

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

www.azliquor.gov

(602) 542-5141

## NOTIFICATION TO LOCAL GOVERNING BODY

AGENT CHANGE ACQUISITION OF CONTROL AND AGENT CHANGE ACQUISITION OF CONTROL Liquor License No. 10133191Application accepted by C. Bejar

A.R.S. § 4-203.F

*Prescott Valley*

If a person other than those persons originally licensed acquires control over a license or licensee, the person shall file notice of the acquisition with the Director within fifteen business days after such acquisition of control and a list of officers, directors or other controlling persons on a form prescribed by the Director. All officers, directors or other controlling persons shall meet the qualifications for licensure as prescribed by this title. On request, the director shall conduct a preinvestigation prior to the assignment, sale or transfer of control of a license or licensee, the reasonable costs of which, not to exceed one thousand dollars, shall be borne by the applicant. The preinvestigation shall determine whether the qualifications for licensure as prescribed by this title are met. On receipt of notice of an acquisition of control or request of a preinvestigation, the Director shall forward the notice within fifteen days to the local governing body of the city or town, if the licensed premises is in an incorporated area, or the county, if the licensed premises is in an unincorporated area. **The Local Governing Body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control. If the Director does not receive any protests, the Director may protest the acquisition of control or approve the acquisition of control based on the capability, reliability and qualification of the person acquiring control.** Any protest shall be set for a hearing before the Board. Any transfer shall be approved or disapproved within one hundred five days of the filing of the notice of acquisition and control. The person who has acquired control of a license or licensee has the burden of an original application at the hearing, and the board shall make its determination pursuant to section 4-202 and this section with respect to capability, reliability and qualification.

**ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL**

800 W Washington 5th Floor, Phoenix, AZ 85007-2934

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# AMENDMENT

**APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE**

Check Appropriate Box

Agent Change

Complete Sections 1,2,3,4,6  
(See Note 1 on back)

Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

Restructure

Complete Sections 1,2,(3,4 if changing Agent) ,5,6  
(See Note 2 on back)

**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)

KAZI HAMID A. 10133191  
Last First Middle Liquor License #

2.  Corporation  L.L.C.  N/A: Resort Discount Stores LLC Corp. File #: 10133191  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Carnicema Latina  
(Exactly as it appears on license)

4. Business Address: \_\_\_\_\_  
(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: \_\_\_\_\_  
City State Zip

7. Business Phone: ( ) \_\_\_\_\_ Residence Phone: ( ) \_\_\_\_\_

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
KAZI	HAMID	A.			

(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

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)  
Disabled individuals requiring special accommodations please call the Department

Date Received \_\_\_\_\_  
CSR \_\_\_\_\_

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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 Phoenix AZ 85007-2934  
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## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check Appropriate Box

Agent Change Complete Sections 1,2,3,4,6 (See Note 1 on back)

Acquisition of Control Complete Sections 1,2, (3,4 if changing Agent), 6

Restructure Complete Sections 1,2,(3,4 if changing Agent), 5,6 (See Note 2 on back)

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)  
SANCHEZ JESUS LLOVERA 10133191  
Last First Middle BIOD 9175 Liquor License #
- Corporation  L.L.C.  N/A: PRESCOTT DISCOUNT STORES, LLC Corp. File #: L-1081248-7  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
- Business Name: CARNICERIA LATINA 81038670  
(Exactly as it appears on license)
- Business Address: 8147 81ST E SPOUSE DR PRESCOTT VALLEY YAVAPAI 86314  
(Do not use P.O. Box Number) City COUNTY Zip
- Is the business located within the incorporated limits of the above city or town?  Yes  No
- Mailing Address: 101 E MONROE AVE  
SAME AS ABOVE BUCKEYE AZ 85326  
City State Zip
- Business Phone: (928) 775-0335 Residence Phone: (602) 769-5620
- 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.
- 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.

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

Last	First	Middle	Title	Residence Address	City State Zip
SANCHEZ	JESUS	LLOVERA	MEMBER	6642 W. ELLIS DR, LAVERN	AZ 85339
KAZI	HAMID	A.	MANAGER	2652 N. 143rd DR, GODDIEAR	AZ 85395

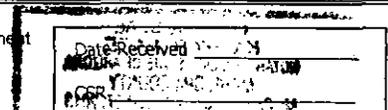
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

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

Last	First	Middle	% Owned	Residence Address	City State Zip
SANCHEZ	JESUS	LLOVERA	51	6642 W. ELLIS DR, LAVERN	AZ 85339
KAZI	HAMID	A.	49	2652 N. 143rd DR, GODDIEAR	AZ 85395

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department



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: 1033191 Date of last renewal: 8/25/2011

2. Current Licensee or Agent: KAZI HAMID KAZI A. (Last First Middle)

I, KAZI A. HAMID, 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 1 day of Sept 2011 Kathy B Race (Signature of NOTARY PUBLIC)



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, KAZI A. HAMID, hereby declare that I am the APPLICANT filing this application. (Print full name)

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 1 day of Sept 2011 Kathy B Race (Signature of NOTARY PUBLIC)

My commission expires on: 8/27/2013

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)



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)

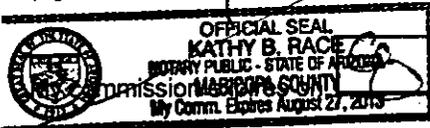
To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: 10133191 Date of last renewal: 8/25/2011
2. Current Licensee or Agent: KAZI HAMID KAZI A.
(Print full name) Last First Middle

I, KAZI A. HAMID 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 1 day of Sept 2011
Kathy B Race (Signature of NOTARY PUBLIC)



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, KAZI A. HAMID hereby declare that I am the APPLICANT filing this application.
(Print full name)
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 1 day of Sept 2011
Kathy B Race (Signature of NOTARY PUBLIC)

My commission expires on: 8/27/2013

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



SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE)

10133191

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?  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: \_\_\_\_\_ Date of last renewal: \_\_\_\_\_

2. Current Licensee or Agent: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle

I, \_\_\_\_\_, hereby consent to the agent appointment named herein and  
(Print full name)

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.

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

X \_\_\_\_\_ The foregoing instrument was acknowledged before me this  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

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

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

(Signature of NOTARY PUBLIC)

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:

Type of new ownership:

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

AMENDMENT

- 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:

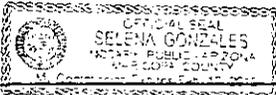
I, HAMID KAZI, hereby declare that I am the APPLICANT filing this application.  
(Print full name)

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

X \_\_\_\_\_  
(Signature of INDIVIDUAL OR AGENT)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

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


\_\_\_\_\_ day of \_\_\_\_\_ 2011  
Day Month Year

\_\_\_\_\_ (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

P1036215

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 DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted. The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #  
10133191  
(If the location is currently licensed)

1. Check appropriate box:  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: KAZI HAMID Date of Birth: (Last First Middle) (NOT a Public Record)

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

4. Place of Birth: KHULNA BANGLADESH Height: 5-10 Weight: 165 Eyes: BLUE Hair: BLACK (City State Country (not county))

5. Marital Status:  Single  Married  Divorced  Widowed Daytime Contact Phone: 602-695-2880

6. Name of Current or Most Recent Spouse: KAZI NAZMUN 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: 1/1/1993

8. Telephone number to contact you during business hours for any questions regarding this document. 602-695-2880

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: PRESCOTT DISCOUNT STORES, LLC Premises Phone: 928-775-0335

11. Physical Location of Licensed Premises Address: 8147 E SPOUSE DR PRESCOTT VALLEY AZ YAVAPAI 863 (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)
4/2003	CURRENT	MEMBER	PRESCOTT DISCOUNT STORES, LLC 8147 E. SPOUSE DR PRESCOTT VALLEY AZ 86311
1/2003	4/2003	OWNER	BIG K'S DISCOUNT FOOD 101 E. MONROE AVE TUCKER AZ 85326

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address	City	State	Zip
4/2005	CURRENT	OWN	2652 N. 143rd DR, GUDDYEAR AZ	GUDDYEAR	AZ	85395
3/2001						

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

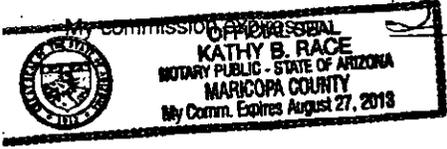
14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15.  YES  NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 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, HAMID KAZI, 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 [Signature]  
(Signature of Applicant)

State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this  
day of Sept 2011  
Month Year  
Kathy B Race  
(Signature of NOTARY PUBLIC)



27 8 2013  
Day Month Year

**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.

X \_\_\_\_\_  
Signature of Controlling Person or Agent (circle one)

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

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

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

11 SEP 2011 11:44 AM AZ 85326

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?  YES  NO  
 If you answered YES, how many hrs/day? \_\_\_\_\_, and answer #14a below. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)  YES  NO  
 If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.
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

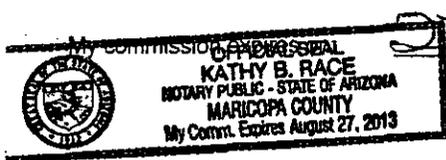
If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.  
**SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED**

1150  
Liquor Lic. # 204  
85326

20. I, HAMID KAZI, 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 [Signature]  
 (Signature of Applicant)

State of Arizona County of Maricopa  
 The foregoing instrument was acknowledged before me this  
1 day of Sept 2011  
 Month Year  
Kathy B Race  
 (Signature of NOTARY PUBLIC)



27 9 2013  
 Day Month Year

**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 \_\_\_\_\_  
 Signature of Controlling Person or Agent (circle one)

\_\_\_\_\_ day of \_\_\_\_\_  
 Month Year

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

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

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

RE: ~~15-73-19~~ #19

I HAMID KAZI OWN + OPERATE SEVERAL C-STORE  
AS FOLLOWS: —

- ① BIG K'S DISCOUNT FOOD — 101 E. MONROE AV. BUCKLE
- ② QUICK PETRO — 1631 S. VALVISTA DR. GILBERT, AZ
- ③ PAYSON MARKETPLACE — 1116 W. BEEHIVE HWY.
- ④ CARNICERIA LATINA — 8163 E. SPOUSE DR PV AZ.

ALL ABOVE HAS ~~THE~~ LIQUOR LIC. IN GOOD STANDING

HAMID KAZI

  
9/1/11

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL  
800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
(602) 542-5141

P1065585

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 DELC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DELC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.  
The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #  
10133191  
(If the location is currently licensed)

1. Check appropriate box →  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. Controlling Person or Agent must complete # 21

2. Name: SANCHEZ JESUS LLOVERA Date of Birth: \_\_\_\_\_  
Last First Middle (NOT a Public Record)

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

4. Place of Birth: PINALDEL RIO CUBA Height: 6' Weight: 200lb Eyes: BRO Hair: BRO  
City State Country (not county)

5. Marital Status  Single  Married  Divorced  Widowed Daytime Contact Phone: 602-769-5620

6. Name of Current or Most Recent Spouse: TERREKES YADIRA 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: 1995/08

8. Telephone number to contact you during business hours for any questions regarding this document. 602-695-2880

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: CARNICERIA LATINA PRESCOTT DISCOUNT STORES, LLC Premises Phone: 928-775-0335

11. Physical Location of Licensed Premises Address: SAME AS SPOUSE BY PRESCOTT ALLEN 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.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
6/2001	CURRENT	OWNER - LLOVERA TRUCKING	JESUS L. SANCHEZ, 6642 W. ELLIS DR LAVEEN, AZ 85339

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

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
6/2005	CURRENT	OWN	6642 W. ELLIS DR.	LAVEEN	AZ	85339

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 HRS, 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)? ARRESTED BY SHERIFF AND RELEASED NEXT DAY  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? SAME ABOVE  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, JESUS LLOVERA SANCHEZ 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 [Signature]  
 (Signature of Applicant)

State of Arizona County of Maricopa  
 The foregoing instrument was acknowledged before me this 5 day of Sept 2011  
 Month Year  
Kathy B Race  
 (Signature of NOTARY PUBLIC)



27 8 2013  
 Day Month Year

**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.

x [Signature]  
 Signature of Controlling Person or Agent (circle one)  
 \_\_\_\_\_  
 Print Name

State of \_\_\_\_\_ County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ Month Year  
 \_\_\_\_\_  
 (Signature of NOTARY PUBLIC)

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

11 SEP 1 4 41 PM '11

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

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- 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? SAME ABOVE  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**

11 SEP 1 10:41 AM '11

20. I, JESUS LLOVERA SANCHEZ 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 / [Signature]  
(Signature of Applicant)

State of Arizona County of Maricopa  
The foregoing instrument was acknowledged before me this  
\_\_\_\_\_ day of Sept 2011  
Month Year  
Kathy B Race  
(Signature of NOTARY PUBLIC)



27 8 2011  
Day Month Year

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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.

x / [Signature]  
Signature of Controlling Person or Agent (circle one)

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

(Signature of NOTARY PUBLIC)

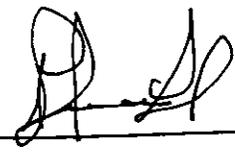
Print Name

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

QUESTION RE: 15 # 116

I JESUS LLOVERA WAS ARRESTED BY MARICOPA COUNTY SHERIFF DEP. ON FEB. 19. 2011 IN ~~ABSENCE~~ ACCUSATION OF COCK FIGHTING IN MY HOME IN LAVERN.

I BAILED OUT AND WAITING FOR COURT DATE. THE CASE IS PENDING IN SUPERIOR COURT OF AZ.

X  9/1/11

11 SEP 1 11:01 AM '94

**UNITED STATES OF AMERICA PERMANENT RESIDENT**

Surname: **SANCHEZ LLOYERA**  
Given Name: **JESUS**

Category: **RE6**

Country of Birth: **Cuba**  
Sex: **M**

Card Expires: **04/28/21**  
Resident Since: **08/02/95**





11 SEP 1 09:44:48

RECEIVED

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

SEP 01 2011

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

1. The name of the limited liability company is:

PRESCOTT DISCOUNT STORES, LLC

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

Dated this 1st day of SEPTEMBER, 2011.

Signature: \_\_\_\_\_



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

HAMID KAZI

Check One:  Member  Manager

**DO NOT PUBLISH THIS SECTION**

The amendment must be executed by a manager if management of the limited liability company is vested in a manager or by a member if management is reserved to the members.

11 SEP 1 11:04 AM '11

RECEIVED

SEP 01 2011

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

EXHIBIT A

This member name will be deleted from Prescott Discount Stores, LLC L-1081248-7

Ismail Bajis                      Member

This member name will be added to Prescott Discount Stores, LLC L-1081248-7

Jesus Llovera Sanchez      Member

Executed 1st day of SEPTEMBER, 2011

By Hamid Kazi, Manager

Signature: \_\_\_\_\_



11 SEP 1 11:41 AM '11

**Prescott Discount stores, LLC in conjunction with Carniceria Latina and Farmers market**

**Annual membership meeting minutes**

August 1, 2011 at Carniceria Latina

Hamid Kazi, Managing member called the meeting to order at 1pm and Ismail Bajis, Pedro Suarez and Jesus Sanchez was present.

A motion requested to approve 2011 annual meeting minutes for change of member, resignation of member as presented by Ismail Bajis. Motion was voted and approved in favor, motion passed unanimously.

Brief Summary of the meeting and motion: Ismail Bajis relinquished all his rights responsibility, interest, partnership, membership from the LLC. His membership responsibility is being offered to Pedro Suarez and Jesus Sanchez. Jesus Sanchez agreed to be a new member and took responsibility.

Also Hamid Kazi agreed to oversee the corporation business as Board Chairman and Jesus Sanchez become Managing Member and CEO of the corporation. All day to day financial and operational duty should be conducted by CEO.

Attendance:

HAMID KAZI  
ISMAIL BAJIS  
Pedro S. Suarez  
Jesus Sanchez Llovera

70324

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.

JESUS SANCHEZ  
Full Name (please print)  
[Signature]  
Signature

8-13-11  
Training Completion Date

8-13-14  
Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)  
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

Yes  No BASIC  Yes  No ON SALE  
 Yes  No MANAGEMENT  Yes  No OFF SALE  
 Yes  No BOTH  Yes  No OTHER

If Trainee Is Employed By A Licensee

CARNICERIA LATINA  
Name of Licensee Business Name Liquor License #

**Alcohol Training Program Provider Information**

ARIZONA BUSINESS COUNCIL FOR ALCOHOL EDUCATION

Company or Individual Name (please print)

77 EAST COLUMBUS AVENUE, SUITE 102

Address

Phoenix

AZ

85012

( 602 ) 285-1396

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:

JORGE L. QUEZADA  
Name of Trainer (please print)  
[Signature]  
Trainer Signature 8-13-11  
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.