

**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. See page 5 of the Liquor Licensing requirements.

**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): On Sale 12

2. Total fees attached: \$

Department Use Only  
124.00

12133502

**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. Vargo Daniel Alexander  
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Danny Z's Pizza & Wings  
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 3040 N Windsong Dr., Suite 101 Prescott Valley Yavapai 86314  
(Do not use PO Box Number) City County Zip
5. Business Phone: 928-775-6100 Daytime Contact: 928-775-6100
6. Is the business located within the incorporated limits of the above city or town?  YES  NO
7. Mailing Address: \_\_\_\_\_  
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type Series 7 \$ 2,000.00 Type \_\_\_\_\_ \$ \_\_\_\_\_

**DEPARTMENT USE ONLY**

Fees: 100.00 Application    \_\_\_\_\_ Interim Permit    \_\_\_\_\_ Agent Change    \_\_\_\_\_ Club    24.00 Finger Prints \$ 124.00  
**TOTAL OF ALL FEES**

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

Accepted by: JB Date: 10-07-11 Lic. # 12133502

**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. 100 EAST G L PAV. DEPT 201 1 130
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
Vargo	Daniel	Alexander	100		Dewey, AZ 86327

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.**

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1. Name of Corporation/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
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

(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

(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

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**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 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

FILED OCT 3 11 AM 2011

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 3,645 ft. Name of school Liberty Traditional School  
Address 3500 N. Lake Valley Rd. Prescott Valley, AZ 86314  
City, State, Zip

2. Distance to nearest church: 3,748 ft. Name of church Calvary Chapel  
Address 7367 E. First St. Prescott Valley, AZ 86314  
City, State, Zip

3. I am the:  Lessee  Sublessee  Owner  Purchaser (of premises)

4. If the premises is leased give lessors: Name Kravitz Family Trust c/o Arizona Commercial Real Estate  
Address 1670 Willow Creek Rd., Ste. A Prescott, AZ 86301  
City, State, Zip

4a. Monthly rental/lease rate \$ 1865.68 What is the remaining length of the lease 4 yrs. 6 mos.

4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other Monthly lease amount for entire term  
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0.00  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant

**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.

*Daniel Alexander Vargas*  
 \_\_\_\_\_  
 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.

*OV*  
 \_\_\_\_\_  
 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? \_\_\_\_\_  
 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 spiritous 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.**

*OV*  
 \_\_\_\_\_  
 applicants initials

**SECTION 15 Diagram of Premises**

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 ↑.

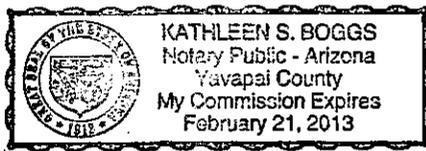
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram Attached

**SECTION 16 Signature Block**

I, Daniel Alexander Vargo, 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.

x Daniel Alexander Vargo  
(signature of applicant listed in Section 4, Question 1)



State of Arizona County of YAVAPAI

The foregoing instrument was acknowledged before me this 27<sup>th</sup> of September, 2011  
Day / Month Year

My commission expires on : Feb. 21, 2013  
Day Month Year

Kathleen S. Boggs  
signature of NOTARY PUBLIC



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 # 12133502

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

Table with 2 columns: Equipment Name, Description/Details. Rows include Grill, Oven, Freezer, Refrigerator, Sink, Dish Washing Facilities, Food Preparation Counter (Dimensions), and Other.

2. Print the name of your restaurant: Danny Z's Pizza & Wings

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 [ 44 ]
b. Bar area of your premises [ + 0 ]
c. Total area of your premises [ 44 ]

5. What type of dinnerware and utensils are utilized within your restaurant?
[ X ] 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 \_\_\_\_\_ % [ X ] No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 60 %

\*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 (Televisions, 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.

Management - Oversee all store operations and train employees. Responsible for making sure all patrons are of age to purchase Liquor. Serve Liquor to patrons.

Cashier - Take orders from customers by phone or in person, input orders in register, handle cash, process credit cards, deliver food to customers. Clear and clean tables, stock condiments, sweep and mop floors. Stock and clean bathrooms.

Cook - Prepare and cook food, stock kitchen, fold boxes and clean kitchen.

Dishwasher - Wash and put away dishes, help cook with kitchen duties. Clean the dishwashing area.

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

I, Daniel Alexander Vargo, 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.

X Daniel Alexander Vargo  
(Signature of APPLICANT)

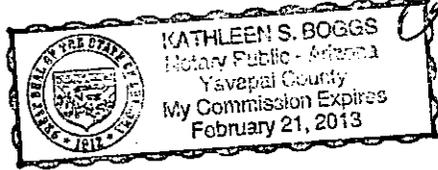
State of Arizona County of YAVAPAI

The foregoing instrument was acknowledged before me this

27<sup>th</sup> day of September, 2011  
Day of Month Month Year

My commission expires on: Feb, 21, 2013

Kathleen S. Boggs  
(Signature of NOTARY PUBLIC)



### **CLASSIC SUBS \$6.00**

#### **TURKEY MELT**

TURKEY AND ONIONS BAKED WITH SWISS CHEESE AND TOPPED WITH LETTUCE & TOMATO SERVED WITH ITALIAN DRESSING

#### **THE ULTIMATE BLT**

A HEAPING PILE OF BACON TOPPED WITH LETTUCE, TOMATO & MAYO

#### **HAM & CHEESE**

HAM & AMERICAN CHEESE TOPPED WITH LETTUCE AND TOMATO

#### **VEGGIE**

MUSHROOMS, OLIVES, ONIONS, BELL PEPPERS BAKED WITH SWISS CHEESE, TOPPED WITH LETTUCE AND TOMATO, SERVED WITH ITALIAN DRESSING

#### **CHEESE**

MOZZARELLA, AMERICAN, AND PROVOLONE CHEESE, BAKED THEN TOPPED WITH LETTUCE & TOMATO, SERVED WITH ITALIAN DRESSING

### **SPECIALTY SUBS \$6.50**

#### **ITALIAN COMBO**

HAM, SALAMI & CANADIAN BACON BAKED WITH PROVOLONE CHEESE, TOPPED WITH LETTUCE & TOMATO SERVED WITH ITALIAN DRESSING

#### **CHICKEN MARINARA**

CHICKEN BREAST, PEPPERONI AND MARINARA BAKED WITH MOZZARELLA CHEESE

#### **THE CLUB DELUXE**

TURKEY, HAM, BACON, AMERICAN & SWISS CHEESE TOPPED WITH LETTUCE, TOMATO & MAYO

#### **PHILLY**

PRIME STEAK, BELLS, SWEET ONIONS, MUSHROOMS & WHITE AMERICAN CHEESE

#### **CHEESE STEAK**

PRIME STEAK WITH A GENEROUS AMOUNT OF WHITE AMERICAN CHEESE

#### **MEATBALL**

HOMEMADE MEATBALLS & MARINARA SAUCE BAKED WITH MOZZARELLA CHEESE

### **SIDE ITEMS**

#### **FRENCH FRIES**

SMALL FRENCH FRIES \$1.50  
LARGE FRENCH FRIES \$2.25

#### **CURLY FRIES**

SMALL CURLY FRIES \$1.50  
LARGE CURLY FRIES \$2.25

#### **ONION RINGS**

SMALL ONION RINGS \$1.99  
LARGE ONION RINGS \$2.99

### **SEAFOOD**

SHRIMP & FRIES \$5.50  
FISH & FRIES \$6.00

### **DRINKS/FOUNTAIN DRINKS**

ALL YOU CAN DRINK 16 OZ \$1.49  
ALL YOU CAN DRINK 24 OZ \$1.79  
2 LITER BOTTLES \$2.99

### **PIZZA & WINGS SPECIALS**

LARGE CHEESE PIZZA  
& 10 WINGS \$15.99

LARGE CHEESE PIZZA  
& 20 WINGS \$20.99

2 LARGE  
CHEESE PIZZAS  
\$18.99

2 LARGE  
ONE TOPPING PIZZAS  
\$20.99

# **DANNY Z'S**

## **-PIZZA & WINGS-**

## **775-6100**



**3040 N. WINDSONG DRIVE  
PRESCOTT VALLEY, AZ**

### **HOURS**

**MONDAY-FRIDAY  
10:00 AM TO 9:00 PM**

**SATURDAY & SUNDAY  
11:00 AM TO 9:00 PM**

1101 309 1000 1100

# PIZZA

## TOPPINGS

PEPPERONI, ITALIAN SAUSAGE, CANADIAN BACON, BACON,  
MUSHROOMS, BLACK OLIVES, ONIONS, PINEAPPLE, BELL PEPPERS, JALAPENOS,  
FRESH GARLIC, TOMATOES, EXTRA CHEESE, FETA CHEESE

	SMALL 12"	MED. 14"	LARGE 16"
<b>CHEESE</b>	\$7.50	\$9.25	\$10.70
<b>ONE TOPPING</b>	\$8.75	\$10.75	\$11.95
<b>EXTRA TOPPINGS</b>	\$1.25	\$1.50	\$1.75
<b>THE WORKS</b> PEPPERONI, ITALIAN SAUSAGE, MUSHROOMS, BELL PEPPERS, ONIONS & BLACK OLIVES	\$12.50	\$15.25	\$17.20
<b>MEAT LOVERS</b> PEPPERONI, CANADIAN BACON & ITALIAN SAUSAGE	\$12.50	\$15.25	\$17.20
<b>ITALIAN GARLIC</b> GARLIC SAUCE, PEPPERONI, MUSHROOMS, ITALIAN SAUSAGE, TOMATO & FRESH GARLIC	\$12.50	\$15.25	\$17.20
<b>HAWAIIAN</b> CANADIAN BACON & PINEAPPLE	\$10.00	\$12.25	\$13.70
<b>GARDEN WORKS</b> MUSHROOMS, BELL PEPPERS, ONIONS, FRESH GARLIC, TOMATO & BLACK OLIVES	\$12.50	\$15.25	\$17.20
<b>CHICKEN &amp; GARLIC</b> GARLIC SAUCE, CHICKEN BREAST, MUSHROOMS, ONIONS, TOMATO & FRESH GARLIC	\$12.50	\$15.25	\$17.20
<b>BBQ CHICKEN</b> BBQ SAUCE, CHICKEN BREAST, ONIONS, TOMATOES & CILANTRO	\$12.50	\$15.25	\$17.20
<b>MEDITERRANEAN CHICKEN</b> GARLIC SAUCE, CHICKEN BREAST, MUSHROOMS, ONIONS, OLIVES FRESH GARLIC & FETA CHEESE	\$12.50	\$15.25	\$17.20

**OUR PIZZA IS HOMEMADE AND TOSSED WITH LOVE**

## PASTA

### SPAGHETTI & MEATBALLS \$5.00

SPAGHETTI & HOMEMADE MEATBALLS TOPPED WITH OUR MARINARA SAUCE.  
SERVED WITH GARLIC BREAD

### HOMEMADE LASAGNA \$5.50

CHEESE LASAGNA WITH MARINARA SAUCE AND MOZZARELLA CHEESE.  
SERVED WITH GARLIC BREAD

### CHICKEN PARMESAN \$6.00

CHICKEN BREAST WITH SPAGHETTI BAKED WITH MOZZARELLA CHEESE, MARINARA SAUCE  
SERVED WITH GARLIC BREAD

## SALADS, WINGS AND APPETIZERS

### BUFFALO CHICKEN WINGS

(10) \$6.99 (20) \$12.49

MILD, HOT, TOO HOT, BBQ  
EXTRA DIPPING SAUCE 50¢ EACH

### BUFFALO CHICKEN TENDERS \$5.99

4 BREADED CHICKEN TENDERLOINS,  
TOSSED IN YOUR FAVORITE SAUCE  
AND SERVED WITH RANCH DRESSING  
MILD, HOT, TOO HOT, BBQ

### TWISTEES \$4.99

BREADSTICKS TWISTED WITH CREAMY GARLIC  
SAUCE, CHOPPED FRESH GARLIC, AND  
MOZZARELLA CHEESE

### CHICKEN FINGERS & FRIES \$4.95

2 BREADED CHICKEN TENDERLOINS AND  
FRENCH FRIES SERVED WITH CHOICE OF  
ONE DIPPING SAUCE.

### GARLIC BREAD \$1.99

WITH MOZZARELLA \$2.99

### MOZZARELLA STICKS \$3.99

### JALAPENO POPPERS \$4.49

### ZUCCHINI STICKS \$4.49

DIPS: RANCH OR MARINARA

### GREEK SALAD

ROMAINE & ICEBERG LETTUCE WITH GARDEN  
VEGETABLES, FETA CHEESE AND PEPPERONCHINS  
MEDIUM \$4.49 LARGE \$5.99

### CAESAR

ROMAINE LETTUCE, SHREDDED PARMESAN  
& CRUTONS MEDIUM \$3.99 LARGE \$5.99

### GARDEN SALAD

SMALL \$2.49 / MED \$3.99 / LARGE \$5.49

### ANTIPASTO SALAD

MEDIUM \$4.99 / LARGE \$6.49  
SHREDDED MOZZARELLA CHEESE  
ON A BED OF FRESH ROMAINE & ICEBERG  
LETTUCE WITH GARDEN VEGETABLES,  
HARD SALAMI, PEPPERONI &  
PEPPERONCINIS

### CHEF SALAD

MEDIUM \$4.99 / LARGE \$6.49  
A BED OF FRESH ROMAINE &  
ICEBERG LETTUCE WITH GARDEN,  
VEGETABLES, TOPPED WITH HAM,  
TURKEY, AMERICAN & SWISS CHEESES

### CHICKEN CAESAR SALAD

MEDIUM \$5.49 / LARGE \$6.99  
A BED OF FRESH ROMAINE WITH  
PARMESAN CHEESE, CRUTONS,  
AND CHICKEN BREAST  
DRESSINGS: RANCH, BLEU CHEESE,  
1000 ISLAND, ITALIAN, CAESAR

12:15 PM - 1:30 PM

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

## RECORDS REQUIRED FOR AUDIT

### SERIES 11 (HOTEL/MOTEL/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



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

11 OCT 3 10:00 AM '09

802-725
P1065816

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

Liquor License # 12133502

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

2. Name: Vargo Daniel Alexander. Last First Middle Date of Birth (NOT a Public Record)

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

4. Place of Birth: Desoto MO USA Height: 5'6" Weight: 182 Eyes: Hzl Hair: Brown City State Country (not county)

5. Marital Status [X] Single [ ] Married [ ] Divorced [ ] Widowed Daytime Contact Phone: 928-775-6100

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

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 07/29/2004

8. Telephone number to contact you during business hours for any questions regarding this document. 928-775-6100

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: Danny Z's Pizza & Wings Premises Phone: 928-775-6100

11. Physical Location of Licensed Premises Address: 3040 N. Windsong Dr., Ste. 101 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 Vargo's Pizzeria at 3040 N. Windsong Dr. and 6000 Willow Creek Rd.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 13

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 addresses in Dewey, Prescott Valley, and Prescott Valley, AZ.

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? 12, 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**

20. I, Daniel Alexander Vargo, 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 Daniel Alexander Vargo  
 KAT (Signature of Applicant)  
 Notary Public - Arizona  
 Yavapai County  
 My Commission Expires  
 February 21, 2013  
 My commission expires on: Feb. 21, 2013  
 Day Month Year

State of ARIZONA County of YAVAPAI  
 The foregoing instrument was acknowledged before me this  
27<sup>th</sup> day of September, 2011  
 Month Year  
Kathleen S. Papp  
 (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  
 \_\_\_\_\_  
 (Signature of NOTARY PUBLIC)

x \_\_\_\_\_  
 Signature of Controlling Person or Agent (circle one)  
 \_\_\_\_\_  
 Print Name  
 My commission expires on: \_\_\_\_\_  
 Day Month Year



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

Liquor License #: 12133502

Ownership Name: Daniel Alexander Vargo - (Individual) (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.

11 OCT 7 11:49 AM 11111111

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) DATE

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE

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:

- 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.

AMENDMENT



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

Liquor License #: 12133502

Ownership Name: Vargo's Pizzeria dba Danny Z's Pizza & Wings (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.

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SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Daniel Alexander Vargo DATE 09/29/11

TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [ ] RENEWAL

TYPE OF LICENSE 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: Certificate of Live Birth

A. Are you a citizen or national of the United States? (check one) [X] Yes [ ] No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country. City Desoto State (or equivalent) MO Country or Territory USA

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:

\_\_\_\_\_

**“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).

**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.

Daniel Alexander Vargo  
APPLICANT'S SIGNATURE

9-27-11  
TODAY'S DATE

Filed Feb. 25, 1963

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

124

PH 132

VS 100  
Rev. 11/72

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

CHILD NAME FIRST MIDDLE LAST <b>Daniel Alexander Vargo</b>			DATE OF BIRTH (MONTH, DAY, YEAR) HOUR <b>9:30A</b>	
SEX <b>Male</b>	THIS BIRTH (SPECIFY) <b>Single</b>	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		COUNTY OF BIRTH <b>Jefferson</b>
CITY, TOWN, OR LOCATION OF BIRTH <b>Valles</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Sherry Lee Allen</b>			AGE (AT TIME OF THIS BIRTH) <b>20</b>	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>
RESIDENCE—STATE <b>Missouri</b>	COUNTY <b>Jefferson</b>	CITY, TOWN, OR LOCATION, ZIP CODE <b>DeSoto</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>No</b>	TOWNSHIP <b>Route #2</b>
FATHER—NAME FIRST MIDDLE LAST <b>Andrew Vargo</b>			AGE (AT TIME OF THIS BIRTH) <b>40</b>	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Pennsylvania</b>
INFORMANT <b>Mr. and Mrs. Andrew Vargo</b>				RELATION TO CHILD <b>Parents</b>
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.		DATE SIGNED (MONTH, DAY, YEAR) <b>2-17-</b>	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) <b>D. O.</b>	
SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) <b>R.E. Pierce</b>		NO. LICENSE NO.	MARING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>De Soto, Missouri</b>	
REGISTRAR—SIGNATURE <i>Herbert R. Corral</i>			DATE RECEIVED BY LOCAL REGISTRAR <b>2 19</b>	

LACK INK. See handbook for instructions.

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT

(Do not accept if rephotographed, or if seal impression cannot be felt.)

STATE OF MISSOURI  
CITY OF JEFFERSON

I HEREBY CERTIFY that the above is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Department of Public Health and Welfare of Missouri. Witness my hand as State Registrar of Vital Statistics and the Seal of the Division of Health of said Department this date of

NOV 20 1973

*Herbert R. Corral*

State Registrar of Vital Statistics

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (CHAPTER 193.380 RS MO 1969)

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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

11 SEP 12 11:32 AM

**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.

**Daniel A Vargo**

Full Name (please print)

*Daniel A Vargo*  
Signature

09/04/2011 13:14 CST

Training Completion Date

09/04/2016 13:14 CST

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

**Daniel A Vargo**

Name of Licensee

*Danny Z's Pizza + Wings*  
Business Name

Liquor License #

**Alcohol Training Program Provider Information**

360training.com. Inc.

Company or Individual Name (please print)

13801 Burnet Rd. . Suite 100

Address

Austin

TX

78727

City

State

Zip

( 888 ) 360 8764

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:

**April Thomas**

Name of Trainer (please print)

*April Thomas*  
Trainer Signature

09/04/2011 13:14 CST

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.