

State of Arizona
Department of Liquor Licenses and Control

Created 08/14/2021 @ 02:34:43 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	PIZZARAMA		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	515 PAN AMERICAN AVENUE DOUGLAS, AZ 85607 USA		
Mailing Address:	86 3RD STREET DOUGLAS, AZ 85607 USA		
Phone:	(520)364-6464		
Alt. Phone:	(520)456-5487		
Email:	HEBERTO67@ICLOUD.COM		

AGENT

Name:	MARTIN HEBERTO VALENZUELA
Gender:	Male
Correspondence Address:	86 3RD STREET DOUGLAS, AZ 85607 USA
Phone:	(520)456-5487
Alt. Phone:	
Email:	HEBERTO67@ICLOUD.COM

OWNER

Name:	NEW YORK PIZZARAMA LLC		
Contact Name:	MARTIN HEBERTO VALENZUELA		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L15816419	State of Incorporation:	AZ
Incorporation Date:	02/10/2010		
Correspondence Address:	86 3RD STREET DOUGLAS, AZ 85607 USA		
Phone:	(520)456-5487		
Alt. Phone:			
Email:	HEBERTO67@ICLOUD.COM		

Officers / Stockholders

Name:	Title:	% Interest:
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LETICIA S VALENZUELA
MARTIN HEBERTO VALENZUELA

MEMBER
MEMBER

50.00
50.00

NEW YORK PIZZARAMA LLC - MEMBER

Name: MARTIN HEBERTO VALENZUELA
Gender: Male
Correspondence Address: 86 3RD STREET
DOUGLAS, AZ 85607
USA
Phone: (520)456-5487
Alt. Phone:
Email: HEBERTO67@ICLUOD.COM

NEW YORK PIZZARAMA LLC - MEMBER

Name: LETICIA S VALENZUELA
Gender: Female
Correspondence Address: 86 3RD STREET
DOUGLAS, AZ 85607
USA
Phone: (520)456-4890
Alt. Phone:
Email: LVALENZUELA627@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 155688
Application Type: New Application
Created Date: ~~07/22/2021~~

8-14-2021 AP

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
Property Tenant
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Loss of \$1,000 security deposit and landlord lockout
- 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.
None-Capital Contribution
- 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.
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

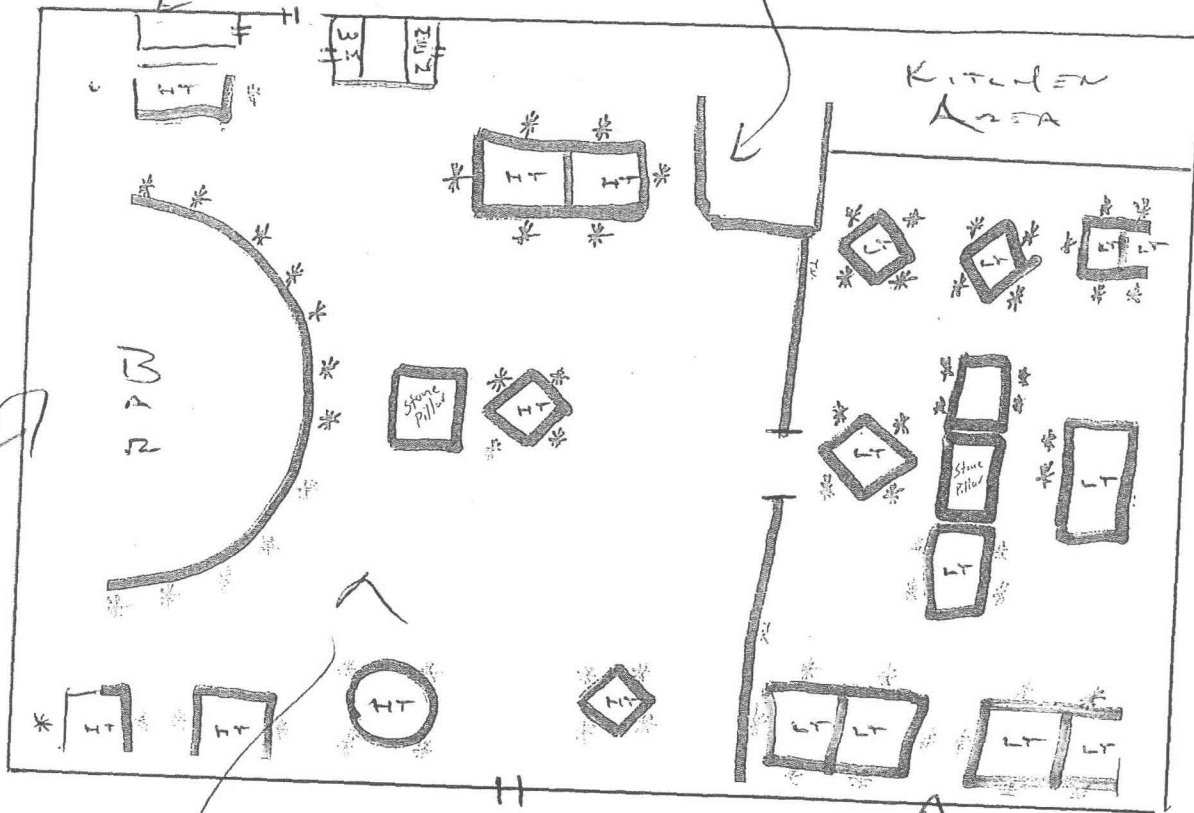
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Floor Plan.pdf	07/22/2021
QUESTIONNAIRE	Leticia Q.pdf	07/22/2021
QUESTIONNAIRE	Martin Q ASF Passport Card and AZ DL.pdf	07/22/2021
MENU	Menu.pdf	07/22/2021
RESTAURANT OPERATION PLAN	Rest Op Plan.pdf	07/22/2021
RECORDS REQUIRED FOR AUDIT	RRFA.pdf	07/22/2021

OFFICE / DRY &
LIQ. STORAGE

21 AUG 14 2100 GIG 68 FT. 40

SMALL
EZE

ORDER
COUNTER/
CASHIER



LIQ.
STORAGE

FRONT

≡ Σ ≡

MINA

MINA



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ, 85007-2934
www.azliquor.gov
(602) 542-5141

DLIC USE ONLY
Job #: 155688

RESTAURANT OPERATION PLAN

1. Name of restaurant (Please print): PIZZAZAMA

2. List equipment below by Make, Model, and Capacity : (PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)

Table with 2 columns: Equipment Category and Description. Rows include Grill (None), Oven (1-Comm. Conveyor Pizza Oven), Freezer (1-SS 7' Upright 2 Door), Refrigerator (1-SS 7' Upright 3 Door, 1-SS 4' Reach. Sand. Prep, 1-SS 6' Sand. Prep), Sink (1-Mop Sink, 1-8' SS 3 Comp. Sink w/ Faucet & Sprayer, 1-1/2' x 1' SS Hand), Dish Washing Facilities (1-8' SS 3 Comp. Sink w/ Faucet & Sprayer), Food Preparation Counter (Dimensions) (2-6' SS Prep), Other (1-12' SS Hood w/ Awl, 3 Basket Deep Fat Fryer, 2-2 Basket SS Fat Fryers, Microwave, 1-6.4 Qt. SS Dough Mixer, 1-2 Burner Gas Stove Top)

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: (Do not include patio seating) 70
b. Bar area of your premises: 13
c. Total dining and bar seating capacity of your premises: 83

5. What Type of dinnerware and utensils are utilized within your restaurant?

[X] Reusable [] Disposable [] Both

6. Does your restaurant have a bar area that is distinct and separate from the dining area? [X] YES [] No

(If yes, what percentage of the public floor space does this area cover?) 10 %

7. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 90 %

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.)

1-65" Flat Screen TV
 4-50" Flat Screen TV's

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.)

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

Position	How many
Cooks	6
Bartenders	0
Hostesses	0
Managers	3
Servers	6
Other (Dishwasher)	1/2
Other ()	
Other ()	

I, MARTIN HERBERTO VALENZUELA, hereby declare that I am the APPLICANT filing this application.
 I have read this application and the contents and all statements true, correct and complete.

[Signature]
 (Signature of APPLICANT)

NOTARY

State of ARIZONA County of Pima

The foregoing instrument was acknowledged before me this 22nd day of July 2021

My Commission Expires: June 6, 2025

[Signature]
 Signature of Notary Public

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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

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
- I. 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
2. 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.

NOTARY

I, (Print Full Name) MARTIN HERBERTO VALENZUELA, have read and understand all aspects of this statement

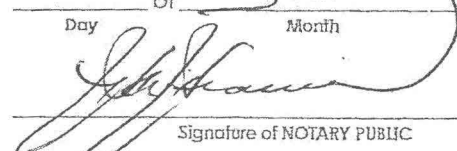
X (Signature)  Controlling Person / Agent

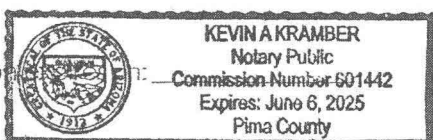
State of Arizona County of Pima

the foregoing instrument was acknowledged before me this

22nd of July 2021

Day of Month Year

 Signature of NOTARY PUBLIC



KEVIN A KRAMBER
Notary Public
Commission Number 601442
Expires: June 6, 2025
Pima County

My commission expires: _____

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

PIZZA 'Z 14"

LG 1 TOPP \$10.99

SPECIALTY \$14.99

PEPPERONI
HAM
SAUSAGE
MUSHROOM
GREEN PEPPER
ONION
OLIVES
JALAPENO
TOMATO



EX TOPP - \$1.00 EX CHEESE - \$2.00

SUPREME
MEAT LOVEN
SHRIMP ALFREDO
BUFFALO CHICKEN
BBQ CHICKEN
CHICKEN PESTO
SHRIMP PESTO
HAWAIIAN
VEGI

10 \$10.99
20 \$19.99
30 \$27.99
50 \$44.99

BONE-IN
OR
BONELESS

WING 'Z

FLAVOR 'Z

LEMON PEPPER
BBQ
GARLIC PARMESAN
ZESTY GARLIC

SPICY FLAVOR 'Z

MILD, HOT, CAJUN, EX HOT
SPICY BBQ, SPICY LEMON PEPPER



MENU

SUB 'Z & GYRO \$9.99

HAM & CHEESE
PASTRAMI
SALAMI
TURKEY
CHICKEN SANDWICH
BBQ CHICKEN
BUFFALO CHICKEN
PARMESAN CHICKEN
COMBO (HAM, SALAMI, PASTRAMI)
ITALIAN (HAM, SALAMI, PASTRAMI, PEPPERONI)
GYRO SANDWICH

INCLUDES
ICE CREAM

SALAD 'Z \$7.99

CHEF
GREEK
CHICKEN
BUFFALO CHICKEN
CHICKEN 1 DOLLAR MORE

SANDWICH - ALONE

FINGER FOOD 'Z

\$3.99

MOZZARELLA STICKS

\$6.99

FRENCH FRIES

\$5.99

MARSHMALLOW STICKS

\$3.99

CHICKEN TENDERS

APPETIZER \$9.99

BASKET
6 BONELESS WINGS
4 CHEESE STICKS
ONION RINGS & FRIES

DRINKS

\$1.50

SOFT

\$1.50

TEA

\$1.00

WATER

\$2.99

COFFEE

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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

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.

805-051

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#: 155688

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)
--	---	--

2. Name: VALENZUELA MARTIN HERBERTO Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: AGUA PRIETA SONORA MEXICO Height: 5'10" Weight: 220 Eyes: BRO Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: VALENZUELA LETICIA S. 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: [REDACTED]

7. Daytime telephone number: (520) 456-5487 E-mail address: HERBERTO@PICLOUD.COM

8. Business Name: PIZZARAMA Business Phone: 520/364/6464

9. Business Location Address: SIS PAU AMERICAN 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)
03/2003	CURRENT	CO-OWNER	PIZZARAMA SIS PAU AMERICAN AVE, DOUGLAS, AZ 85607

(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	RESIDENTIAL Street Address
10/1999	CURRENT	8100 E. 3 RD ST. TUCSON, AZ 85707

(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) MARTIN HEBERTO VALDIVIA hereby declare that I am the Agent/ Controlling Person / Premises Manager filing 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 Pima
The foregoing instrument was acknowledged before me this

My Commission Expires on: KEVIN A KRAMBER
Notary Public
Commission Number 601442
Expires: June 6, 2025
Pima County

22ND Day of JULY, 2021
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: _____ SIGNATURE: _____



21 AUG 14 11:47 AM 240

State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th 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) MARTIN HEBERTO VALENZUELA

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 Aca
PRIETA State (or equivalent) Sonora Country or Territory Mexico

If you answered Yes, 1) Attach a legible copy of a document from the attached list.
2) Name of document: US PASSPORT CARD
Go to Section IV.

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

21 AUG 14 11:47 AM 2 40

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.

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.

MARTIN ROBERTO VALENZUELA

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

07/22/2021

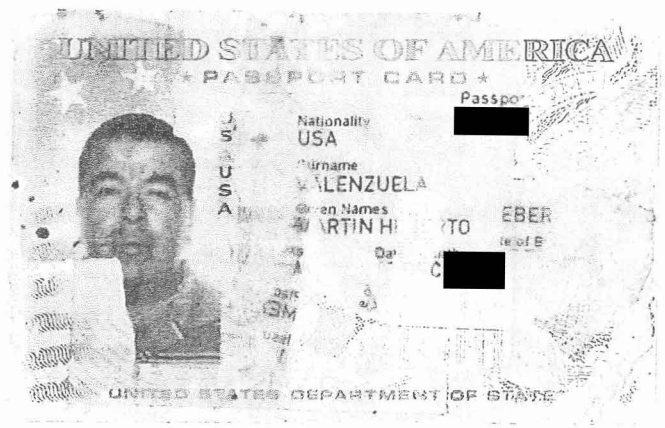
Today's Date

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 the license.



'21 AUG 14 11:47. Lic. PM 2:40



'21 AUG 14 Lic. Lic. PM 2 40


ARIZONA
Driver License

Number [REDACTED]
Expires [REDACTED]
Date of Birth [REDACTED]
Issued 05/23/2005

MARTIN H VALENZUELA
860 3RD STREET
DOUGLAS AZ 85607

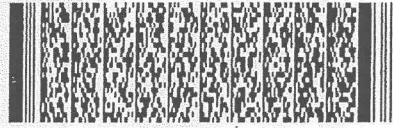
Class D Sex M
Eyes BRO Height 5-10
Hair BK Weight 220

Martin H. Valenzuela State



'21 AUG 14 Lique. Lic. PM 2 40

Number [REDACTED]
Expires 12/18/2032
Issued 05/23/2005



Class D Operator
Endorsements NONE
Restrictions NONE



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

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.

805-051

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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#: 155688

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
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2. Name: VALENZUELA LETICIA S. Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Douglas AZ USA Height: 5'06" Weight: 210 Eyes: Bro Hair: Bro

5. Name of current/most recent spouse: VALENZUELA MARTIN HERBERTO Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: (520) 456-4890 E-mail address: VALENZUELA627@hotmail.com

8. Business Name: PIZZARAMA Business Phone: 520/364/6464

9. Business Location Address: 515 PAN AMERICAN AVE. DOUGLAS AZ COURTISE 85607

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)
03/2003	CURRENT	CO-OWNER	PIZZARAMA 515 PAN AMERICAN AVE. DOUGLAS, AZ 85607

(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	RESIDENTIAL Street Address
10/1999	CURRENT	860 E. 3 RD ST. DUBLAS, AZ 85001

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
N/A
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

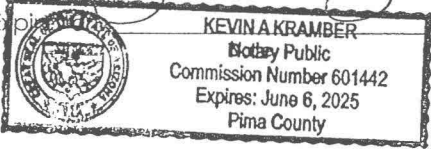
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) LETICIA S. VALENZUELA hereby declare that I am the Agent/ Controlling Person / Premises Manager filing 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 Pima

The foregoing instrument was acknowledged before me this 22nd Day of July, 2021

My Commission Expires:  2025

[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____