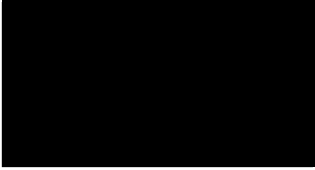




**State of Arizona  
Department of Liquor Licenses and Control**

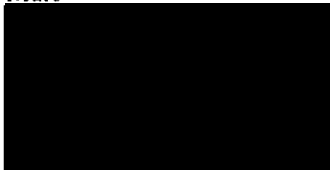
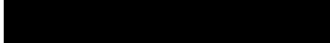

Created 03/27/2023 @ 04:24:01 PM

Local Governing Body Report

**LICENSE**

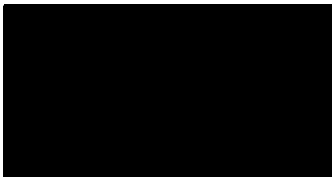
|                      |   |                  |                |
|----------------------|---|------------------|----------------|
| Number:              |   | Type:            | 012 RESTAURANT |
| Name:                | SOMEBURROS  |                  |                |
| State:               | Pending   |                  |                |
| Issue Date:          |   | Expiration Date: |                |
| Original Issue Date: |   |                  |                |
| Location:            | 8200 W THUNDERBIRD ROAD<br>PEORIA, AZ 85381<br>USA                                |                  |                |
| Mailing Address:     |  |                  |                |
| Phone:               |  |                  |                |
| Alt. Phone:          |  |                  |                |
| Email:               | LIQUORLICENSE@AZLIC.COM   |                  |                |

**AGENT**

|                         |   |
|-------------------------|---|
| Name:                   | TIMOTHY SCOTT VASQUEZ   |
| Gender:                 | Male  |
| Correspondence Address: |  |
| Phone:                  |  |
| Alt. Phone:             |  |
| Email:                  | TVASQUEZ@SOMEBURROS.COM   |

**OWNER**

Name: SOMEBURROS PEORIA LLC  
Contact Name: TIMOTHY SCOTT VASQUEZ  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23499771 State of Incorporation: AZ  
Incorporation Date:  
Correspondence Address:



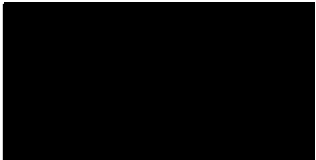
Phone:  
Alt. Phone:  
Email: LIQUORLICENSE@AZLIC.COM

**Officers / Stockholders**

| Name:         | Title: | % Interest: |
|---------------|--------|-------------|
| SOMBURROS INC | MEMBER | 100.00      |

**SOMBURROS PEORIA LLC - MEMBER**

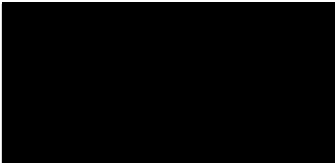
Name: SOMBURROS INC  
Contact Name: TIMOTHY SCOTT VASQUEZ  
Type: CORPORATION  
AZ CC File Number: 01796460 State of Incorporation: AZ  
Incorporation Date: 10/25/1985  
Correspondence Address:



Phone:  
Alt. Phone:  
Email: LIQUORLICENSE@AZLIC.COM

**SOMBURROS INC - President**

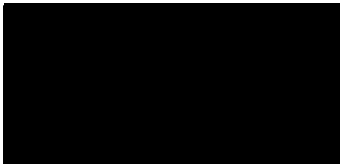
Name: TIMOTHY SCOTT VASQUEZ  
Gender: Male  
Correspondence Address:



Phone:  
Alt. Phone:  
Email: TVASQUEZ@SOMBURROS.COM

**MANAGERS**

Name: YVELISSE KAMIE DEPAULA  
Gender: Female  
Correspondence Address:



Phone:  
Alt. Phone:  
Email: EDEPAULA@SOMBURROS.COM

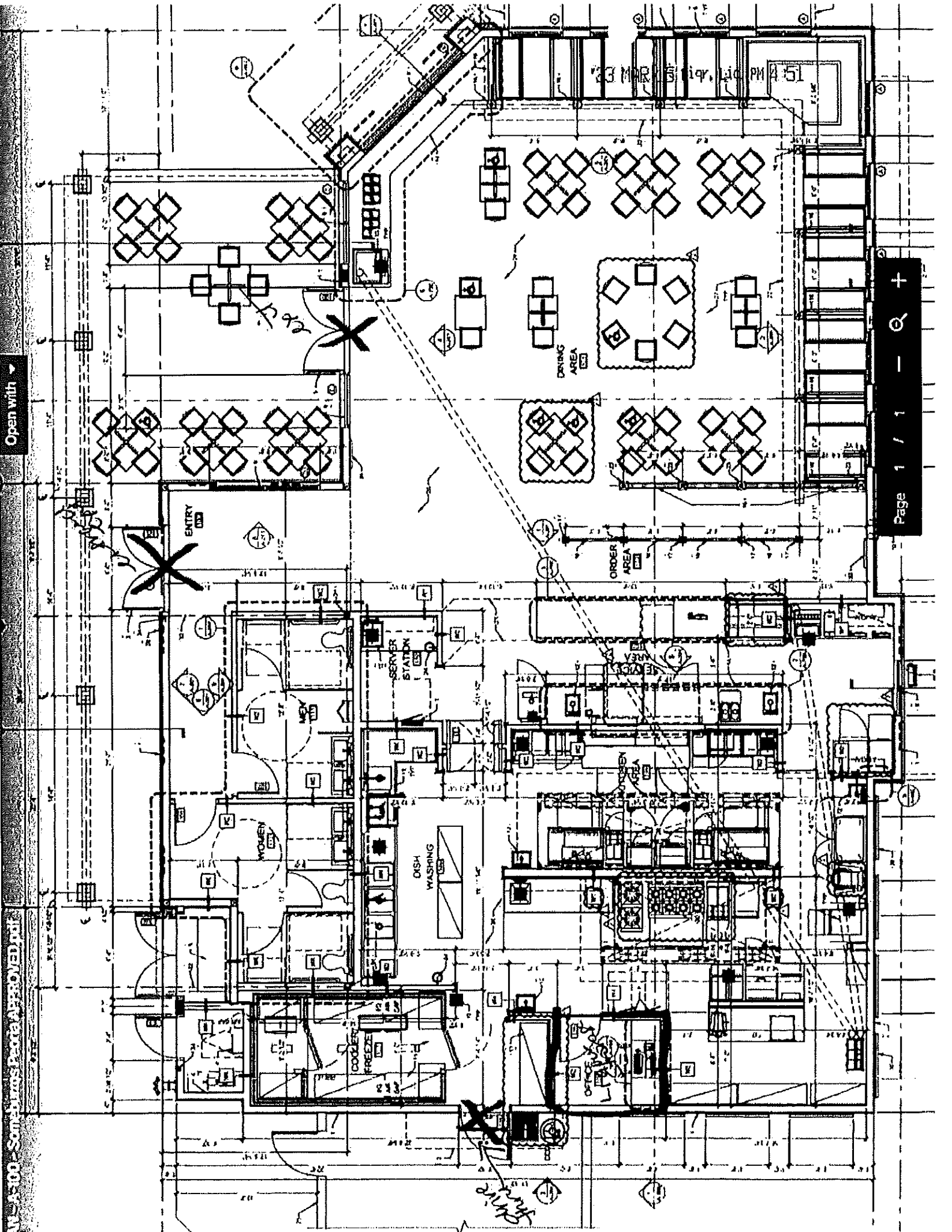
## APPLICATION INFORMATION

Application Number: 237364  
Application Type: New Application  
Created Date: 03/15/2023

## 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  
OWNER
- 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.  
0
- 6) Are there walk-up or drive-through windows on the premises?  
Yes
- 7) Does the establishment have a patio?  
Yes  
Is the patio contiguous or non-contiguous (within 30 feet)?  
CONTIGUOUS
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
07/01/2023
- 9) What type of business will this license be used for?  
RESTAURANT



Someburros Peoria LLC

Someburros Inc.  
Member  
100%

Timothy Scott Vasquez  
President/Director  
94.08%  
No one else owns 10% or more



**RESTAURANT/HOTEL/MOTEL  
OPERATION PLAN**

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

Type or Print with Black Ink

1. Name of restaurant (Please print): Someburros

2. Must indicate the equipment below by Make, Model, and Capacity:

**LIST ONLY THE FOLLOWING - NO ATTACHMENTS**

|                                       |   |
|---------------------------------------|---|
| Grill                                 | Southbend SPR-2J-FB                                       |
| Oven                                  | Custom  |
| Freezer                               | Norlake Custom  |
| Refrigerator                          | Norlake Custom  |
| Sink                                  | Advance Tabco   |
| Dish Washing Facilities               | ES-2000 Dishmachine                                       |
| Food Preparation Counter (Dimensions) | 63"X30" Stainless Steel, 84"X30" Stainless Steel, 96"X30" |
| Other                                 |   |

3. Attach a copy of your FULL menu with pricing INCLUDING NON-ALCOHOLIC BEVERAGES

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

(Do not include kitchen, bar, hi-top tables, or game area.) 35 %

5. 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?) \_\_\_\_\_ %

6. List the seating capacity for:

a) Restaurant dining area of your premises: [ 80 ]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [ + 0 ]

TOTAL [ = 80 ]

7. What type of dinnerware is primarily used in your restaurant?  Disposable  Dishes  Both

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you have live entertainment or dancing?  YES  No

If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List number of employees for each position:

| Position                  | How many |
|---------------------------|----------|
| Cooks                     |          |
| Bartenders                |          |
| Hostesses                 |          |
| Managers                  | 7        |
| Servers                   |          |
| Other (Front House Staff) | 20       |
| Other (Back House Staff)  | 20       |
| Other ( )                 |          |

I, (Print Full Name) Timothy Scott Vasquez 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.

Applicant Signature: \_\_\_\_\_



**RECORDS REQUIRED  
FOR AUDIT  
RESTAURANT/HOTEL/MOTEL**

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

Type or Print with Black Ink

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:

**Someburros**

1. Name of restaurant (Please print): \_\_\_\_\_

2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets

11. 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

12. 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

13. 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

14. 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.

I, (Print Full Name) Timothy Scott Vasquez, 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.

Applicant Signature: 

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

| Menu Item                         | last price adjustment Jan. 2023 |
|-----------------------------------|---------------------------------|
| <b>Specialties</b>                |                                 |
| Pollo Fundido                     | 10.95                           |
| Borracho Burro                    | 10.95                           |
| Crudo Burro                       | 9.95                            |
| Poncho Villa                      | 10.95                           |
| Rod Burro                         | 10.95                           |
| Albondigas Soup - Cup             | 5.95                            |
| Albondigas Soup - Bowl            | 7.95                            |
| <b>Chimis</b>                     |                                 |
| Bean Chimí                        | 10.15                           |
| Red or Green Chimí                | 10.95                           |
| Red, Green and Bean Chimí         | 10.95                           |
| Chicken Chimí                     | 10.95                           |
| Machaca Chimí                     | 10.95                           |
| Chicken or Machaca and Bean Chimí | 10.95                           |
| <b>Burros</b>                     |                                 |
| Bean burro                        | 4.75                            |
| Bean and Cheese                   | 5.6                             |
| Red or Green Chile Beef           | 6.65                            |
| Red and Green Chile beef          | 6.65                            |
| Red or Green and beans            | 6.65                            |
| Red, Green and beans              | 6.95                            |
| Shredded chicken                  | 6.65                            |
| Machaca burro                     | 6.95                            |
| Machaca and Bean burro            | 6.95                            |
| Carne Asada Burro                 | 7.95                            |
| Pollo Asado Burro                 | 7.95                            |
| Veggie Burro                      | 6.65                            |
| enchilada style                   | 1.55                            |
| extra cheese                      | 0.85                            |
| deep fry                          | 1.15                            |
| fundido style                     | 2.95                            |

**Breakfast Burros**

kids egg and cheese burro 5.65  
egg, onion and potato 6.25  
egg, cheese and potato 6.65  
shredded beef, egg and potato 6.95  
chorizo, egg and potato 6.95  
bacon, egg, cheese and potato 6.95  
verde burro 7.15  
el diablo burro 7.65

**Breakfast Specialties**

el diablo scramble 9.95  
verde scramble 8.95  
senor jorge 8.95  
la sonrisa 9.95  
huevos rancheros 9.95

**Tacos**

beef or chicken taco 3.45  
ground beef and potato taco 3.45  
carne asada taco 3.95  
pollo asado taco 3.95  
fish taco 3.95  
cody's vegan taco 3.65

**Traditional Favorites**

bean tostada 3.65  
bean and beef tostada 4.45  
bean and chicken tostada 4.45  
avocado tostada 4.65  
Tostada Verde 7.95  
beef tamale with red sauce 4.05  
green tamale with green sauce 4.05  
cheese enchilada 3.85  
beef enchilada 4.45  
chicken enchilada 4.45

|                              |      |
|------------------------------|------|
| mexican pizza                | 7.95 |
| nachos                       | 6.95 |
| taquitos                     | 5.95 |
| 3 mini chimis                | 7.25 |
| <b>Quesadillas</b>           |      |
| cheese crisp                 | 5.45 |
| cc w green chile strips      | 6.35 |
| cc w guac                    | 6.95 |
| cc with chorizo              | 6.95 |
| cc w red or green chile beef | 6.95 |

|               |       |
|---------------|-------|
| <b>Combos</b> |       |
| 1             | 10.75 |
| 2             | 10.75 |
| 3             | 11.65 |
| 4             | 11.25 |
| 5             | 10.75 |
| 6             | 11.15 |
| 7             | 10.95 |
| 8             | 10.75 |
| 9             | 10.95 |
| 10            | 11.45 |
| 11            | 10.75 |
| 12            | 11.15 |
| 13            | 12.65 |

|                     |       |
|---------------------|-------|
| <b>Salads/Bowls</b> |       |
| Taco Salad          | 10.45 |
| Hacienda Salad      | 6.15  |
| Someburros bowl     | 10.15 |
| <b>Kids</b>         |       |
| Kids meal           | 5.95  |
| <b>Desserts</b>     |       |
| Cookie              | 1.95  |
| Churro              | 2.15  |

|                     |      |
|---------------------|------|
| Dessert Chimis      | 5.35 |
| Cinnamon crispies   | 3.35 |
| <b>Drinks</b>       |      |
| small drink         | 2.65 |
| large drink         | 2.95 |
| bottled soda        | 3.35 |
| bottled water       | 1.95 |
| orange juice        | 2.45 |
| milk/chocolate milk | 1.95 |
| domestic beer       | 4.25 |
| import beer         | 4.95 |
| margarita           | 6    |

23 MAR 15 Liq. Lic. PM 4:51

CSR:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY  
Job # 237364  
Date Accepted:  
CSR:

Type or Print with Black Ink

805-340

License Number:

**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: Vasquez Timothy Scott Birth Date: [REDACTED]  
first middle (NOT a public record)

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

4. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]  
City State COUNTRY

5. Name of current/most recent spouse: Vasquez Julianne Marie 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? [REDACTED]

7. Daytime telephone number: 480-628-3251 Email address: liquorlicense@azlic.com

8. Premises Name: Someburros Business Phone:            /            /            Pending

9. Premises Address: 8200 W. Thunderbird Rd. Peoria AZ Maricopa 85381  
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 you are a retired or former resident, list place of residence address.

| FROM<br>Month/Year | TO<br>Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS<br>(Street Address, City, State & Zip) |
|--------------------|------------------|-------------------------------|--|
| 05/96              | CURRENT          | Owner/Manager                 | Someburros 2440 E. Germann #7 Chandler, AZ 85286                           |
|                    |                  |                               |  |
|                    |                  |                               |  |
|                    |                  |                               |  |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

| FROM<br>Month/Year | To<br>Month/Year | Street | City | State | Zip |
|--------------------|------------------|--------|------|-------|-----|
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |

(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? 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) Timothy Scott Vasquez 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: [Redacted] Date: 2/22/23



**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) Timothy Scott Vasquez

**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 Mesa State AZ COUNTRY US

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

2) Name of document: Drivers license

If you answered No, you must complete Sections III.

## EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS 4 51

**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.

|  |
|--|
| <b>SECTION III – QUALIFIED ALIEN DECLARATION</b> |
|--|

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. § 1621(c)(2)(A).**

Timothy Scott Vasquez

Print Name

2/22/23  
Date

'23 MAR 15 Lique. Lic. PM 4 51



ARIZONA

DRIVER LICENSE

USA

SEX  
HT  
WT  
HAIR  
EYES

VASQUEZ  
TIMOTHY SCOTT



USA



# FINGERPRINT VERIFICATION FORM

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

**DLLC USE ONLY**

|                |        |
|----------------|--------|
| Job #          | 237364 |
| Date Accepted: |        |
| CSR:           |        |

**ATTENTION FINGERPRINT TECHNICIAN:**

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.  
Do not give the applicant the fingerprint card without first sealing it inside the envelope.

**PRINT** the following information:

|  |   |                                |
|--|---|--------------------------------|
| Date<br>02/22/2023   | Name of Applicant:<br>Timothy Scott Vasquez |                                |
| Name of Fingerprint Technician:<br>Kevin P. Grojean  |   |                                |
| Finger<br>[REDACTED]   |   |                                |
| Fingerprint technician's Agency/company Name:<br>Arizona Liquor Industry Consultants   |   | Phone Number:<br>(480)730-2675 |
| Type of Photo ID Provided (check one):   |   |                                |
| <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify) |   |                                |

|         |
|---------|
| CSR:    |
| Amount: |



## PREMISES MANAGER QUESTIONNAIRE

|                |        |
|----------------|--------|
| DLIC USE ONLY  |        |
| Job #:         | 237564 |
| Date Accepted: |        |
| CSR:           |        |

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

Type or Print with Black Ink

805-340

**License Number:**

**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. Name: DePaula Yvelisse Kamie Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

2. Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: [REDACTED]

3. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]  
City State COUNTRY

4. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? [REDACTED]

6. Daytime telephone number: 602-571-2684 Email address: edepaula@someburros.com

7. Premises Name: Someburros Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pending

8. Premises Address: 8200 W. Thunderbird Rd. Peoria AZ Maricopa 85381  
Street (do not use PO Box) City State County Zip

123 MAR 15 11:41 AM 453

9. 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) |
|-----------------|---------------|-------------------------------|--|
| 8 2012          | CURRENT       | manager                       | SOMEWHERE - 2440 E. GERMANN RD<br>Oroville, 85786<br>AZ                |
|                 |               |                               |  |
|                 |               |                               |  |
|                 |               |                               |  |

(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        |
|-----------------|---------------|------------|------------|------------|------------|
|                 |               | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|                 |               |            |            |            |            |
|                 |               |            |            |            |            |
|                 |               |            |            |            |            |

(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) Yvelisse Depadia 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: [REDACTED] Date: 09.06.2022

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

Print Name: Timothy Scott Vasquez Signature: [REDACTED] Date 9.6.22



# FINGERPRINT VERIFICATION FORM

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

|                          |        |
|--------------------------|--------|
| <b>D.L.L.C. USE ONLY</b> |        |
| Job#:                    | 237364 |
| Date Accepted:           |        |
| CSR:                     |        |

**ATTENTION FINGERPRINT TECHNICIAN:**

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Do not give the applicant the fingerprint card without first sealing it inside the envelope.

**PRINT** the following information:

|  |                                   |   |
|--|-----------------------------------|---|
| Date   | Name of Applicant:                |   |
| 09/22/2022   | Yvelisse Kamie DePaula            |   |
| Name of Fingerprint Technician:                      |                                   |   |
| Alan B. Parris                                       |                                   |   |
| Fingerprint technician's Signature:                  |                                   |   |
| [Redacted Signature]                                 |                                   |   |
| Fingerprint technician's Agency/company Name:        |                                   | Phone Number:                                   |
| Arizona Liquor Industry Consultants                  |                                   | (480)730-2675                                   |
| Type of Photo ID Provided (check one):               |                                   |   |
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Other (Please specify) |

Certificate # ALIC B 20220906

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

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

YVANESCO DAPPALIA

[Redacted]

Signature

06 September 2022

Training Completion Date

06 Sept 2025

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, A. B. Parris, 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 Program. (A.A.C. R19-1-103(E) and (F)).

[Redacted]

Instructor Signature

09 / 06 / 2022

Mo Day 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.

Certificate # ALIC09062022

155 MAR 15 Lic. Lic. PM 4 52

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

(please print)

Signature

9/06/2022

1912

9/06/2025

Training Completion Date

Certificate Expiration Date

(three years from Completion date)

Training Provider Information

**Arizona Liquor Industry Consultants**

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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).

Instructor Signature

9 / 06 / 2022

Mo Day 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  
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