

State of Arizona
Department of Liquor Licenses and Control

Created 02/14/2024 @ 01:13:55 PM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	VINO ZONA		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	369 MAIN STREET JEROME , AZ 86331 USA		
Mailing Address:	PO BOX 281 JEROME, AZ 86331 USA		
Phone:	(928)284-8053		
Alt. Phone:			
Email:	VINOZONAJEROME@GMAIL.COM		

AGENT

Name:	GINGER FLAHERTY
Gender:	
Correspondence Address:	

Phone:	
Alt. Phone:	
Email:	

OWNER

Name:	VINO ZONA LLC		
Contact Name:	GINGER FLAHERTY		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L22741488	State of Incorporation:	AZ
Incorporation Date:	04/07 2018		
Correspondence Address:	PO BOX 281 JEROME, AZ 86331 USA		
Phone:	(928)284-8053		
Alt. Phone:			
Email:	VINOZONAJEROME@GMAIL.COM		

Officers / Stockholders


Name:
GINGER FLAHERTY

Title:
MANAGER-LLC

% Interest:
100.00

VINO ZONA LLC - MANAGER-LLC

Name:
Gender:
Correspondence Address:

GINGER FLAHERTY


Phone:
Alt. Phone:
Email:

MANAGERS

Name:
Gender:
Correspondence Address:

GINGER FLAHERTY


Phone:
Alt. Phone:
Email:

APPLICATION INFORMATION

Application Number: 279305
Application Type: New Application
Created Date: 01/26/2024

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
CLARKDALE JEROME ELEMENTRY
1615 MAIN STREET
CLARKDALE, AZ 86325 - 3.3 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
MUST FIND SUITALE REPLACEMENT TENANT
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
NONE
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

10S Beer and Wine Store Sampling

- 1) Have you uploaded a sampling privileges form?
Yes

CSR:
Amount:



SAMPLING PRIVILEGE APPLICATION SERIES 9 AND 10 ONLY

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

DLLC USE ONLY

Job #:	279305
Date Accepted:	1/25/24
<input type="checkbox"/> Liquor Store (series 9)	
<input checked="" type="checkbox"/> Beer and Wine Store (series 10)	
CSR:	TA

Type or Print with Black Ink

License #: 279305

Applicant's Name: Agent Sole Proprietor Flaherty Ginger
Last First Middle

Premises Name: Vino Zona

Premises Address: 369 Main St Jerome AZ Yavapai 86331
Street Address City State County Zip Code

Mailing Address: [Redacted] Jerome AZ Yavapai 86331
Street Address City State County Zip Code

Business Phone #: 9282848053 Daytime Contact #: 9282848053 Email Address: vinozonajerome@gmail.com

Series #10 Beer and Wine Store Only

- I declare that my business qualifies as a
- Premises that is 5,000 square feet or larger
 - Premises that has at least 75% of shelf space dedicated to beer and wine

SIGNATURE

Declaration:

I, (Print Name) Ginger Flaherty, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

[Signature]
Signature

LOCAL GOVERNING BOARD

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official Signature) (Title)

on behalf of _____
(City, Town, County) Phone Date

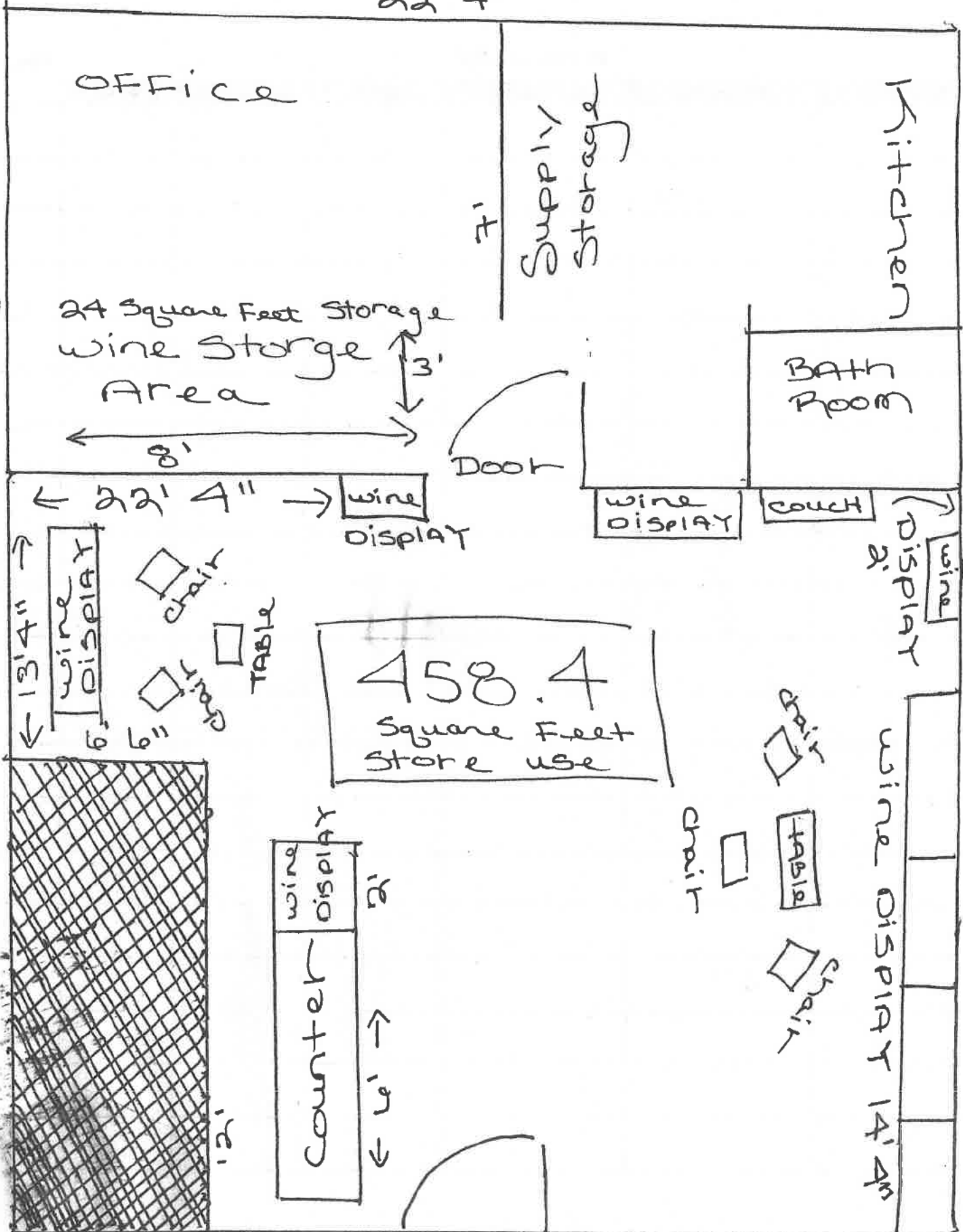
DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___

22' 4"

15'



15' 8" → Door

369 main / Jerome

LC:
Amount:

*24 JAN 25 PM 12:00 AZDLLC



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #:	279305
Date Accepted:	2/14/24
CSR:	TA

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: 279305

AP current

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 →

<input type="checkbox"/> Agent	<input checked="" type="checkbox"/> Controlling Person
--------------------------------	--

Flaherty

Ginger

2. Name: _____ Birth Date: ____/____/____

Last: _____ First: _____ (NOT a public record)

3. Social Security #: _____ Drivers License #: _____ State Issued: **AZ**

4. Place of birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

City State COUNTRY

5. Name of current/most recent spouse: **NA** Birth Date: ____/____/____

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? **06/2015**

9282848053 **vinozonajerome@gmail.com**

7. Daytime telephone number: _____ Email address: _____

Vino Zona **928 284 8053**

8. Premises Name: _____ Business Phone: ____/____/____

369 Main St **Jerome** **AZ** **Yavapai** **86331**

9. Premises Address: _____

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, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
April 2018	CURRENT	Owner / Operator	Vino Zona 527 Main St Jerome AZ 86331

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
1/2019	CURRENT	[REDACTED]	Jerome	AZ	86331
4/2017	1/2019	[REDACTED]	Jerome	AZ	86331

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? **MUST** attach copies of both training certificates. 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) Ginger Flaherty 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: Ginger Flaherty Date: 1/23/2024



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

Ginger Flaherty

APPLICANT NAME (Print or type)

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 _____ State _____ COUNTRY _____

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

US Driver's License

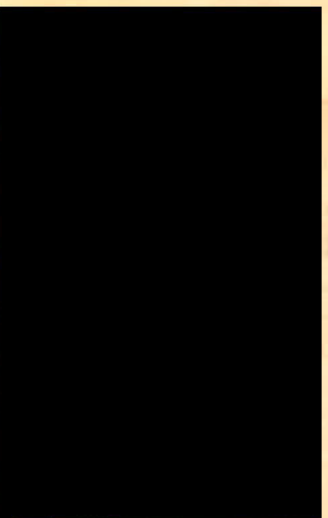
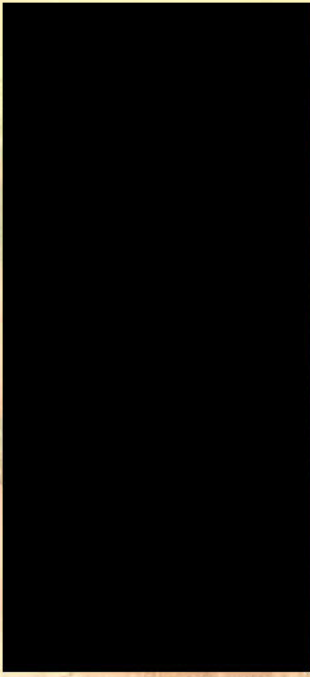
2) Name of document: _____

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

Arizona


DRIVER LICENSE

USA



9 CLASS D
9a END NONE
12 REST NONE
1 FLAHERTY
2 GINGER
8

4b EXP 08/04/2030 4a
15 SEX
16 HGT
17 WGT

DONOR 
5

Signature

*24 JAN 25 PM 12:00 AZD LLC

Certificate # 141415

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

- On-sale
- Off-sale
- On and Off-sale

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 a BASIC title 4 training as a prerequisite for MANAGEMENT Title 4 training or as a result of liquor law violation. Persons required to have Basic Title 4 training are listed at the base of this certificate. Licensees some time 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

Ginger Flaherty

(full name please print)

(signature)

01/24/2023

01/24/2026

Training Completion Date

Certificate Expiration Date

Training Provider Information

Affordable Alcohol Training DBA LIQUORExam.com

Company Name

PO Box 80734 Austin, TX 78708

Mailing Address

(512)796-3842

Daytime Contact Phone Number

I, Edward McLean, Certify that above named individual did successfully complete 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 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).

Instructor Signature

24 / 01 / 2023

Day Month Year

Persons required to complete BASIC & MANAGEMENT Title 4 training

- 1) Owner(s) actively involved in the daily business of a liquor-licensed business of a series listed below.
- 2) Licensees, agents and managers actively involved in the daily business of a series listed below.

- | | | | |
|------------------------|----------------------------|-----------------------|---------------------------------|
| In-state | Government(series 5) | Bar(series 6) Private | Beer & Wine Bar(series 7) |
| Microbrewery(series 3) | Liquor Store(series 9) In- | Club(series 14) | Hotel/Motel/w/restaurant(series |
| Conveyence (series 8) | state Farm Winery(series | | 11) Beer and Wine |
| Restaurant (series 12) | 13) | | 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 from(which assigns a new agent to achieve liquor licenses) are not complete until valid Certificate of Completion for all required persons have been submitted to the Department of Liquor.

March 14, 2014

Certificate # 29098

**Certificate of Completion
For
Title 4 **MANAGEMENT** 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.

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

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

GINGER FLAHERTY

Full Name (please print)

Chp

Signature

01/23/2024

Training Completion Date

01/22/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

866-402-9809

Daytime Contact Phone Number

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

Title 4 MANAGEMENT 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).

Kelly Bailey

Instructor Signature

01/23/2024

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)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
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.