

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

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APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

<input checked="" type="checkbox"/> Agent Change Complete Sections 1,2,3,4,6 (See Note 1 on back)	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, (3,4 if changing Agent), 6	<input type="checkbox"/> Restructure Complete Sections 1,2,(3,4 if changing Agent) ,5,6 (See Note 2 on back)
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SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

SEDANO	JOSE	LUIS	12133447
Last	First	Middle	Liquor License #
2. Corporation L.L.C. N/A: MORALES SEDANO RESTAURANT COMPANY, LLC Corp. File #: L-1529508-7
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: CASA CARDENAS
4. Business Address: 8176 FRONTAGE RD E. HWY 69 PRESCOTT VALLEY YAVAPAI 86314
(Do not use P.O. Box Number) City COUNTY Zip
5. Is the business located within the incorporated limits of the above city or town? Yes No
6. Mailing Address: 8170 E. DEBBIE DRIVE PRESCOTT VALLEY ARIZONA 86314
City State Zip
7. Business Phone: (928) 775-4184 Residence Phone: (928) 772-9165
8. Does this transaction involve the sale of any portion of the corporate stock? YES NO N/A If yes, submit a certified copy of minutes.
9. Has there been any change of officers? YES NO N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip
SEDANO	JOSE	LUIS	MGR/MEM	8170 E. DEBBIE DR PRESCOTT VALLEY	ARIZONA		86314
SEDANO	TERESA		MGR/MEM	8170 E. DEBBIE DR PRESCOTT VALLEY	ARIZONA		86314

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
SEDANO	JOSE	LUIS	50	8170 E. DEBBIE DR PRESCOTT VALLEY	ARIZONA		86314
SEDANO	TERESA		50	8170 E. DEBBIE DR PRESCOTT VALLEY	ARIZONA		86314

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

Date Received <u>8/12/2011</u>
CSR _____

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? [X] YES [] NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: 12133447 Date of last renewal: 8/ /2010

2. Current Licensee or Agent: MORSE THERESA JUNE (Last First Middle)

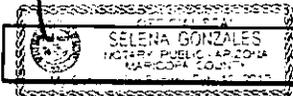
I, THERESA JUNE MORSE (Print full name) hereby consent to the agent appointment named herein and

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

X [Signature] (Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

State of Arizona County of Maricopa The foregoing instrument was acknowledged before me this

12 day of August 2012 (Day Month Year)



[Signature] (Signature of NOTARY PUBLIC)

My commission expires on:

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [] YES [] NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- [] J.T.W.R.O.S. [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] LIMITED LIABILITY CO. [] TRUST [] OTHER Explain

Type of new ownership:

- [] J.T.W.R.O.S. [] INDIVIDUAL [] PARTNERSHIP [] CORPORATION [] LIMITED LIABILITY CO. [] TRUST [] OTHER Explain

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, JOSE LUIS SEDANO (Print full name) hereby declare that I am the APPLICANT filing this application.

have read the application and the contents and all statements are true, correct and complete.

X [Signature] (Signature of INDIVIDUAL OR AGENT)



State of Arizona County of Maricopa The foregoing instrument was acknowledged before me this

10 day of August 2011 (Day Month Year)

My commission expires on: 10/6/12

[Signature] (Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure MUST be submitted with this application (A.R.S. 4-209.A)

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

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207,705

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 #

12133447

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

2. Name: SEDANO JOSE LUIS Date of Birth: (NOT a Public Record)

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

4. Place of Birth: ATENGO JALISCO MEXICO Height: 508 Weight: 165 Eyes: BR Hair: BR City State Country (not county)

5. Marital Status [] Single [X] Married [] Divorced [] Widowed Daytime Contact Phone: 928-775-4184

6. Name of Current or Most Recent Spouse: SEDANO TERESA Date of Birth: (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 5/1997

8 Telephone number to contact you during business hours for any questions regarding this document. 928-775-4184

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: CASA CARDENAS Premises Phone: 928-775-4184

11. Physical Location of Licensed Premises Address: 8176 FRONTAGE RD E. HWY 69 PRESCOTT VALLEY YAVAPAI 86314 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. Rows include Casa Cardenas (Restaurant), Unemployed, and Don Luis' Fine Mexican Food (Restaurant).

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. Row shows 8170 E. Debbie Drive, Prescott Valley, AZ, 86314.

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

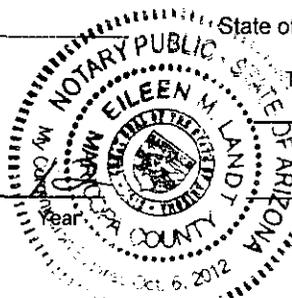
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14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 16, and **answer #14a below**. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor 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, JOSE LUIS SEDANO, 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 Jose Luis Sedano State of Arizona County of Morongo
(Signature of Applicant)
The foregoing instrument was acknowledged before me this
____ day of August 2011
____ Month ____ Year
My commission expires on: 6 10
____ Day ____ Month ____ Year
Eileen M. Landt
(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
____ day of _____
____ Month ____ Year
X _____
Signature of Controlling Person or Agent (circle one)

Print Name

My commission expires on: _____
____ Day ____ Month ____ Year

(Signature of NOTARY PUBLIC)

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ADDENDUM TO QUESTIONNAIRE
JOSE LUIS SEDANO

Question #12

06/2006 - 12/2007	Unemployed/Back Injury	8170 E. Debbie Dr. Prescott Valley, AZ 86314
10/2002 - 06/2006	Restaurant Owner	Casa Sanchez Restaurant 1459 W. Gurley St. Prescott, AZ 86305

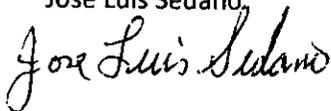
Question #19

I was part owner of Don Luis' Fine Mexican Food #12077551. I sold my stock in the business in 7/2008.

I was also the owner of Casa Sanchez in Prescott #12133218 from 2002-2006. I have never had any liquor violations.

Respectfully,

Jose Luis Sedano,



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

Professional License and Commercial License
Department of Liquor Licenses and Control

Liquor License #: 12133447

Ownership Name: MORALES SEDANO RESTAURANT COMPANY, 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) JOSE LUIS SEDANO DATE 8/11/2011

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE RESTAURANT

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: RESIDENT ALIEN

- 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 _____ State (or equivalent) _____ Country or Territory _____

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 III — ALIEN STATUS DECLARATION

Directions: 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: RESIDENT ALIEN

“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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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.] Nonimmigrants 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 (A.R.S. § 1-501)

- 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).

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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.

Joe Luis Sedano

APPLICANT'S SIGNATURE

AUGUST 11, 2011

TODAY'S DATE

'11 AUG 12 Wgr. Lic. PM 4 08

RESIDENT ALIEN
NOTE: This permit is valid only for the purpose of employment and does not authorize the holder to work for any other purpose.

SEPANO, JOSE LUIS

JOSE LUIS SEPANO



Jose Luis Sepano

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FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 IDENTIFICATION DIVISION

NAME: [REDACTED]
 BIRTH: [REDACTED]
 SEX: [REDACTED]
 HAIR: [REDACTED]
 EYES: [REDACTED]
 HEIGHT: [REDACTED]
 WEIGHT: [REDACTED]
 BUILD: [REDACTED]
 COMPLEXION: [REDACTED]
 MARKS: [REDACTED]

FINGERPRINTS: [REDACTED]
 PHOTOGRAPHS: [REDACTED]

IDENTIFICATION NUMBER: [REDACTED]

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Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

JOSE LUIS SEDANO

Full Name (please print)

Jose Luis Sedano

Signature

2/11/2011

Training Completion Date

Type of Training Completed (check Yes or No)

- | | | | | | |
|---|-----------------------------|------------|---|--|----------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | BASIC | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | ON SALE |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | MANAGEMENT | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | OFF SALE |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | BOTH | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | OTHER |

Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

Name of Licensee

BARSA CATERERS

Business Name

Liquor License #

Alcohol Training Program Provider Information

AVANT GARDE ALCOHOL TRAINING & EDUCATION

Company or Individual Name (please print)

530 E MCDOWELL RD. SUITE 107-241

Address

PHOENIX

ARIZONA 85004

(480) 353-8035

City

State Zip

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

THERESA J. MORSE

Name of Trainer (please print)

Theresa J. Morse

Trainer Signature

8/11/2011

Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

746 AUG 12 Lic. Lic. PH
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802, 705

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 #

12133447

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

2. Name: SEDANO TERESA Date of Birth: (Last First Middle) (NOT a Public Record)

3. Social Security Numbe. Drivers License State: ARIZONA (NOT a public record)

4. Place of Birth: ATENGO JALISCO MEXICO Height: 505 Weight: 150 Eyes: BRO Hair: BR (City State Country (not county))

5. Marital Status [] Single [X] Married [] Divorced [] Widowed Daytime Contact Phone: 928-775-4184

6. Name of Current or Most Recent Spouse: SEDANO JOSE LUIS 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: 5/1997

8. Telephone number to contact you during business hours for any questions regarding this document. 928-775-4184

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: CASA CARDENAS Premises Phone: 928-775-4184

11. Physical Location of Licensed Premises Address: 8176 FRONTAGE RD E. HWY 69 PRESCOTT VALLEY YAVAPAI 86314 (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 Restaurant, Unemployed/Homemaker, and Restaurant/Waitress.

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. Row includes 2/2004 to CURRENT, 8170 E. Debbie Drive, Prescott Vly, AZ, 86314.

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

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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? 10, 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, TERESA SEDANO, 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.

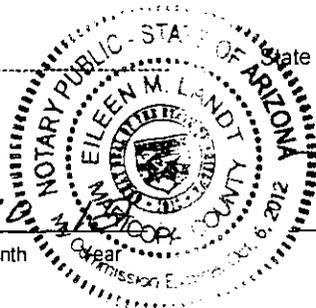
x Teresa Sedano
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 11 day of August, 2011
Month Year

My commission expires on: 6 Day 10 Month 2012 Year

Eileen M. Landt
(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 _____ day of _____, _____ Year

x _____
Signature of Controlling Person or Agent (circle one)

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____ Day _____ Month _____ Year

11 AUG 12 12:47 PM 409

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

TERESA LEONARD

Full Name (please print)

TERESA LEONARD

Signature

8/11/2011

Training Completion Date

Type of Training Completed (check Yes or No)

- | | | | | | |
|---|-----------------------------|------------|---|--|----------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | BASIC | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | ON SALE |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | MANAGEMENT | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | OFF SALE |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | BOTH | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | OTHER |

Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

If Trainee Is Employed By A Licensee

CASA CUKIENAS

Name of Licensee

Business Name

Liquor License #

Alcohol Training Program Provider Information

AVANT GARDE ALCOHOL TRAINING & EDUCATION

Company or Individual Name (please print)

530 E MCDOWELL RD. SUITE 107-241

Address

PHOENIX

ARIZONA 85004

(480) 353-8035

City

State Zip

Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

THERESA J. MORSE

Name of Trainer (please print)

[Handwritten Signature]

Trainer Signature

8/11/2011

Date

Pursuant to A.R.S. § 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

OPERATING AGREEMENT

OF

MORALES SEDANO RESTAURANT COMPANY L.L.C.

By this Operating Agreement ("**Agreement**") effective August 11, 2011, by and between JOSE LUIS SEDANO ("JLS"), having an address of 8170 E. Debbie Drive, Prescott Valley Arizona, 86314 and TERESA SEDANO ("TS"), having an address of 8170 E. Debbie Drive, Prescott Valley Arizona, 86314 (sometimes referred to herein as the "Members"), are forming a Limited Liability Company under the laws of the State of Arizona, in accordance with the Limited Liability Company Act, on the following terms:

1. Name, address, and business. The name and principal place of business of the Company shall be:

Name CASA CARDENAS

Address 8176 Frontage Rd. E. HWY 69, Prescott Valley AZ 86314

The Company is formed for the purpose of operating a restaurant.

2. Company Shares. "JLS" and "TS" shall initially each hold Fifty Percent (50%) ownership share in the Company.

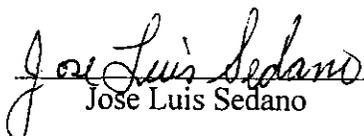
3. Contributions and Assessments In the event any Member from time to time determines that the Company needs additional funds to satisfy Company obligations or for proper Company purposes (a "Necessary Funding"), that Member shall notify the other Members of the amount and timing of the Necessary Funding (a "Funding Notice"). In the event and to the extent any Member does not then fund his share of the Necessary Funding to the Company on or before the date specified, the remaining Members shall each have the right to fund such shortfall as a loan (a "Shortfall Loan") to the Company. Shortfall Loans shall bear interest at ten (10%) per annum, and be payable (with payments applied first to accrued interest and then to reduction of principal), on the date described therein, but in any event not later than the first to occur of dissolution of the Company (including receipt of all proceeds therefrom).

4. Distribution. All cash of the Company shall be distributed at such times and in such amounts as determined by the Manager in the following priorities:

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- a. to pay current Company expenses, including establishment of reserves for Company matters;
 - b. to repay loans by Members to the Company with Shortfall Loans to be paid first; and
 - c. to the Members, prorate per their respective Shares.
5. Records and Activities The Company's fiscal year end shall be a calendar year end. The Company shall keep appropriate books and records, open to inspection by the Members. The Company shall timely file all required tax returns, and provide Company K-1 or similar tax statements to the Members within ninety (90) days following the end of each fiscal year.
6. Termination, The Company continues indefinitely, unless terminated by the consent of all Members or a Termination Event shall occur under the provisions of applicable Arizona Law. Neither the substitution of any Member nor the transfer of any Share shall cause a termination of the Company.
7. Company Activities, Any Member may engage in any other business venture of any nature, with this Agreement not to grant either the Company or any of the Members any right in any such other venture. Each Member agrees to execute such further documents and perform such further acts as shall be required to carry out the intent and purpose of the Agreement.
8. Notices All notices pursuant to this Agreement shall be given to the Members at the addresses set forth in the preamble to this Agreement and shall be deemed given upon personal delivery, two (2) business days following deposit in the United States Mail, certified return receipt requested, or upon actual receipt if given in any other manner.
9. Miscellaneous. This Agreement: (a) shall be interpreted under the laws of the State of Arizona; (b) shall be binding upon and inure to the benefit of the successors and assigns of the parties hereto (provided, that any transfer of any interest in this Company shall require consent of all Members; (c) shall be amended only be written instrument executed by all Members pursuant to this Agreement may be executed in counterparts, all of which shall constitute one and the same document.

IN WITNESS WHEREOF, this Agreement has been executed by
and on behalf of each of the Members above named Member effective as
of the day and year first set forth above.



Jose Luis Sedano



Teresa Sedano

**MINUTES OF SPECIAL MEETING OF
MANAGERS AND MEMBERS
OF
MORALES SEDANO RESTAURANT COMPANY LLC**

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The special meeting of the members of the LIMITED LIABILITY COMPANY was held on April 28, 2011, and at Casa Cardenas Restaurant on Highway 69, Prescott Valley, Arizona 86314.

There were present the following: Jose Luis Sedano (Manager/Member -50% interest, Teresa Sedano (Buyer of 50% interest), Juan Morales Cardenas (Manager/Member Seller of 50% interest), and Ana R. Morales (Wife of Juan Morales Cardenas) being all the MANAGERS AND MEMBERS of the LIMITED LIABILITY COMPANY.

The meeting was called to order by Jose Luis Sedano.

The sale of Juan Morales Cardenas 50% interest of the LIMITED LIABILITY COMPANY to Teresa Sedano and the resignation of Juan Morales Cardenas as manager was then discussed. After discussion, on motion duly made, seconded and unanimously carried, it was

RESOLVED, that The sale of Juan Morales Cardenas 50% interest of the LIMITED LIABILITY COMPANY to Teresa Sedano be accepted, and the resignation of Juan Morales Cardenas as manager be accepted; and that Jose Luis Sedano as manager/member and Juan Morales Cardenas as manager/member are authorized to accept, execute, sign, and take all steps necessary to complete the sales of interest in The Limited Liability Company.

There being no further business to come before the meeting, upon motion duly made, seconded and unanimously carried it was adjourned.

Jose Luis Sedano

JOSE LUIS SEDANO, MANAGER/MEMBER

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Juan Morales C.

JUAN MORALES CARDENAS, MANAGER/MEMBER

Witness:

Teresa Sedano

TERESA SEDANO, Buyer of 50% Interest and Wife of Jose Luis Sedano

Ana Rosa Morales

ANA R. MORALES, Wife of Juan Morales Cardenas

BILL OF SALE

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ARIZONA

Yavapai County

This Bill of Sale is made the 28th day of April, 2011, by JUAN MORALES CARDENAS of 8165 E. Nace Lane, Prescott Valley, Arizona 86314, a 50% vested interest as manager/member in MORALES SEDANO RESTAURANT COMPANY LLC (“The Limited Liability Company”), an Arizona limited Liability Company.

For and in consideration of FORTY-FIVE THOUSAND Dollars (\$ 45,000.00) and the receipt of which is hereby acknowledged (twenty thousand dollars in cashier checks and twenty-five thousand dollars in cash). JUAN MORALES CARDENAS does hereby sell and convey to TERESA SEDANO his 50% interest as manager/member in MORALES SEDANO RESTAURANT COMPANY LLC. This transaction is approved by 100% of the members in MORALES SEDANO RESTAURANT COMPANY LLC and is in accordance with the Operating Agreement of stated Limited Liability Company.

The Certificate of Interest (50%) of The Limited Liability Company conveyed hereunder is more fully described in the Certificate of Interest Purchase Agreement between JUAN MORALES CARDENAS (seller) and TERESA SEDANO (buyer) dated 28th day of April 2011, the terms of which are incorporated herein.

Furthermore, JUAN MORALES CARDENAS (seller) does hereby covenant and warrant to TERESA SEDANO (buyer) that it has free and clear title to the

Certificate of Interest of the Limited Liability Company hereunder, that it conveys title to TERESA SEDANO (buyer) free and clear of all encumbrances whatsoever and that he will defend that title against the lawful claims of all persons whomsoever.

Furthermore, JUAN MORALES CARDENAS (seller) has caused this instrument to be executed as of April 28th, 2011.

Juan Morales C.
Juan Morales Cardenas (Seller)

50% vested interest in

MORALES SEDANO RESTAURANT COMPANY LLC

Jose Luis Sedano
Jose L. Sedano, Member/Manager

50% vested interest in

MORALES SEDANO RESTAURANT COMPANY LLC

Teresa Sedano
Teresa Sedano (Buyer)

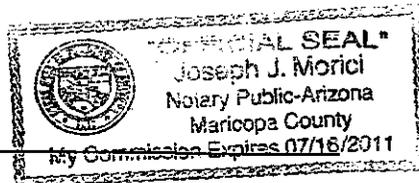
ARIZONA

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YAVAPAI COUNTY

I, Joseph J Morici, a Notary Public for said County and State, do hereby certify that **JUAN MORALES CARDENAS, TERESASEDANO, AND JOSE L. SEDANO**, personally appeared before me this day.

Witness my hand and official seal, this 28th day of April, 2011.



My commission expires: _____

[Handwritten Signature]

Notary Signature

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FILED



MAY 8 2009

ARTICLES OF ORGANIZATION

FILE NO. 10395087 MORALES SEDANO RESTAURANT COMPANY L.L.C.

Pursuant to A.R.S. Section 29-632 the undersigned state as follows:

1. The name of the limited liability company is:

MORALES SEDANO RESTAURANT COMPANY L.L.C.

2. The address of the registered office in Arizona is:

8170 E. DEBBIE DRIVE
PRESCOTT VALLEY, ARIZONA 86314

Located in the County of YAVAPAI

3. The statutory agent's name and address are:

Joseph J. Morici
10404 W. Coggins, Suite 107
Sun City, ARIZONA 85351

4. There are or will be one or more members at the time of limited liability company if formed.

5. The latest date on which the limited liability company is to dissolve is December 31, 2059

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A. (Check an appropriate box)

Management of the limited liability company is vested in a manager or managers.

JOSE LUIS SEDANO
8170 E. DEBBIE DRIVE
PRESCOTT VALLEY, ARIZONA 86314

JUAN MORALES CARDENAS
8170 E. DEBBIE DRIVE
PRESCOTT VALLEY, ARIZONA 86314

Management of the limited liability company is reserved to the members.

B. (Check an appropriate box)

The name and address of each person who is a

Manager
 Member

At the time of formation of the limited liability company is:

JOSE LUIS SEDANO
8170 E. DEBBIE DRIVE
PRESCOTT VALLEY, ARIZONA 86314

JUAN MORALES CARDENAS
8170 E. DEBBIE DRIVE
PRESCOTT VALLEY, ARIZONA 86314


JOSE LUIS SEDANO


JUAN MORALES CARDENAS

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AZ CORPORATION COMMISSION
FILED



MAY 19 2011

ARTICLES OF AMENDMENT
Pursuant to A. R. S. 29-633 (F)

FILE NO. L-1529508-7

- 1. The name of the limited liability company is:

MORALES SEDANO RESTAURANT COMPANY L.L.C.
8170 E. Debbie Drive
Prescott Valley, Arizona 86314

- 2. Attached hereto as Exhibit A is the text of the amendment

Dated this 28th day of April 2011.

Jose Luis Sedano
JOSE LUIS SEDANO

Teresa Sedano
TERESA SEDANO

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EXHIBIT A

MORALES SEDANO RESTAURANT COMPANY L.L.C.

Section 5.A. should be as follows:

A. (Check an appropriate box)

Management of the limited liability company is vested in a manager or managers.

JOSE LUIS SEDANO
8170 E. Debbie Drive
Prescott Valley, Arizona 86314

TERESA SEDANO
8170 E. Debbie Drive
Prescott Valley, Arizona 86314

Management of the limited liability company is reserved to the members.

B. (Check an appropriate box)

The name and address of each person who is a

Manager
 Member

At the time of formation of the limited liability company is:

JOSE LUIS SEDANO
8170 E. Debbie Drive
Prescott Valley, Arizona 86314

TERESA SEDANO
8170 E. Debbie Drive
Prescott Valley, Arizona 86314

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I, **JOSEPH J. MORICI**, having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed of my resignation is submitted in accordance with the Arizona Revised statutes.



JOSEPH J. MORICI