

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 04/29/2022 @ 04:14:06 PM

Local Governing Body Report

**LICENSE**

Number: \_\_\_\_\_ Type: 012 RESTAURANT  
Name: LA FRENZY STEAK & GRILL AFRICAN CUISINE  
State: Pending  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_  
Location: 600 N G AVENUE  
DOUGLAS, AZ 85607  
USA  
Mailing Address: [REDACTED]  
DOUGLAS, AZ 85607  
USA  
Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**AGENT**

Name: OLUWASEUN MARY ADENIRAN  
Gender: Female  
Correspondence Address: [REDACTED]  
USA  
Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**OWNER**

Name: LA FRENZY STEAK & GRILL LLC  
Contact Name: OLUWASEUN MARY ADENIRAN  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23296949 State of Incorporation: AZ  
Incorporation Date: 11/16/2021  
Correspondence Address: [REDACTED]  
USA  
Phone: \_\_\_\_\_  
Alt. Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Officers / Stockholders**

Name:  
OLUWASEUN MARY ADENIRAN

Title:  
MEMBER

% Interest:  
100.00

**LA FRENZY STEAK & GRILL LLC - MEMBER**

Name: OLUWASEUN MARY ADENIRAN

Gender: Female

Correspondence Address: [REDACTED]  
DOUGLAS, AZ 85607  
USA

Phone: [REDACTED]

Alt. Phone: [REDACTED]

Email: [REDACTED]

## APPLICATION INFORMATION

Application Number: 177756  
Application Type: New Application  
Created Date: ~~01/05/2022~~ 04-29-2022 56

## QUESTIONS & ANSWERS

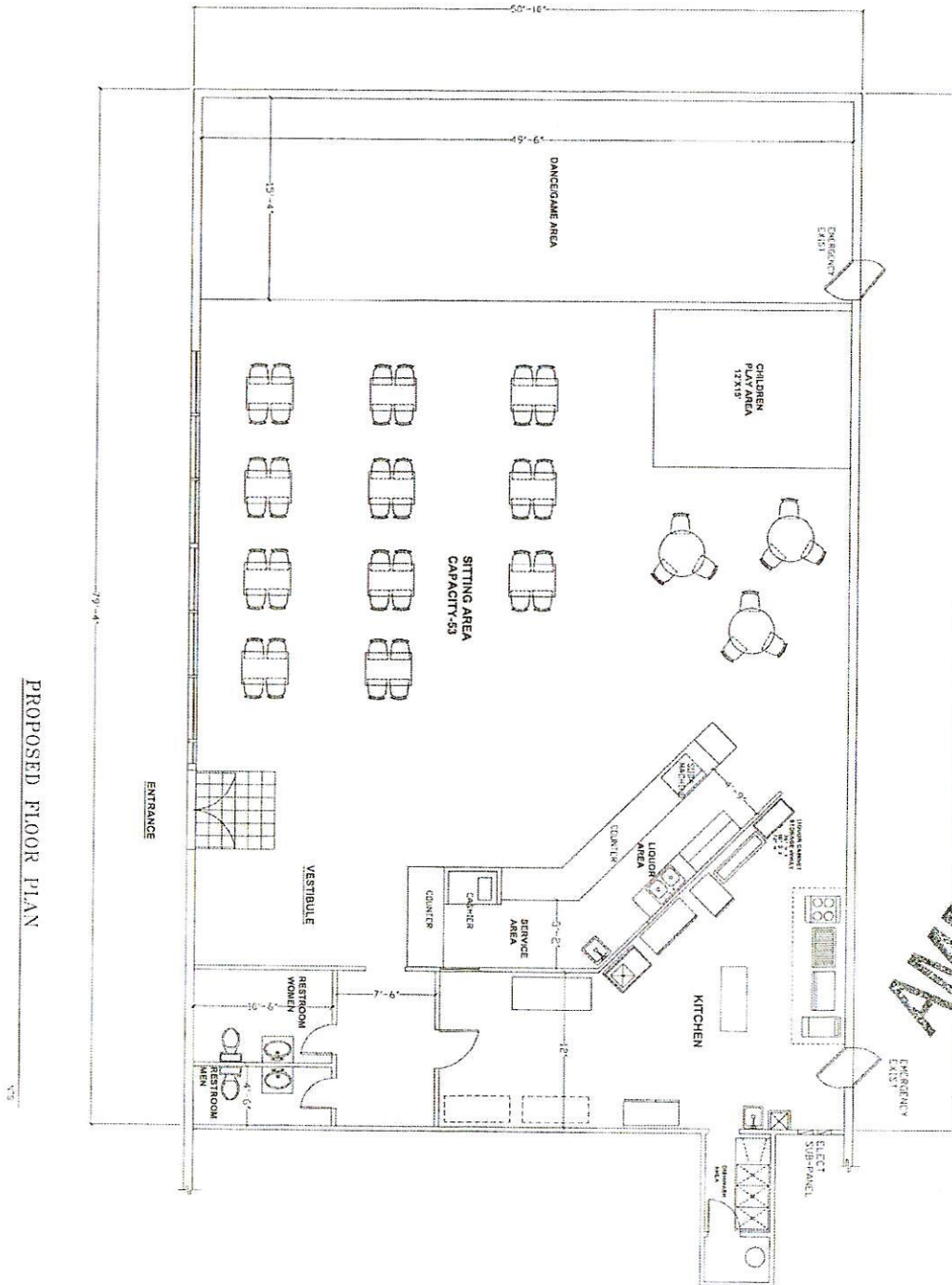
### 012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
Subtenant
- 3) Is there a penalty if lease is not fulfilled?  
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes
- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$8500: Restaurant depot, Tucson ( Equipment purchase lease )
- 6) Is there a drive through window on the premises?  
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
N/A
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
RESTAURANT OPERATION PLAN	Liquor .pdf	03/30/2022
DIAGRAM/FLOOR PLAN	600 g ave liquor Model (1).pdf	03/30/2022
MENU	MEN.docx	03/30/2022
QUESTIONNAIRE	20220.pdf	03/30/2022
RECORDS REQUIRED FOR AUDIT	Screenshot 2022-03-30 at 4.12.30 PM.png	03/30/2022
RECORDS REQUIRED FOR AUDIT	PNG .png	03/30/2022
	Restaurant diagram .pdf	04/25/2022
	Document alien status 2.pdf	04/26/2022
	QUESTIONNAIRE.pdf	04/26/2022

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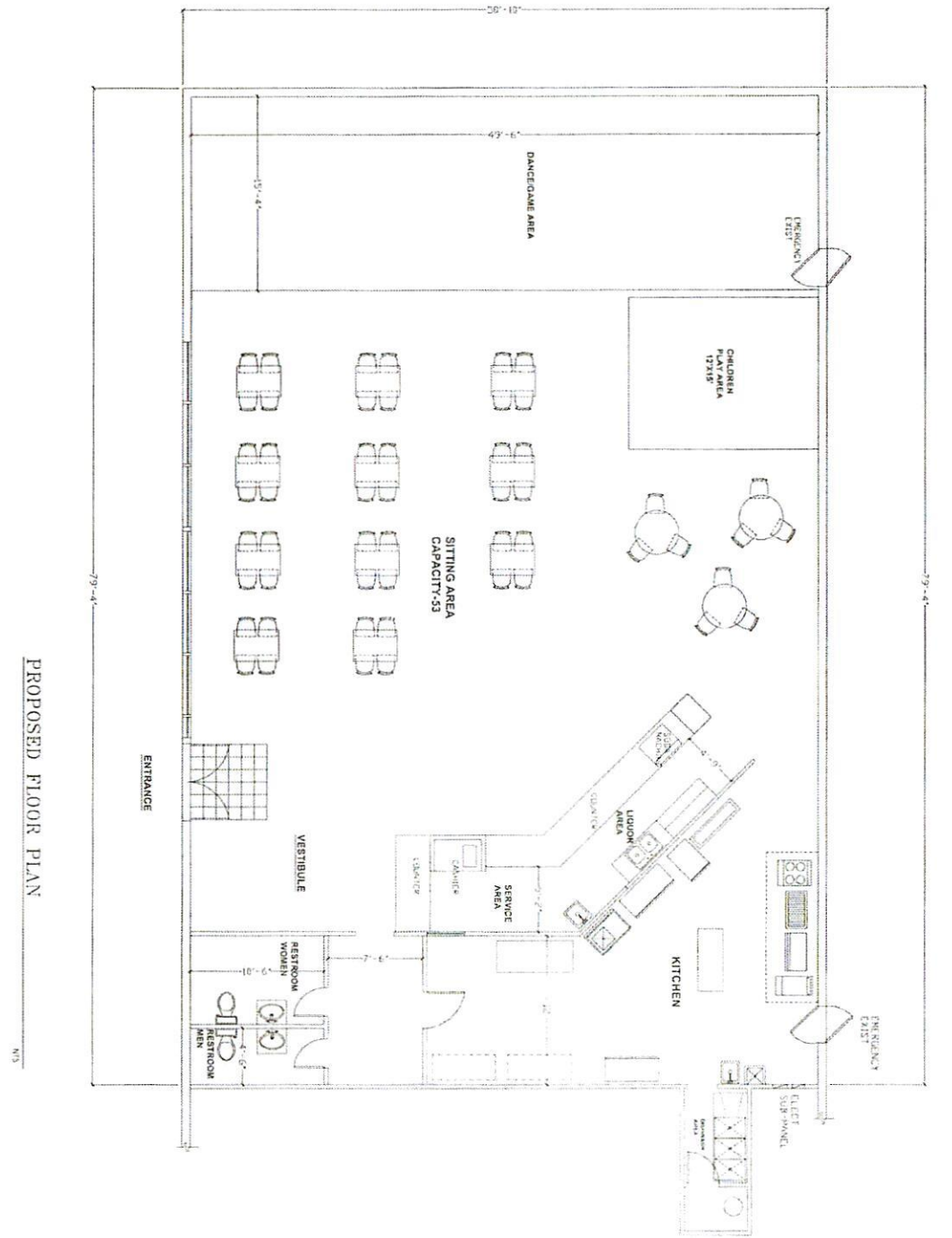


AMENDMENT

SHEET 1 OF 1 SHEETS	PROPOSED FLOOR PLAN	REMODELING WORK FOR RESTAURANT  600 N G AVENUE-RESTAURANT	DRAFTING SERVICES HUMBERTO RIVERA 810 240 1810
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PROPOSED FLOOR PLAN

SHEET 1 OF 1 SHEETS	PROPOSED FLOOR PLAN	REMODELING WORK FOR RESTAURANT  600 G AVENUE-RESTAURANT	DRAFTING SERVICES HUMBERTO RIVERA 520-249-1000
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Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ, 85007-2934  
www.azliquor.gov  
(602) 542-5141

DILC USE ONLY

Job #: 177756

RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print): LA Frenzy Steak & Grill LLC, 600 N G Ave Douglas, AZ 85607
2. List equipment below by Make, Model, and Capacity: (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Grill (Charbroiler)	Falcon ACB-48, 120,000 BTU.
Oven (Griddle)	Avantco CAG36TG 36" 105 BTU.
Freezer	Migali Industries, 57.7 cu. ft. 49.0 cu. ft.
Refrigerator	Migali Industries 57.7 cu. ft. 49.0 cu. ft.
Sink	68" 16 Gauge 3 Compartment Sink.
Dish Washing Facilities (SINK)	Cooking Performance S24-N Natural Gas 150.000 BTU.
Food Preparation Counter (Dimensions) Sink	Gridman 1 Compartment Sink. 23.5 in
Other Foyer	Qualite, 35-40 lb 90,000 BTU.

3. Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
4. List the seating capacity for:
  - a. Restaurant dining area of your premises: [ 2500 ]  
(Do not include patio seating)
  - b. Bar area of your premises: [ + 1000 ]
  - c. Total dining and bar seating capacity of your premises: [ = 3500 Square Ft. ]
5. What Type of dinnerware and utensils are utilized within your restaurant?  
☒ Reusable ☒ Disposable ☒ Both
6. Does your restaurant have a bar area that is distinct and separate from the dining area? ☐ YES ☒ No  
(If yes, what percentage of the public floor space does this area cover?) N/A %
7. What percentage of your public premises is used primarily for restaurant dining?  
(Do not include kitchen, bar, hi-top tables, or game area.) 80 %

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8. Does your restaurant contain any games, televisions, or any other entertainment? ☒ YES ☐ No  
(If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

3-TV  
1-Arcade video game  
1 pool Table.

9. Do you have live entertainment or dancing? ☒ YES ☐ No  
(If yes, what type and how often 8.5  
example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

DJ-Once a week.  
Live Band-1x a month.

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	2
Bartenders	2
Hostesses	0
Managers	2
Servers	2
Other (waitress. )	3
Other ( waiter )	1
Other ( Cook-Helper )	3

I, ADENIKAN OLUWASEUN TAYLOR, hereby declare that I am the APPLICANT filling this application.  
I have read this application and the contents and all statements true, correct and complete.

X [Signature]  
(Signature of APPLICANT)

<b>NOTARY</b>	
State of <u>Arizona</u> County of <u>Cochise</u>	
The foregoing instrument was acknowledged before me this <u>14th</u> day of <u>January</u> <u>2022</u>	
My Commission Expires on: <u>09/03/2023</u>	<u>[Signature]</u> Signature of Notary Public
Date	







Arizona Department of Liquor Licenses and  
Control

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

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**RECORDS REQUIRED FOR AUDIT**

**Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only**

**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
  - B. Employee Log (A.R.S. §4-119)
  - C. Employee time cards (actual document used to sign in and out each work day)
  - D. Payroll records for all employees showing hours worked each week and hourly wages



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13. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH  
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

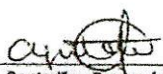

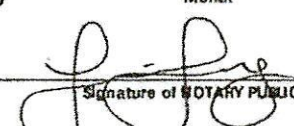
**A.R.S. §4-210(A)7**

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

**A.R.S. §4-205.02(G)**

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

<b>NOTARY</b>	
I, (Print Full Name) <u>ADENIRVAN OLIVASEW MART</u> , have read and understand all aspects of this statement	
X (Signature) <u></u> Controlling Person / Agent	State of <u>Arizona</u> County of <u>Cochise</u> the foregoing instrument was acknowledged before me this
My commission expires on: <u>05/03/2023</u>	14 <sup>th</sup> of <u>January</u> 2022 Day Month Year
 Signature of NOTARY PUBLIC <u></u>	

**MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE**

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LA FRENZY STEAK & GRILL, AFRICAN CUISINE MENU

STEAKS:

(Beans, salad, Chile Guero/Verde, and tortillas w/every steak plate)

Add fries for \$3.00 on any plate

Ribeye steak - \$30.00

New York steak - \$28.00

Regular steak plate - \$16.00

Ribs full rack - \$30.00

Sirloin – Special order

Tomahawk – Special order

Special order on spices upon request and price will vary for each type of spices

Peanut spices flavor or

Barbeque sauces

Salads

(Salad, onion, tomato, green Chile, pickles, and cheese)

Chicken - \$8.79

Asada - \$9.50

Caramelos

Asada - \$5.50

Adobada - \$5.50

Pollo - \$5.50

Tripa - \$5.50

Burron

Asada - \$12.00

Pollo - \$12.00

Adobada - \$12.00

Tripa - \$13.00

Hamburgers

Regular - \$4.00

Cheeseburger - \$4.25

Double Cheeseburger - \$5.00

Add bacon for .75 cents

Add chile verde for \$1.00

Big Burro Macho

Asada - \$10.95

Adobada - \$10.95

Pollo - \$9.95

Tripa - \$10.95

Taco

Asada - \$3.00

Adobada - \$3.00

Pollo - \$3.00

Tripa - \$3.50

Taco Macho add .50 cents

Special of the Day

5 Burritos, 2 orders of French fries, and 2 sodas - \$23.00

Fries

Small - \$2.50

Large - \$3.50

Carne Asada Fries - \$11.99

Burro

Asada - \$3.80

Adobada - \$3.80

Pollo - \$3.50

Tripa - \$4.50

Add Cheese .50 cents

Burro Macho - \$5.50



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Big Burro

Asada - \$7.99

Adobada - \$7.99

Pollo - \$6.99

Tripa - \$9.00

Add cheese .50 cents

African Cuisine (Will take about 45 minutes to an hour to serve plate)

Jollof rice w/chicken, beef and fried plantain - \$18.00

White rice w/chicken or beef, fried plantain, and salad - \$15.00

Tilapia fish w/rice – Special request

Rice w/Efo Riro assorted meat - \$15.99

Ata Dindin with plantain and chicken or beef - \$12.00

Fufu w/Eguisi (melon) soup and assorted meat - \$18.00

Boiled plantain, beans, porridge - \$15.00

Noodles with veggies and egg - \$8.00

Abula assorted meat soup and Amala – Special request

Suya w/Jollof rice and cucumber - \$16.50 (Suya made w/peanuts)

Fried plantain - \$6.00

Jollof rice (small bowl) - \$4.50

Palava meat sauce - \$12.00

Eguisi assorted meat soup - \$14.99

Nigeria puff-puff- 50 cent each

White Rice with Veggies and assorted meat (Shrimp or Chicken) - \$15.99

Drinks

Iced tea - \$2.50

Fresh Lemonade - \$3.00

Soda (Coca Cola, Sprite, Fanta, etc.) - \$2.80

Malta Guinness - \$3.50

Nigerian Chapman - \$5.00

Virgin Margaritas - \$5.00

Bottled Water - \$1.50

Children's drinks - \$1.50

Extra Sides

Guacamole - \$1.25

Extra Chicken or Beef - \$4.00

Sauce for Nigerian Puff Puff - \$1.00

Parrilladas - \$55.00 (Comes with Asada, Pollo, Adobada and Tripas)

Side of Beans - \$2.50

Nigerian Chin Chin - \$8.00

Shea Butter Lotion - \$10.00

African Black Soap - \$10.00

Cold Coffees Coming Soon

Breakfast Coming Soon

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Phoenix, AZ 85007-2934  
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(602) 542-5141

AMENDMENT

805-170

QUESTIONNAIRE  
A.R.S. §4-202, 4-210  
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

Liquor License#: 177756

1. Check the Appropriate Box

☒ Controlling Person

☐ Agent

☐ Premises Manager  
(complete all questions except #12)

2. Name: Adeniran Oluwaseun Mary Birth Date: [REDACTED]  
Last First Middle

3. Social Security: [REDACTED] Driver License #: [REDACTED] State: Arizona

4. Place of birth: Offa Iwaka Nigeria Height: 5'6" Weight: 173 Eyes: BRO Hair: BLK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Adeniran Sebastian Adebayo Birth Date: [REDACTED]  
Last First Middle

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 05/18/2021

7. Daytime telephone number: 361-343-2308 E-mail address: ayomiseun@gmail.com

8. Business Name: La Frenzy Steak & Grill African Cuisine Business Phone: 520/504-18186

9. Business Location Address: 600 N G Ave Douglas AZ Cochise 85607  
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 residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
03/2022	CURRENT	Restaurant member owner	La Frenzy Steak & Grill LLC, 600 N G Ave Douglas, AZ 85607
06/2021	Current	Boutique owner	Fashion Frenzy LLC, 515 E 10th St, Douglas AZ 85607
08/2019	05/2021	Nursing Student	Coastal Bend College, 3800 Chaco Rd, Beaville TX 75606
08/2019	02/2021	Substitute Teacher	BCEC Education Center, 515 N Tyler St, Beaville TX 75606
01/2018	11/2019	Substitute Teacher	Beaville Independent School, 201 N Saint Mary St Beaville TX 75606



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800 W Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007-2934  
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805-170

**QUESTIONNAIRE**  
A.R.S. §4-202, 4-210  
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 177756

1. Check the Appropriate Box

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
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2. Name: ADENIRAN OLUWASEUN IZART Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: TX

4. Place of birth: OFFA KWARA NIGERIA Height: 5-6 Weight: 170 lb Eyes: Brown Hair: BLACK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: ADENIRAN SEBASTIAN ADEBANTO Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 04/01/2021

7. Daytime telephone number: 361-343-2308 E-mail address: ayomiseun@gmail.com

8. Business Name: La Frenzy Steak & Grill LLC Business Phone: 361/343/2308

9. Business Location Address: 600 N G Ave Douglas AZ Cochise 85607  
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 residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2021	CURRENT	Owner	fashion frenzy LLC, 515 E 10th St, Douglas, AZ, 85607
08/2019	02/2020	Substitute Teacher	BCFS Ayala head start
08/2019	05/2021	Student	Coastal Bend College,
10/2018	11/2019	Substitute Teacher	Became independent school district,
01/2014	06/2018	Teacher	Olateju Memorial miracle school, Ilemona, Nigera

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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

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FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2021	CURRENT	2019 E 6th Street Douglas AZ 85607 USA.
04/2021	08/2021	1201 E Fairway Dr, Apt 101 Douglas AZ, 85607 USA.
06/2020	05/2021	307 Almitz St Beaville, TX 78102 USA
06/2019	06/2020	300 S Polk St Apt 10 TX 78102 Beaville USA.
07/2018	06/2019	100 E Louise Dr Apt 103 Beaville TX, 78102 USA.

(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 & Management Liquor Law Training Course within the past 3 years? ☐ 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 summonses 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

#### NOTARY

I (Print Full Name) Adeniran Oluwaseun Mary hereby declare that I am the Agent/ Controlling Person / Premises Manager filling this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of Arizona County of Cochise  
The foregoing instrument was acknowledged before me this  
My Commission Expires on: 05/03/2023 14th Day of January, 2022  
Date Day Month Year

[Signature]  
Signature of Notary

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

PRINT NAME: ADENIRAN OLUWASEUN MARY SIGNATURE: [Signature]





State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> Floor  
Phoenix, AZ 85007  
(602) 542-5141

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

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**

INDIVIDUAL OWNER/AGENT NAME (Print or type) OLUWASEUN MART ADENIKAN

**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 OFFA State (or equivalent) KWARA Country or Territory NIGERIA

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

2) Name of document: Certificate of Naturalization  
Go to Section IV.

If you answered No, you must complete Section III and IV.



### SECTION III - ALIEN STATUS DECLARATION

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

CERTIFICATE OF NATURALIZATION  
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.

#### **Otherwise Lawfully Present**

- ☐ 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).

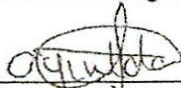
**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

OLUWASEUN MARY ADENIKAN

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

04/25/2022

Today's Date

**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 January 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



UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION

No. [REDACTED]

Personal description of holder  
as of date of naturalization:

Date of birth: [REDACTED]

Sex: FEMALE

Height: 5 feet 06 inches

Marital status: MARRIED

Country of former nationality:  
NIGERIA

U.S. Registration No. [REDACTED]  
I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of  
Homeland Security

at: TUCSON, ARIZONA

The Secretary, having found that:

OLUWASEUN MARY ADENIRAN

residing at:

DOUGLAS, ARIZONA

having complied in all respects with all of the applicable provisions of the  
naturalization laws of the United States, being entitled to be admitted as  
a citizen of the United States, and having taken the oath of allegiance at a  
ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: TUCSON, ARIZONA

on: SEPTEMBER 01, 2021

such person is admitted as a citizen of the United States of America.

W. M. Foster

U. S. Citizenship and Immigration Services

