

State of Arizona
Department of Liquor Licenses and Control

Created 12/30/2022 @ 10:48:49 AM
Local Governing Body Report

LICENSE

Number:	06020035	Type:	006 BAR
Name:	GADSDEN HOTEL		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2023
Original Issue Date:	01/01/1934		
Location:	1046 N G AVENUE DOUGLAS, AZ 85607 USA		
Mailing Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(520)364-4481		
Alt. Phone:	(602)738-1421		
Email:	MERECOINC@GMAIL.COM		

Currently, this license has pending applications.

AGENT

Name:	LAUREN KAY MERRETT
Gender:	Female
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA
Phone:	(602)738-1421
Alt. Phone:	
Email:	MERECOINC@GMAIL.COM

OWNER

Name:	BRIGHT BRAIN HOSPITALITY LLC		
Contact Name:	LAUREN MERRETT		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23439743	State of Incorporation:	AZ
Incorporation Date:	10/25/2022		
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(602)738-1421		
Alt. Phone:			
Email:	MERECOINC@GMAIL.COM		

Officers / Stockholders

Name:	Title:	% Interest:
RASPAL SINGH THIND	Member	33.30
BALWANT AULCK	Member	33.30
SUKHCHAIN S SANDHU	Member	33.30

BRIGHT BRAIN HOSPITALITY LLC - Member

Name: SUKHCHAIN S SANDHU
 Gender: Male
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (206)899-8893
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

BRIGHT BRAIN HOSPITALITY LLC - Member

Name: BALWANT AULCK
 Gender: Male
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (206)571-7777
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

BRIGHT BRAIN HOSPITALITY LLC - Member

Name: RASPAL SINGH THIND
 Gender: Male
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (360)794-9532
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

MANAGERS

Name: DEBRA L TRATE
 Gender: Female
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (520)507-4229
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

APPLICATION INFORMATION

Application Number: 224280

Application Type: Owner Transfer
Created Date: 12/29/2022

QUESTIONS & ANSWERS

006 Bar

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
No
- 8) Did the Premises phone number change?
No
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
Ray Borane Middle School
840 E 12th St
Douglas AZ 85607

1.2 mi
- 11) Are you one of the following? Please indicate below.
Property Tenant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
Property owner
- 12) Is there a penalty if lease is not fulfilled?
No
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
Personal investment
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
Contiguous
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
Undisclosed

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	My alienstatus.pdf	12/29/2022
BILL OF SALE	IP (Merged) copy.pdf	12/29/2022
DIAGRAM/FLOOR PLAN	Images Footprints copy copy.pdf	12/29/2022
INTERIM PERMIT (INP) NOTARY PAGE	IP (Merged) copy.pdf	12/29/2022
ORGANIZATIONAL DOCUMENTS	Flow Chart copy.pdf	12/29/2022
QUESTIONNAIRE	1 My Q (Merged).pdf	12/29/2022

State of Arizona
Department of Liquor Licenses and Control

Created 12/30/2022 @ 10:48:53 AM

Local Governing Body Report

LICENSE

Number:	INP020021563	Type:	INP INTERIM PERMIT
Name:	GADSDEN HOTEL		
State:	Active		
Issue Date:	12/30/2022	Expiration Date:	04/14/2023
Original Issue Date:	12/30/2022		
Location:	1046 N G AVENUE DOUGLAS, AZ 85607 USA		
Mailing Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(520)364-4481		
Alt. Phone:	(602)738-1421		
Email:	MERECOINC@GMAIL.COM		

AGENT

Name:	LAUREN KAY MERRETT
Gender:	Female
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA
Phone:	(602)738-1421
Alt. Phone:	
Email:	MERECOINC@GMAIL.COM

OWNER

Name:	BRIGHT BRAIN HOSPITALITY LLC		
Contact Name:	LAUREN MERRETT		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23439743	State of Incorporation:	AZ
Incorporation Date:	10/25/2022		
Correspondence Address:	736 S LONGMORE STREET CHANDLER, AZ 85224 USA		
Phone:	(602)738-1421		
Alt. Phone:			
Email:	MERECOINC@GMAIL.COM		

Officers / Stockholders

Name:	Title:	% Interest:
RASPAL SINGH THIND	Member	33.30
BALWANT AULCK	Member	33.30
SUKHCHAIN S SANDHU	Member	33.30

BRIGHT BRAIN HOSPITALITY LLC - Member

Name: SUKHCHAIN S SANDHU
 Gender: Male
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (206)899-8893
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

BRIGHT BRAIN HOSPITALITY LLC - Member

Name: BALWANT AULCK
 Gender: Male
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
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 Phone: (206)571-7777
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BRIGHT BRAIN HOSPITALITY LLC - Member

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 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
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 Phone: (360)794-9532
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 Email: MERECOINC@GMAIL.COM

MANAGERS

Name: DEBRA L TRATE
 Gender: Female
 Correspondence Address: 736 S LONGMORE STREET
 CHANDLER, AZ 85224
 USA
 Phone: (520)507-4229
 Alt. Phone:
 Email: MERECOINC@GMAIL.COM

APPLICATION INFORMATION

Application Number: 224286
Application Type: New Application
Created Date: 12/29/2022

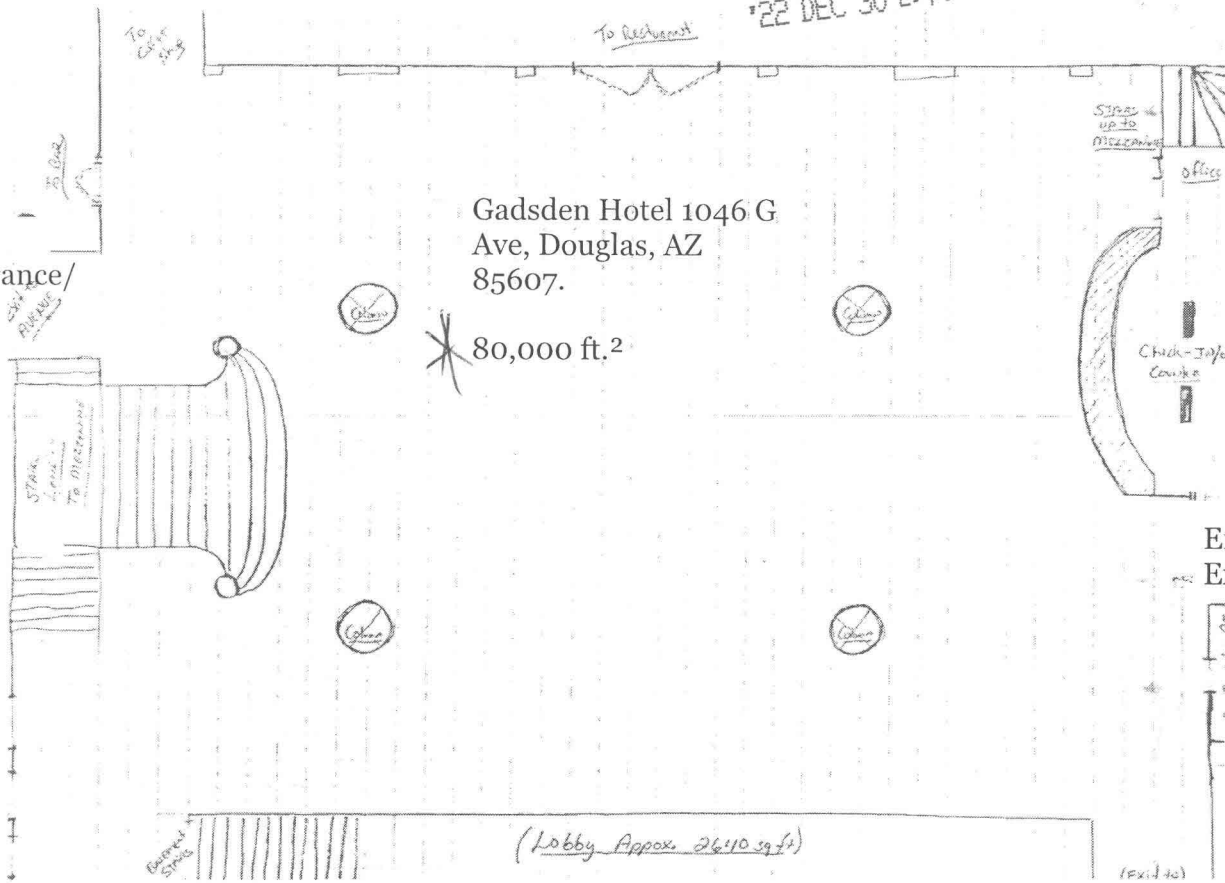
QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
06020035
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes

'22 DEC 30 Lic. Lic. AM 9:30

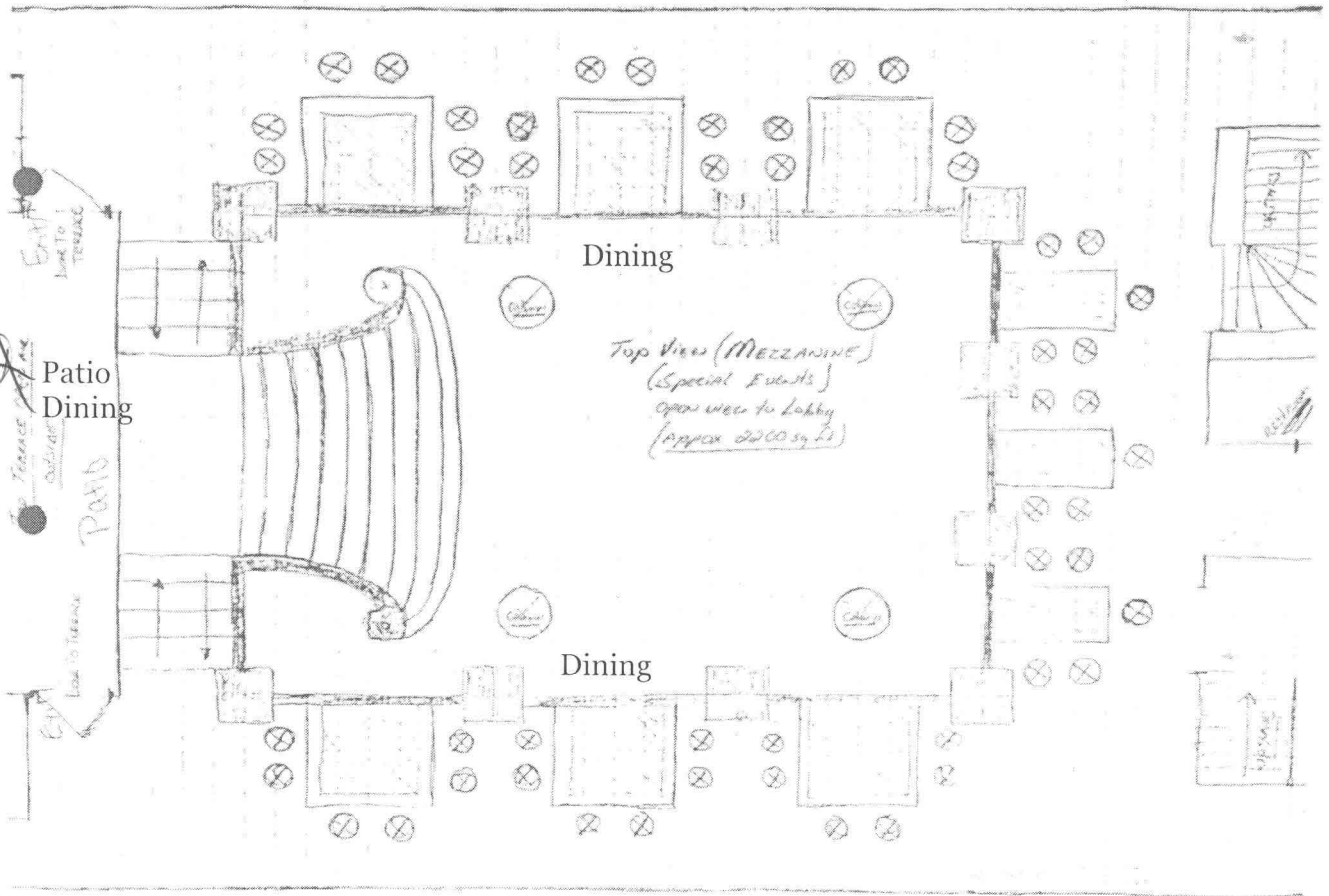
Entrance/
Exit



Gadsden Hotel 1046 G
Ave, Douglas, AZ
85607.

80,000 ft.²

Entrance/
Exit



Patio
Dining

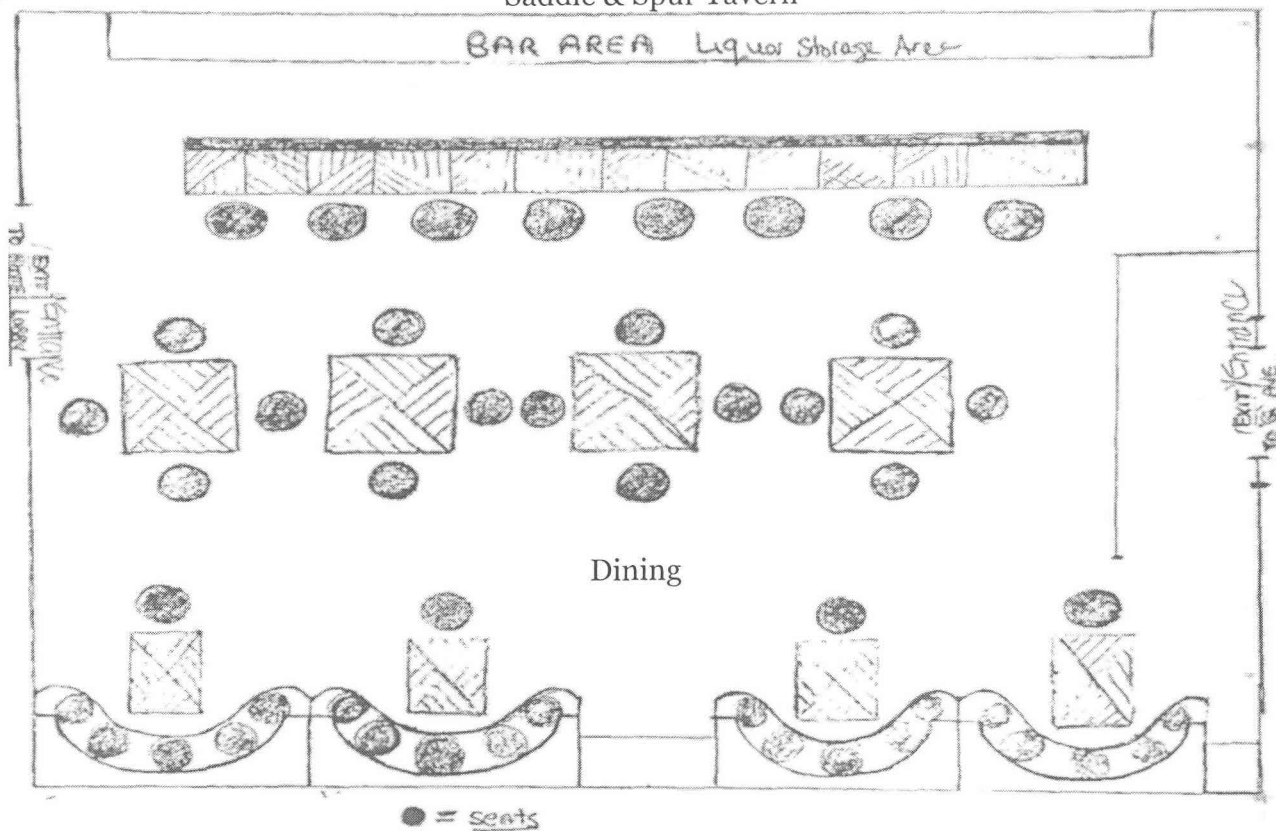
Dining

Top View (MEZZANINE)
(Special Events)
open view to Lobby
(approx. 2200 sq ft)

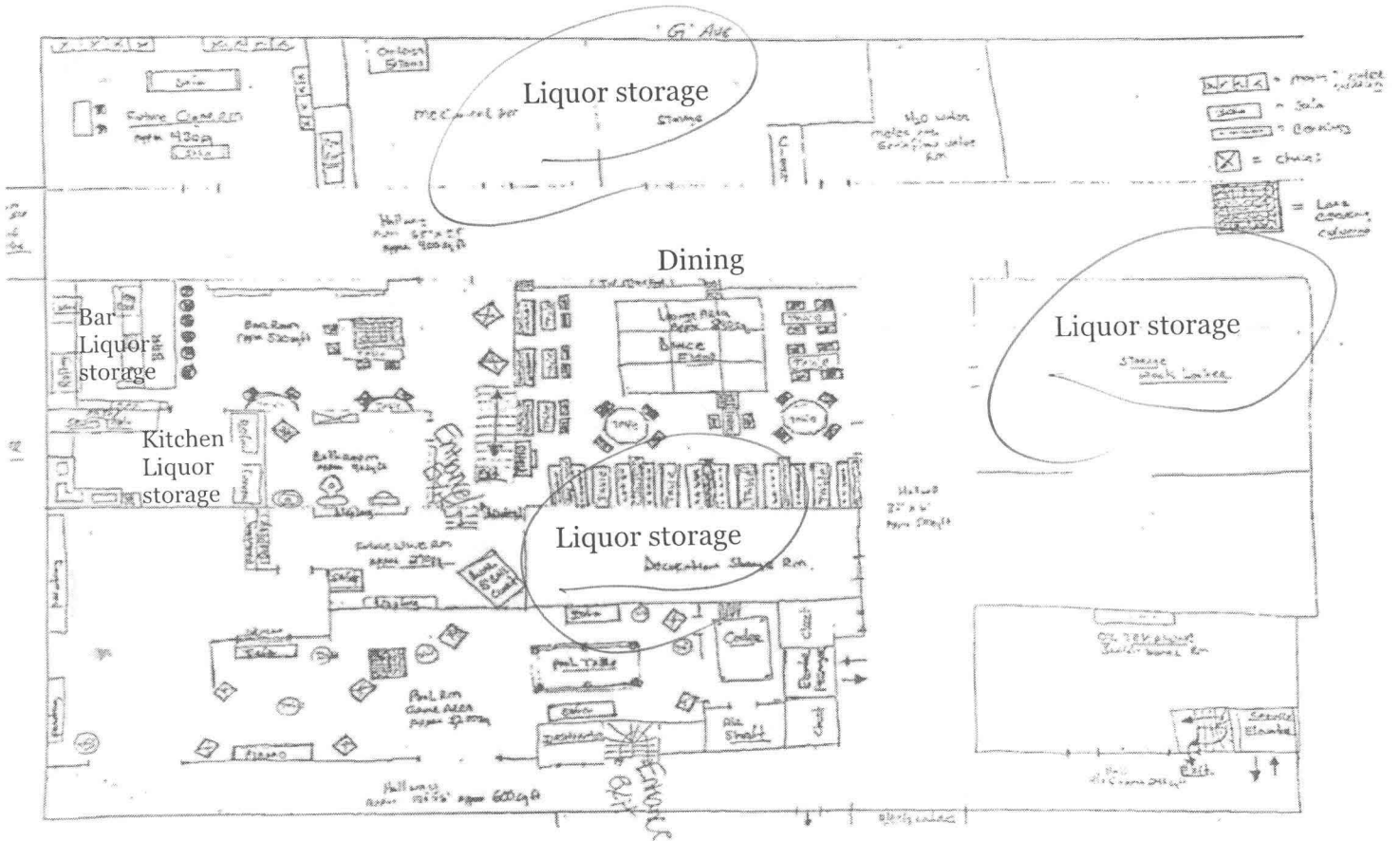
Dining

'22 DEC 30 Lic. Lic. AM 9:30

Saddle & Spur Tavern



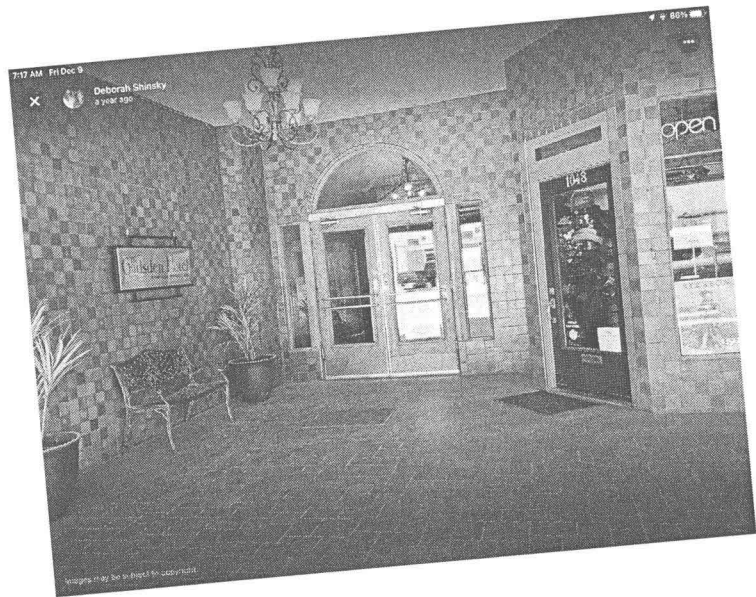
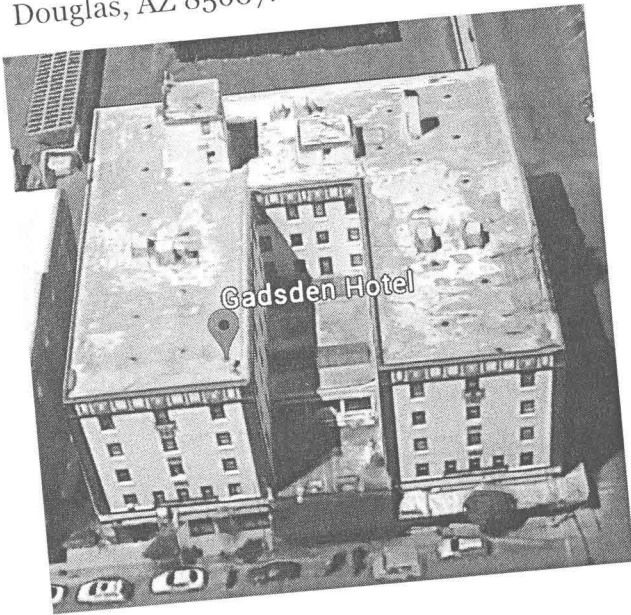
'22 DEC 30 Liq. Lic. AM 9 31



Photos for reference

Gadsden Hotel
1046 G Ave,
Douglas, AZ 85607.

80,000 ft.²



Main entrance



Lobby



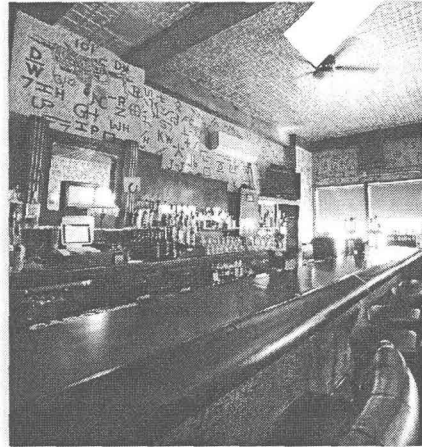
Dining



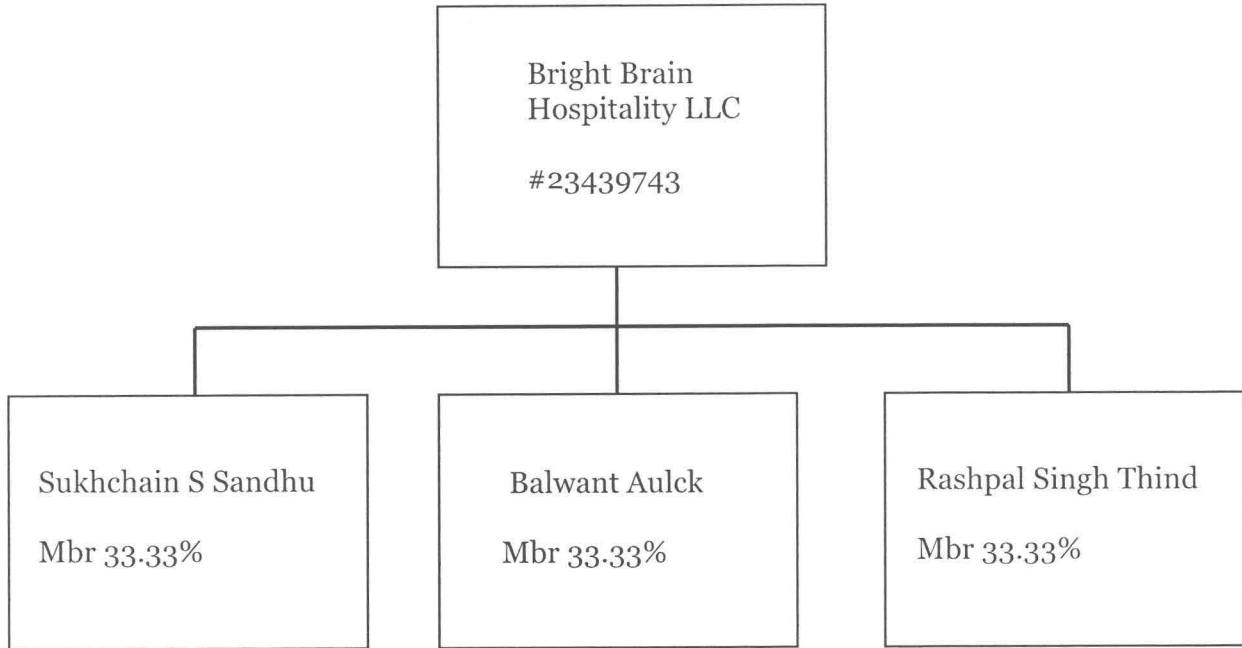
Lobby facing dining

'22 DEC 30 Lic. Lic. # 9 131

Saddle & Spur Tavern



333 Cafe Restaurant & Bar



'22 DEC 30 Lic. Lic. AM 9:31



Interim Permit (INP) Notary Page

FOR DLLC USE ONLY

INP number:	INP 020021563
Date Approved:	12/30/22
Expiration:	4/14/2023
CSR:	CS
Fee:	\$100.00 ✓

SECTION 5 page 2 of the license application

For approval of an interim permit: This establishment is open but not selling alcohol.
Waiting on IP to operate

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01(A)

1. Enter license number currently at the location: 06020035

2. Is the license currently in use? Yes No If no, how long has it been out of use? 1 month - waiting for IP to operate

I, (Print Full Name) ~~XXXXXX~~ Please see attached bill of sale hereby declare that I am the Individual, Owner, Agent, or Controlling Person on the stated license and location.

Signature: _____

State of _____	Notary Seal
County of _____	
Signed before me on this _____ day of _____, 20____.	
Notary Signature _____	
My commission expires on ____ / ____ / ____	

STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

BAR

License 06020035

Issue Date: 7/12/2022

Expiration Date: 6/30/2023

Issued To:
ERICK CHRISTOPHER HARRELL, Agent
2201 N 7TH LLC, Owner

Location:
GADSDEN
1046 N G AVENUE
DOUGLAS, AZ 85607
USA

Mailing Address:
ERICK CHRISTOPHER HARRELL
2201 N 7TH LLC
GADSDEN
1046 N G AVENUE
DOUGLAS, AZ 85607
USA



EXP 6/30/2023

POST THIS LICENSE IN A CONSPICUOUS PLACE

*22 DEC 30 Lic. Lic. AM 9:34

Bill of sale

'22 DEC 30 Liq. Lic. #M1023

x

**BILL OF SALE (Personal Property or
Goods)**

Date: November 18, 2022

For consideration of Ten Dollars, and other valuable consideration, I or we

SELLER(S): GADSDEN HOLDINGS AZ, LLC, AN ARIZONA LIMITED LIABILITY
COMPANY *Parent company 2201 N 7th LLC

BUYER(S): BRIGHT BRAIN HOSPITALITY, LLC, AN ARIZONA LIMITED LIABILITY COMPANY

Address and Location of Property Sold:

1046 N. G. AVENUE, Douglas, AZ 85607

DOUGLAS LOTS 7 THRU 12 INC BLK 98. DOUGLAS N 100' OF LOT 14 BLK 98. DOUGLAS LOTS 21 & 22

BLK 98

Property County: Cochise

Property Sold (List Personal Property by Description, Serial Number and other Identifying Characteristics.)

LIQUOR LICENSE #06020035

AMENDMENT

For valuable consideration, receipt of which is acknowledged by Seller, Seller sells and conveys to Buyer the Property Sold, to have and to hold the Property Sold to Buyer and the heirs, executors, administrators and assigns of Buyer forever, and Seller and the heirs, executors, administrators and assigns of Seller warrant to defend the sale of Property Sold unto Buyer and the heirs, executors, administrators and assigns of Buyer, against all and every person whomsoever lawfully claiming or to claim the same.

GADSDEN

HOLDINGS AZ, LLC, AN

ARIZONA LIMITED LIABILITY COMPANY

Erich Hurry!

ERICK HARRELL, MEMBER OF DOUGLAS AZ
HOLDINGS, LLC, A DELAWARE LIMITED
LIABILITY COMPANY, MEMBER

Erick Harrell

* 2201 N 7th LLC Signature

CSR:
Amount:

22 DEC 30 Lic. Lic. # 9 81



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 224280
Date Accepted: 12/30/22
CSR: CA

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

License Number: 06020035

Top Contact

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A **BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box →

Agent Controlling Person

2. Name: Merrett, Lauren Kay Birth Date: [REDACTED]

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: AZ

4. Place of birth: Phoenix, AZ USA Height: 5'8" Weight: 150 Eyes: HZ Hair: BR

5. Name of current/most recent spouse: Morrow, James Quincy Birth Date: [REDACTED] 6 (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 12/1958

7. Daytime telephone number: 602-738-1421 Email address: Merecoinc@gmail.com

8. Premises Name: Gadsden Hotel Business Phone: (520) 364-4481

9. Premises Address: 1046 N G Ave Douglas, AZ 85607 Cochise

22 DEC 30 11:19 Lic. # 931

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/1996	CURRENT	Pres/CEO Mereco Inc.	736 S Longmore St., Chandler AZ 85224

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)

FROM Month/Year	To Month/Year	Street	City	State	Zip
05/2000	CURRENT	736 S Longmore St.,	Chandler	AZ	85224

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
- 13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s) Yes No
Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 14. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202,4-210 Yes No
- 15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 16. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 17. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Lauren Kay Merrett hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: Lauren Kay Merrett Date: 12/29/22



ALIEN STATUS

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

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), nonimmigrant, 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 § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

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 a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) Lauren Kay Merrett

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No - If **yes**, indicate place of birth:

City Phoenix State AZ COUNTRY US

If you answered **Yes, 1)** Attach a legible copy of a document from the list below.

2) Name of document: AZ Drivers License

If you answered **No**, you must complete Sections III.

FD-956 (Rev. 11-19-81)

87

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after Jan. 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – QUALIFIED ALIEN DECLARATION
--

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 a document from the attached list or other document as evidence of your status.

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/Haitian entrant.
8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject 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.] Non-immigrants 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.
14. **Otherwise Lawfully Present**
15. 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. §

Lauren Kay Merrett

Print Name

Lauren Kay Merrett

Signature

11/07/2022

Date

ARIZONA

Driver License

LAUREN KAY MERRETT
736 S LONGMORE STREET
CHANDLER AZ 85224

Class	D	Sex	F
Eyes	GRY	Height	5-08
Hair	BR	Weight	135

Lauren K Merrett

'22 DEC 30 Lic. Exp. AM 9:31



22 DEC 30 Lic. Lic. AM 9 31

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY

Job #: 224280

Date Accepted: 12/30/20

CSR: [Signature]

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

License Number: 06070035

205.288

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A **BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box → Agent Controlling Person

2. Name: Sandhu, Sukhchain S Birth Date: [Redacted]
Last First Middle (Not a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] State Issued: WA

4. Place of birth: Moga Punjab India Height: 6"10 Weight: 160 Eyes: BK Hair: BK
City State COUNTRY

5. Name of current/most recent spouse: Sandhu, Rupinder K Birth Date: [Redacted]
Last First Middle (Not a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? _____

7. Daytime telephone number: 206/899/8893 Email address: Merecoinc@gmail.com

8. Premises Name: Gadsden Hotel Business Phone: (520) 364-4481

9. Premises Address: 1046 N G Ave Douglas, AZ 85607 Cochise
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. REG REC 30 Lic. Lic. #1931

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2013	CURRENT	Carry On Trucking	1226 169th Pl. SW, Lynwood WA 98037

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)

FROM Month/Year	To Month/Year	Street	City	State	Zip
10/2014	CURRENT	1226 169th Pl. SW, Lynwood WA	98037		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
- 13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s) Yes No
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- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Sukhchain S Sandhu hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: *S. Sandhu* Date: 12/8/22

10. List your employment or type of business during the past five (5) years, ^{22 DEC 2019 Lic. #1931} if unemployed, retired, or student, list place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2015	CURRENT	Green Path Real Estate	12811 8th Ave W #D107, Everett WA 98204

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)


FROM Month/Year	To Month/Year	Street	City	State	Zip
08/2009	CURRENT	3712 NE 178th St., Lake Forest Park WA 98155			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s) Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Balwant Aulek hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 12/27/2022

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY

Job #: 224880

Date Accepted: 12/30/22

CSR: CA

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

License Number: 06070035

805-886

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box →

Agent Controlling Person

2. Name: Thind, Rashpal Singh Birth Date: [REDACTED]

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: WA

4. Place of birth: Lohian Hias Punjab India Height: 5'7" Weight: 180 Eyes: Bk Hair: Bk

5. Name of current/most recent spouse: Thind, Salwinder Kaur Birth Date: [REDACTED]

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? _____

7. Daytime telephone number: 360/794/9532 Email address: Merecoinc@gmail.com

8. Premises Name: Gadsden Hotel Business Phone: (520) 364-4481

9. Premises Address: 1046 N G Ave Douglas, AZ 85607 Cochise

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2008	CURRENT	Owner - Hoot Owl Chevron	601 Hwy 2 Sultan City, Washington 98294

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)

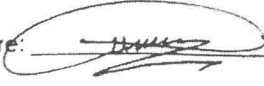
FROM Month/Year	To Month/Year	Street	City	State	Zip
09/2014	CURRENT	12528 208 Place SE	Sonomish WA		98296

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? If yes, attach certificate(s) Yes No
 Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
14. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202,4-210 Yes No
15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
16. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
17. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
 Give complete details including dates, agencies involved and dispositions.
 CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Rashpal Singh Thind hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 12/27/2022

22 DEC 30 Lic. Lic. # 9 81

CSR:
Amount:



PREMISES MANAGER QUESTIONNAIRE

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY
Job #: 224880
Date Accepted: 12/30/22
CSR: CS

Type or Print with Black Ink

License Number: 06070035

805-788

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

- Name: Trate, Debra L Birth Date: [REDACTED]
Last First Middle
- Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ
- Place of birth: Pottstown, PA USA Height: 5'6" Weight: 265 Eyes: HZ Hair: BR
City State COUNTRY
- Name of current/most recent spouse: Trate, Frederick Birth Date: [REDACTED]
Last First Middle (NOT a public record)
- Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 5/2010
- Daytime telephone number: 520/507/4229 Email address: Merecoinc@gmail.com
- Premises Name: Gadsden Hotel Business Phone: 520/364/4481
- Premises Address: 1406 N G Ave., Douglas AZ 85607 Cochise
Street (do not use PO Box) City State County Zip

9. List your employment or type of business during the past five (5) years, ~~if not employed~~, retired, or student, list place of residence address. REG. REC. COLLEGE Lic. #1931

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
11/17	CURRENT	Bookkeeper Accountant	101 E Pinal St., Huachuca City AZ 85616
		Deb's Accounting & Office Services	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D)

FROM Month/Year	To Month/Year	Street	City	State	Zip
04/21	CURRENT	101 E. Pinal St.,	Huachuca City	AZ	85616
12/16	04/21	111 E. Yuma St.,	Huachuca City	AZ	85616

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes No
- 12. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- 13. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202.4-210 Yes No
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 15. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
- 16. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) Debra L Trate hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: Debra L Trate Date: 11/30/22

The Licensee has authorized the person named on this questionnaire to act as manager for the above Licensee.

Print Name: Lauren Kay Merrett Signature: Lauren Kay Merrett Date 12/15/2022

22 DEC 30 Lic. Lic. # 931

Certificate # On-line

<input checked="" type="checkbox"/>	On-sale
<input checked="" type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

**Certificate of Completion
For
Title 4 BASIC Liquor Law Training**

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Debra Trate

Debra Trate

Full Name (please print)

Signature

December 13, 2022

Training Completion Date

December 12, 2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

M. Mereco Inc. - AAEC

Company Name

736 S. Longmore St Chandler AZ 85224

Mailing Address

602-738-1421

Daytime Contact Phone Number

I, Lauren Merrett, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Lauren Merrett

Instructor Signature

December 13, 2022

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # 93mpUx4b0o

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

Certificate of Completion
For
On/Off Premise Management (2 hours)

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Debra Trate

Full Name (please print)

Debra Trate

Signature

November 17, 2022

Training Completion Date

November 17, 2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Kevin A. Kramber
Instructor Signature

17 / 11 / 2022
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.