)

State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this  
1 day of June, 2011  
Month Year

Jacqueline R King  
(Signature of NOTARY PUBLIC)

My commission expires on: 22 09  
Days Month Year  
OFFICIAL SEAL  
CHRIS KRAMP  
Notary Public, State of Arizona  
YAVAPAI COUNTY  
My Comm. Expires Sept. 22, 2012

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one) Month Year

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

My commission expires on: \_\_\_\_\_  
Day Month Year

Attachment For Questionnaire  
Donya and Jason Schweizer (Donya Marie's)  
(Previous Liquor License)

Oregon Liquor License Premise #s 46988 and 46989, License #s 140906 and 140908.  
2010 - 2011

The location for the above license was for 716 NW Beach Drive, Newport, OR 97365.

11 JUN 8 10:07 AM '07

11 JUN 15 11:20 AM '07 Licr. Dept PM 1 20



**ARIZONA STATEMENT OF CITIZENSHIP  
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**  
**Professional License and Commercial License**  
Department of Liquor Licenses and Control

Liquor License #: 12133492

Ownership Name: Donya Marie's Beyond Chocolate, LLC  
(as listed on the current liquor license application or renewal application)

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), nonimmigrants, 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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

**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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.**

**SECTION I — APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) ~~Donya M. Schweizer~~ DONYA MARIE SCHWEIZER DATE 4/30/2011  
TYPE OF APPLICATION (check one)  INITIAL APPLICATION  RENEWAL  
TYPE OF LICENSE restaurant #12

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

**Directions:** Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Passport

- A. Are you a citizen or national of the United States? (check one)  Yes  No
- B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.  
City Silver City State (or equivalent) New Mexico Country or Territory U.S. A.

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

**SECTION IV — DECLARATION**

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

*Anna Marie DeLuca*  
APPLICANT'S SIGNATURE

6-1-11  
TODAY'S DATE



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

11 JUN 20 11:41 AM (602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

12133492

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box -> [X] Controlling Person (Complete Questions 1-19) [ ] Agent (Complete All Questions except # 14, 14a & 21) [ ] Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager

2. Name: Schweizer Jason Stuart Date of Birth: (Last First Middle) (NOT a Public Record)

3. Social Security Number: Drivers License: State: AZ (NOT a public record) (NOT a public record)

4. Place of Birth: Bayshore NY USA Height: 6' Weight: 190 Eyes: Blue Hair: Brown (City State Country (not county))

5. Marital Status [ ] Single [X] Married [ ] Divorced [ ] Widowed Daytime Contact Phone: 208.546.1527

6. Name of Current or Most Recent Spouse: Schweizer Donya Marie Fisher Date of Birth: (Last First Middle Maiden) (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: December 26, 2010

8 Telephone number to contact you during business hours for any questions regarding this document. 208.546.1527

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Donya Marie's Beyond Chocolate Restaurant Premises Phone: 602.513.0248

11. Physical Location of Licensed Premises Address: Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Rows include Unemployed at 7312 E Goodnight LN, Prescott Valley, AZ 86314 and Director of Business Dept at College of Idaho, 2112 Cleveland Blvd, Caldwell, ID 83605.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Rows include 7312 E Goodnight LN, Precott Valley, AZ 86314; 180 C NW Gilbert Way, Newport, OR 97365; 422 SW Coast Ave, Depoe Bay, OR 97341; 2025 W Winterwood Court, Nampa, ID 83686.

**ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL**

800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
(602) 542-5141

802-679

P1065138 JS

**QUESTIONNAIRE**

**Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.**

Read carefully. This instrument is a sworn document. Type or print with **BLACK INK**.  
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

**Liquor License #**

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

(If the location is currently licensed)

1. Check appropriate box →  Controlling Person (Complete Questions 1-19)  
 Agent (Complete All Questions except # 14, 14a & 21)  
 Controlling Person or Agent must complete #21 for a Manager  
 Controlling Person or Agent must complete # 21

2. Name: Schweizer Jason Stuart Date of Birth: \_\_\_\_\_  
Last First Middle (NOT a Public Record)

3. Social Security Num: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: AZ  
(NOT a public record) (NOT a public record)

4. Place of Birth: Bayshore NY USA Height: 6' Weight: 190 Eyes: Blue Hair: Brown  
City State Country (not county)

5. Marital Status  Single  Married  Divorced  Widowed Daytime Contact Phone: 208.546.1527

6. Name of Current or Most Recent Spouse: Schweizer Donya Marie Fisher Date of Birth: \_\_\_\_\_  
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: December 26, 2010

8. Telephone number to contact you during business hours for any questions regarding this document. 208.546.1527

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Donya Marie's Beyond Chocolate RESTAURANT Premises Phone: 602.513.0248

11. Physical Location of Licensed Premises Address: 171 S. State Hwy 69 Suite E Dewey Yavapai 86327  
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
2009	CURRENT	Unemployed	
06/06	05/09	Director of Business Dept	College of Idaho, 2112 Cleveland Blvd, Caldwell, ID 83605

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address (If rented, attach additional sheet with name, address and phone number of landlord)	City	State	Zip
12/10	CURRENT	Rent	7312 E Goodnight LN	Prescott Valley	AZ	86314
5/1/10	12/20/10	Rent	180 C NW Gilbert Way	Newport	OR	97365
10/09	5/1/10	Rent	422 SW Coast Ave	Depoe Bay	OR	97341
06/06	10/09	OWN	2025 W Winterwood Court	Nampa	ID	83686

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? 8, and answer #14a below. If NO, skip to #15.  YES  NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.  YES  NO
- 15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)?  YES  NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved?  YES  NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?  YES  NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  YES  NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  YES  NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.  
**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

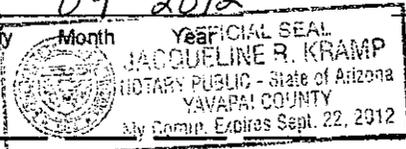
20. I, Jason Stuart Schweizer, hereby declare that I am the APPLICANT/REPRESENTATIVE  
(print full name of Applicant)  
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Jason Schweizer  
(Signature of Applicant)

State of Arizona County of Yavapai  
 The foregoing instrument was acknowledged before me this 1 day of June, 2011  
Month Year

My commission expires on: 22 09 2012  
Day Month Year

Jacqueline R. Kramp  
(Signature of NOTARY PUBLIC)



**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

x \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one) Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

\_\_\_\_\_  
Print Name

My commission expires on: \_\_\_\_\_

Attachment For Questionnaire  
Donya and Jason Schweizer (Donya Marie's)  
(Previous Liquor License)

Oregon Liquor License Premise #s 46988 and 46989, License #s 140906 and 140908.  
2010 - 2011

The location for the above license was for 716 NW Beach Drive, Newport, OR 97365.