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| CSR:    |
| Amount: |



**REMOTE TASTING ROOM  
APPLICATION SERIES 19  
Farm Winery • Craft Distillery**

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

|                      |  |
|----------------------|--|
| <b>DLLC USE ONLY</b> |  |
| Job #:               |  |
| Date Accepted:       |  |
| CSR:                 |  |

Type or Print with **Black Ink**

**Ownership**

Arizona Liquor License Number: 13133033  
(Must be a series 13, 18, 2W or 2D license)

Agent/Sole Proprietor Name: Domanico Jason Anthony  
(Must currently own a series 13, 18, 2W or 2D) Last First Middle

Owner Name: Passion Cellars, LLC  
(Exactly as it appears on Liquor License)

Premises Name (Doing Business As-DBA): Cabal Cellars  
(Exactly as it appears on the exterior of premises)

Premises Address: 412 Main St. Jerome, AZ 86331 Yavapai  
Do not us P.O. Box Street City State Zip County

Mailing Address: [REDACTED]  
(All correspondence will be mailed to this address) Street City State Zip

Business Phone: 602-750-7771 Cell Number: [REDACTED]

Email Address: [REDACTED]

**All questions must be answered**

1. I verify that the location of the remote tasting room is within the incorporated limits of the city/town named above.  Yes  No
2. I verify that the location of this remote tasting room is not within 300 feet of a church or school building. [A.R.S. §4-207]  Yes  No
3. I understand that the owner or agent for this remote tasting room must be a bona fide resident of Arizona and that the following documents must be completed and attached to this application:  Yes  No
  - a) owner/agent's valid Title 4 (Arizona liquor law) training Certificates of Completion
  - b) owner/agent's completed questionnaire
  - c) owner/agent's fingerprint card and \$22.00 fee [A.R.S. §4-202(A)]
4. I have assigned a manager to oversee the day-to-day operations at the location identified above. The following documents are attached to this application:  Yes  No
  - a) manager's valid Title 4 (Arizona liquor law) training Certificates of Completion
  - b) manager's completed questionnaire
  - c) manager's fingerprint card and fee [A.R.S. §4-202(C)]
5. I have read and am familiar with Arizona liquor laws and my responsibilities as they relate to operating a remote tasting room. [Farm winery: A.R.S. §4-205.04, craft distillery A.R.S. §4-205.10]  Yes  No
6. I verify that this remote tasting room will not be used for storage of in-bond product. This premises is for retail sales only.  Yes  No

7. I understand that the renewal application and fees for this license will be due at the same time as the  Yes  No license identified under ownership above.

8. I understand annual reporting to the Arizona Department of Liquor is required for the total sales  Yes  No from liquor produced at a location other than the license identified under Ownership.  
[farm winery: A.R.S. §4-205.04(C)(5), craft distillery A.R.S. §4-205.10(D)(1)]

9. Do you intend to share a Remote Tasting Room with another Craft Distiller or Farm Winery?  Yes  No  
If yes, please provide second License number: \_\_\_\_\_

**Diagram of Premises**

Please attach a diagram showing only the area where liquor will be sold, served, consumed, dispensed, possessed and/or stored. Diagram must show all entrances, exits, interior walls, bar areas, bar stools, hi-tops, dining tables, dining chairs, kitchen, dance floor, stage, game rooms, restrooms, etc. Do not include parking lots or living quarters.




**FOR OUT-OF-STATE APPLICANTS ONLY**

Federal TTB Permit #: \_\_\_\_\_ State License #: \_\_\_\_\_

**SIGNATURE BLOCK**

I, (Print Full Name) Jason Domaniwo hereby swear under penalty of perjury 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.

  
Applicant Signature

**GOVERNING BOARD**

Approval  Disapproval

\_\_\_\_\_  
Authorized Signature Title Agency Date

**DLIC USE ONLY**

Approval  Disapproval Investigator: \_\_\_\_\_ Inspection Date: \_\_\_/\_\_\_/\_\_\_

Director Signature required for Disapprovals: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_