

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

12 JUN 8 Lic. Lic. # 123

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): 10133242

1. Type of License(s): SERIES 10 - BEER & WINE STORE

2. Total fees attached:

Department Use Only
\$

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. MORSE THERESA JUNE
2. Corp./Partnership/L.L.C.: B-DESH ENTERPRISES, LLC
3. Business Name: HWY 69 MARKET
4. Principal Street Location: 8470 E. STATE ROUTE HWY 69 PRESCOTT VALLEY YAVAPAI 86314
5. Business Phone: PENDING Daytime Contact: 480-353-8035
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 530 E. MCDOWELL RD. SUITE 107-241 PHOENIX ARIZONA 85004
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00 Application 100.00 Interim Permit 44.00 Agent Change Club Finger Prints \$ 244.00
TOTAL OF ALL FEES

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

Accepted by: [Signature] Date: 6/8/12 Lic. # 10133242

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. 12 JUN 8 11:47 AM '12 Lic. #1123
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. 10133187
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, Rani A. Alam, 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.

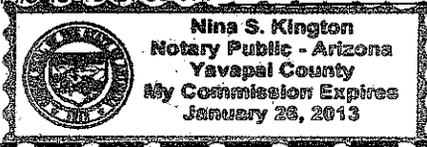
State of Arizona county of Yavapai

X Rani Alam
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: 1-26-13

29 day of May, 2012
Day Month Year



Nina S. Kington
(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 \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-------|--------|---------|-----------------|----------------|
| | | | | | |

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

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

) Y R A S S E C E N F I T

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 \$22 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.**

12 JUN 8 Lic. Lic. #1123

1. Name of Corporation/L.L.C.: B-DESH ENTERPRISES, LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 5/22/2012 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1763001-4 Date authorized to do business in AZ: 5/23/2012
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 |
|--------|----------|--------|--------|---------------------|----------------------|
| KASHEM | MOHAMMED | ABUL | MEMBER | 4609 W. PEIDMONT RD | LAVEEN ARIZONA 85339 |
| KABIR | AHSANUL | | MEMBER | 4609 W. PEIDMONT RD | LAVEEN ARIZONA 85339 |
| | | | | | |
| | | | | | |

(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 |
|--------|----------|--------|---------|---------------------|----------------------|
| KASHEM | MOHAMMED | ABUL | 50 | 4609 W. PEIDMONT RD | LAVEEN ARIZONA 85339 |
| KABIR | AHSANUL | | 50 | 4609 W. PEIDMONT RD | LAVEEN ARIZONA 85339 |
| | | | | | |
| | | | | | |

(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 \$22 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 |
|------|-------|--------|-------|-----------------|----------------|
| | | | | | |
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| | | | | | |
| | | | | | |

(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.

12 JUN 8 1997 Lic. # 1124

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

(Signature of NOTARY PUBLIC)

My commission expires on: _____

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

- 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: 1,478 ft. Name of school Humboldt School District (K-12)
Address 8766 E. State Route 69 Prescott Valley, AZ 86314
City, State, Zip

2. Distance to nearest church: 2,217 ft. Name of church Christ Evangelical Lutheran
Address 3300 N Navajo Dr, 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 _____
Address _____
City, State, Zip

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

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ ZERO
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)? CONVENIENCE MARKET & GAS STATION

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 # 10133187 (exactly as it appears on license) Name RANI A. ALAM

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.

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 and click on the "Information" tab.

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? _____

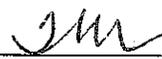
month/day/year

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.

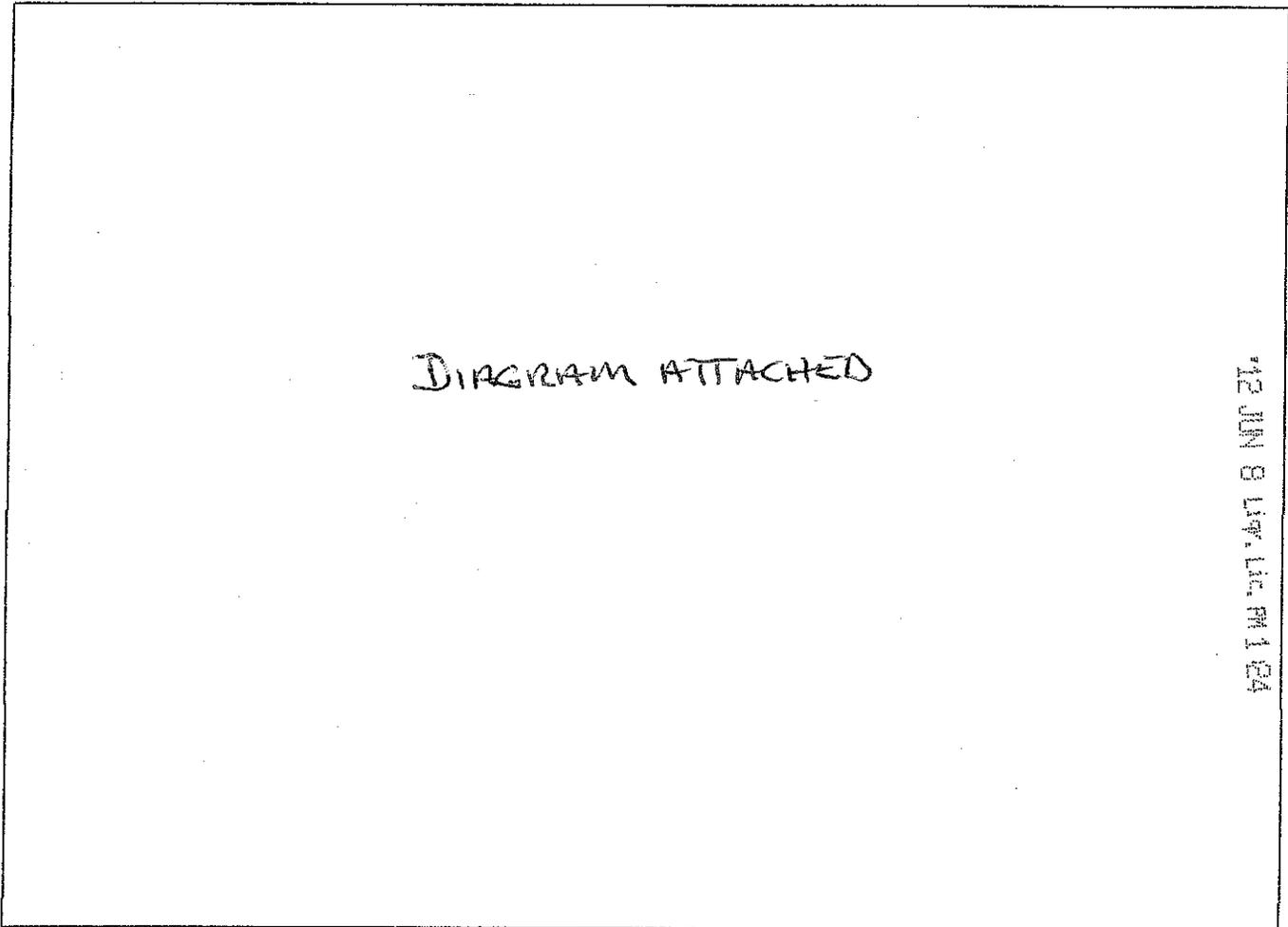
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this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


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.



SECTION 16 Signature Block

I, THERESA JUNE MORSE, 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.

(print full name of applicant)

x *[Signature]*
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

8 of June, 2012
Day Month Year

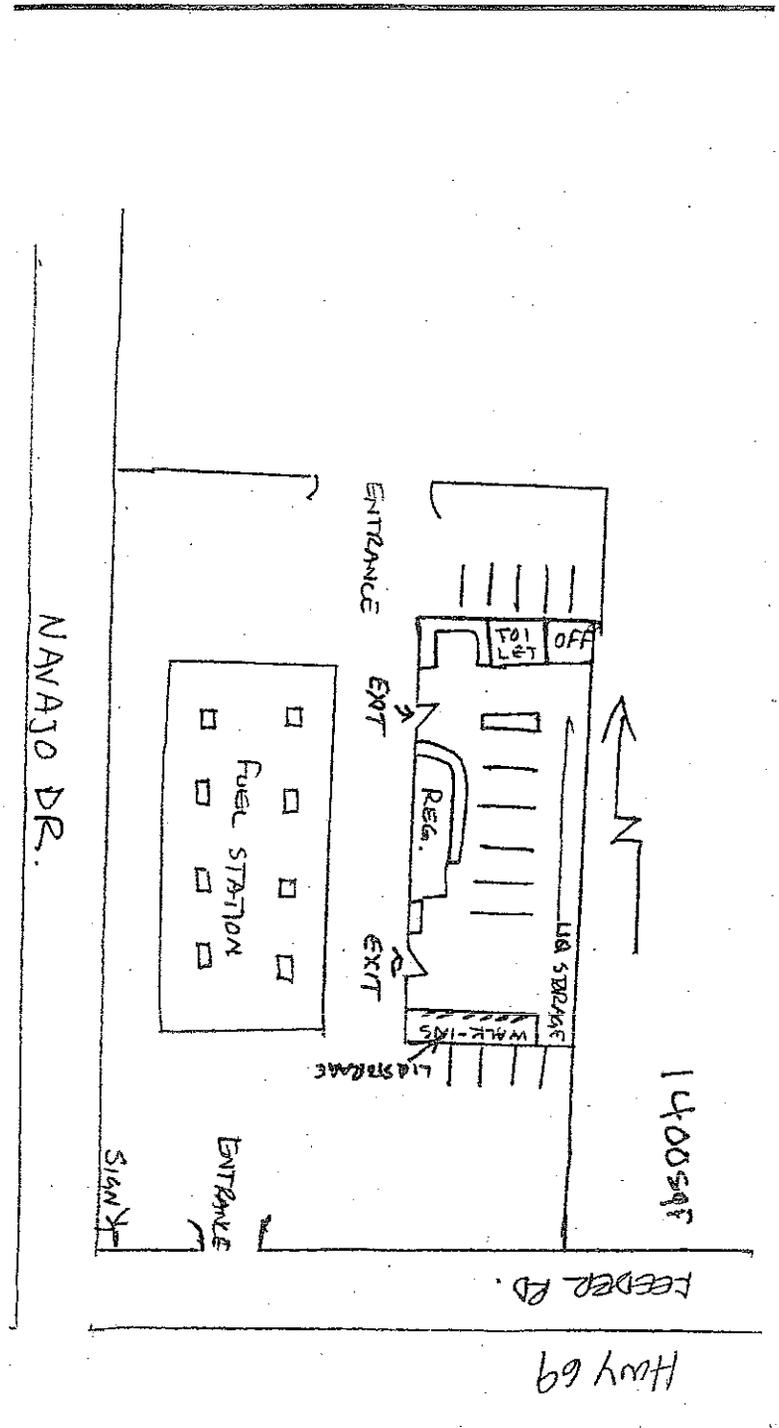
[Signature]
signature of NOTARY PUBLIC



My commission expires on

Day Month Year

12 JUN 8 11:47. DIC. PM 1 84



Hwy 69

OPERATING AGREEMENT

OF

B-DESH ENTERPRISES, LLC

By this Operating Agreement ("**Agreement**") effective May 25, 2012, by and between Mohammed Abul Kashem ("MAK"), having an address of 4609 W. Piedmont, Laveen Arizona 85339 and Ahsanul Kabir ("AK") having an address of 2371 Jonquil Place, Rockford Illinois 61107 (sometimes referred to herein as the "Member(s)"), the Members have formed a limited liability company under the laws of the State of Arizona, in accordance with the Limited Liability Company Act, on the following terms:

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

Name B-DESH ENTERPRISES, L.L.C.

DBA: HWY 69 MARKET

Address 8370 E. State Route HWY 69 Prescott Valley, AZ 86314

The Company is formed for the purpose of operating a MARKET / GAS STATION

2. Company Shares. "MAK" and "AK" shall each initially hold 50% (FIFTY PERCENT) shares in B-DESH ENTERPRISES, L.L.C.
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:
 - 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.

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- 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 effective as of the day and year first set forth above.


Mohammed Abul Kashem


Ahsanul Kabir

 5/29/12



RECEIVED

MAY 22 2012

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

12 JUN 8 11:47 AM 124

ARTICLES OF ORGANIZATION

Of

B-DESH ENTERPRISES, LLC

1. The name of this limited liability company, (here-in-after, "this Company") is:

B-DESH ENTERPRISES, LLC
2. This Company is organized for the purpose of operating a convenience store and any other lawful business under Arizona law.
3. Upon the death, retirement, bankruptcy or incapacity of any Member of this Company, this Company shall be dissolved; dissolution shall be perpetual, except by a majority vote of remaining Members to continue this Company.
4. Members are prohibited from transferring their interest without the written permission of all Members of this Company.
5. Management of this Company is vested in the members, the name and address of the members at the time of formation of this Company are:

ABUL KASHEM
4609 W. PIEDMONT RD
LAVEEN, AZ 85339

AHASANUL KABIR
4609 W. PIEDMONT RD
LAVEEN, AZ 85339

6. The address of the registered office of this Company and the name and business address of the agent for service of process are:

Registered Office:

Statutory Agent:

B-DESH ENTERPRISES,
LLC
4609 W. PIEDMONT RD
LAVEEN, AZ 85339

MUJAHID ALAM
KHONDAKER
4609 W. PIEDMONT RD
LAVEEN, AZ 85339

7. This being a limited liability company established under the laws of the State of Arizona restricts the Members liability under laws of that state.
8. The life of this limited liability company shall be perpetual.

'12 JUN 8 11:11 AM 1 24

21st DAY OF MAY, 2012
SIGNED this ~~15th~~ day of February 2012

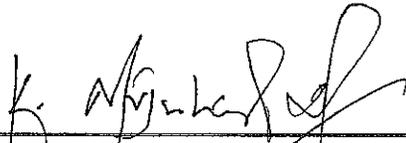


ABUL KASHEM



AHASANUL KABIR

I, MUJAHID ALAM KHONDAKER, hereby consent to and accept the appointment as Statutory Agent for this Company, until my replacement or resignation pursuant to A.R.S. 29-605 A & C.



MUJAHID ALAM KHONDAKER

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

12 JUN 8 Liqu. Lic. # 1 24

QUESTIONNAIRE

PP w/ll
P1054525

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 AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

Liquor License #

10133242

(If the location is currently licensed)

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

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

2. Name: MORSE THERESA JUNE Date of Birth: [REDACTED]
Last First Middle (NOT a Public Record)

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

4. Place of Birth: DETROIT MICHIGAN USA Height: 501 Weight: 160 Eyes: HZ Hair: BLN
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ 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: 7/1981

8. Telephone number to contact you during business hours for any questions regarding this document. 480-353-8035

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: HWY 69 MARKET Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 8470 E STATE ROUTE 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.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS <small>(street address, city, state & zip)</small> |
|--------------------|------------------|----------------------------------|---|
| 2/2007 | CURRENT | Consultant/Trainer | AGATE 530 E McDowell Rd 107-241 Phoenix, AZ 85004 |
| 8/1994 | 2/2007 | Investigator/Sgt | AZ Dept of Liquor 800 W Washington St Phoenix AZ 85007 |
| | | | |

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 | RESIDENTIAL Street Address <small>If rented, attach additional sheet with name, address and phone number of landlord</small> | City | State | Zip |
|--------------------|------------------|----------------|---|----------|-------|-------|
| 12/2006 | CURRENT | ○ | 19486 N. Kari Ln | Maricopa | AZ | 85139 |
| | | | | | | |
| | 2/2007 | | | | | |
| | | | | | | |

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

12 JUL 8 11:16 AM '12

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 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?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol 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? Include only criminal traffic tickets and complaints. 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

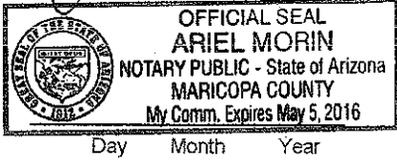
If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, THERESA JUNE MORSE, 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 AZ County of Maricopa

The foregoing instrument was acknowledged before me this
8 day of June, 2012
Month Year
[Signature]
(Signature of NOTARYPUBLIC)



My commission expires on: _____
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 NOTARYPUBLIC)

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

P1067309Am

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 AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

Liquor License #

10133242

(If the location is currently licensed)

| | | |
|----------------------------|--|--|
| 1. Check appropriate box → | <input checked="" type="checkbox"/> Controlling Person Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager | <input type="checkbox"/> Manager (Only) (Complete All Questions <u>except</u> # 14, 14a & 21) Controlling Person or Agent must complete # 21 |
|----------------------------|--|--|

2. Name: KABIR AHSANUL Date of Birth _____
Last First Middle (NOT a Public Record)

3. Social Security Num. _____ Drivers License _____ State: ILLINOIS
(NOT a public record) (NOT a public record)

4. Place of Birth: COMILLA BANGLADESH Height: 504 Weight: 155 Eyes: BK Hair: BK
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: KABIR TANZIMA 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? ILLINOIS If Arizona, date of residency: N/A

8. Telephone number to contact you during business hours for any questions regarding this document. 815-633-8993

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: HWY 69 MARKET Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 8470 E. STATE ROUTE 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.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|--------------------|------------------|----------------------------------|--|
| 08/1995 | CURRENT | Owner | House of Bottles 5619 N 2nd St Loves Pk IL 61111 |
| | | | |
| | | | |

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 | RESIDENTIAL Street Address <small>If rented, attach additional sheet with name, address and phone number of landlord</small> | City | State | Zip |
|--------------------|------------------|----------------|---|----------|-------|-------|
| 10/1998 | CURRENT | O | 2371 Jonquil Place | Rockford | IL | 61107 |
| | | | | | | |
| | | | | | | |

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

42 JUN 8 Lic. Lic. #124

| | |
|--|--|
| 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 <u>answer #14a below</u> . If NO, skip to #15. | YES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> NO |

15. Have you been 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?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol 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? Include only criminal traffic tickets and complaints. 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, AHSANUL KABIR, 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 Ahsanul Kabir
(Signature of Applicant)

State of ILLINOIS County of Winnebago

The foregoing instrument was acknowledged before me this 29th day of MAY, 2012
Month Year
[Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: 8/26/2013
Day Month Year
"OFFICIAL SEAL"
JEFF AURAND
NOTARY PUBLIC, STATE OF ILLINOIS
~~MY COMMISSION EXPIRES AUG. 26, 2013~~

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

12 JUN 8 11:47. LIC. PM 1 24

ADDENDUM TO QUESTIONNAIRE
AHSANUL KABIR

Question 17:

Approximately 1996 and 1998 I sold alcohol to an individual that was less than twenty-one and was required to pay a fine.

Question 19:

Since 1995 I have been the owner of House of Bottles located in Loves Park Illinois. I have not had any additional violations since the above listed dates.

Respectfully,

A handwritten signature in cursive script that reads "Ahsanul Kabir". The signature is written in black ink and is positioned below the word "Respectfully,".

Ahsanul Kabir

12 JUN 8 11:47 AM '12

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

P1067310

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 AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

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

Liquor License #

10133242

(If the location is currently licensed)

| | | | |
|----------------------------|--|--|---|
| 1. Check appropriate box → | <input checked="" type="checkbox"/> Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager | <input type="checkbox"/> Agent (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21 | <input type="checkbox"/> Manager (Only) |
| | | | |

2. Name: KASHEM MOHAMMED ABUL Date of Birth: _____
Last First Middle (NOT a Public Record)

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

4. Place of Birth: COMILLA BANGLADESH Height: 506 Weight: 145 Eyes: BRO Hair: BK
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: AKHTAR NAIMA Date of Bir _____
(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: 03/2012

8. Telephone number to contact you during business hours for any questions regarding this document. 815-519-7032

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: HWY 69 MARKET Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 8470 E. STATE ROUTE 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.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|-----------------|---------------|-------------------------------|---|
| 6/2012 | CURRENT | Gas/Mkt Owner | Hwy 69 Market 8470 E State Route Hwy 69 Prescott Valley AZ 86314 |
| 6/2011 | 6/2012 | Unemployed | 4609 W Piedmont Rd. Laveen AZ 85339 |
| 7/1996 | 6/2011 | Mkt/Owner | Liquor Land 3305 11th St. Rockford Illinois 61109 |

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 | RESIDENTIAL Street Address | City | State | Zip |
|-----------------|---------------|-------------|----------------------------|----------|-------|-------|
| 03/2012 | CURRENT | R | 4609 W Piedmont Rd | Laveen | AZ | 85339 |
| 8/1998 | Current | O | 5669 Petworth Drive | Rockford | IL | 61109 |
| | | | | | | |
| | | | | | | |

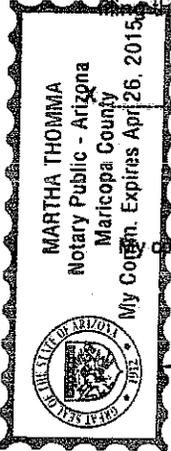
If you checked the Manager box on the front of this form skip to # 15

- 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? 10, 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 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? ✓ YES NO
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related.
- 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? Include only criminal traffic tickets and complaints. 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, MOHAMMED ABUL KASHEM, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)

I have read this questionnaire. I have read this questionnaire and all statements are true, correct and complete.



Abul Kassem
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 7th day of June, 2012
Month Year

My commission expires on: 26 Apr 2015
Day Month Year

Martha Thomma
(Signature of NOTARY PUBLIC)

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

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

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
 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

ADDENDUM TO QUESTIONNAIRE
MOHAMMED ABUL KASHEM

12 JUN 8 11:47 AM 1 24

Question 15:

Approximately 2008 and in May 2011 I sold alcohol to underage while working at Liquor Land. I took care of all requirements of the court including monetary fines. The charges from 2008 were dismissed upon remaining a law abiding citizen and in June 2012 the charges from May 2011 shall be dismissed since I have remained a law abiding citizen as well.

Question 17:

I received fines for sale to underage in 1999, 2008 and 2011.

Question 19:

I was part owner of Liquor Land in Rockford Illinois. I sold my shares in the company in 2011.

Respectfully,



Mohammed Abul Kashem