

State of Arizona
Department of Liquor Licenses and Control

Created 10/03/2023 @ 03:41:57 PM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	SUPER CARNICERIA LA PRADERA RANCH	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	6811 W PEORIA AVENUE #103 PEORIA, AZ 85345 USA	
Mailing Address:	6811 W PEORIA AVENUE #103 PEORIA, AZ 85345 USA	
Phone:	(602)628-4121	
Alt. Phone:		
Email:	CARNICERIALAPRADERARANCH@GMAIL.COM	

AGENT

Name:	SIMON MARTINEZ CHAVIRA
Gender:	Male
Correspondence Address:	6811 W PEORIA AVENUE #103 PEORIA, AZ 85345 USA
Phone:	(602)628-4121
Alt. Phone:	
Email:	CARNICERIALAPRADERARANCH@GMAIL.COM

OWNER

Name: SUPER CARNICERIA LA PRADERA RANCH LLC
Contact Name: SIMON MARTINEZ CHAVIRA
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23467252 State of Incorporation: AZ
Incorporation Date: 01/17/2023
Correspondence Address: 6811 W PEORIA AVENUE
#103
PEORIA, AZ 85345
USA
Phone: (602)628-4121
Alt. Phone:
Email: CARNICERIALAPRADERARANCH@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
SIMON MARTINEZ CHAVIRA	Member	50.00
FRANCISCO RODRIGUEZ GARCIA	Member	50.00

**SUPER CARNICERIA LA PRADERA RANCH LLC -
Member**

Name: FRANCISCO RODRIGUEZ GARCIA
Gender: Male
Correspondence Address: 6811 W PEORIA AVENUE
#103
PEORIA, AZ 85345
USA
Phone: (602)628-4121
Alt. Phone:
Email: CARNICERIALAPRADERARANCH@GMAIL.COM

**SUPER CARNICERIA LA PRADERA RANCH LLC -
Member**

Name: SIMON MARTINEZ CHAVIRA
Gender: Male
Correspondence Address: 6811 W PEORIA AVENUE
#103
PEORIA, AZ 85345
USA
Phone: (602)628-4121
Alt. Phone:
Email: CARNICERIALAPRADERARANCH@GMAIL.COM

APPLICATION INFORMATION

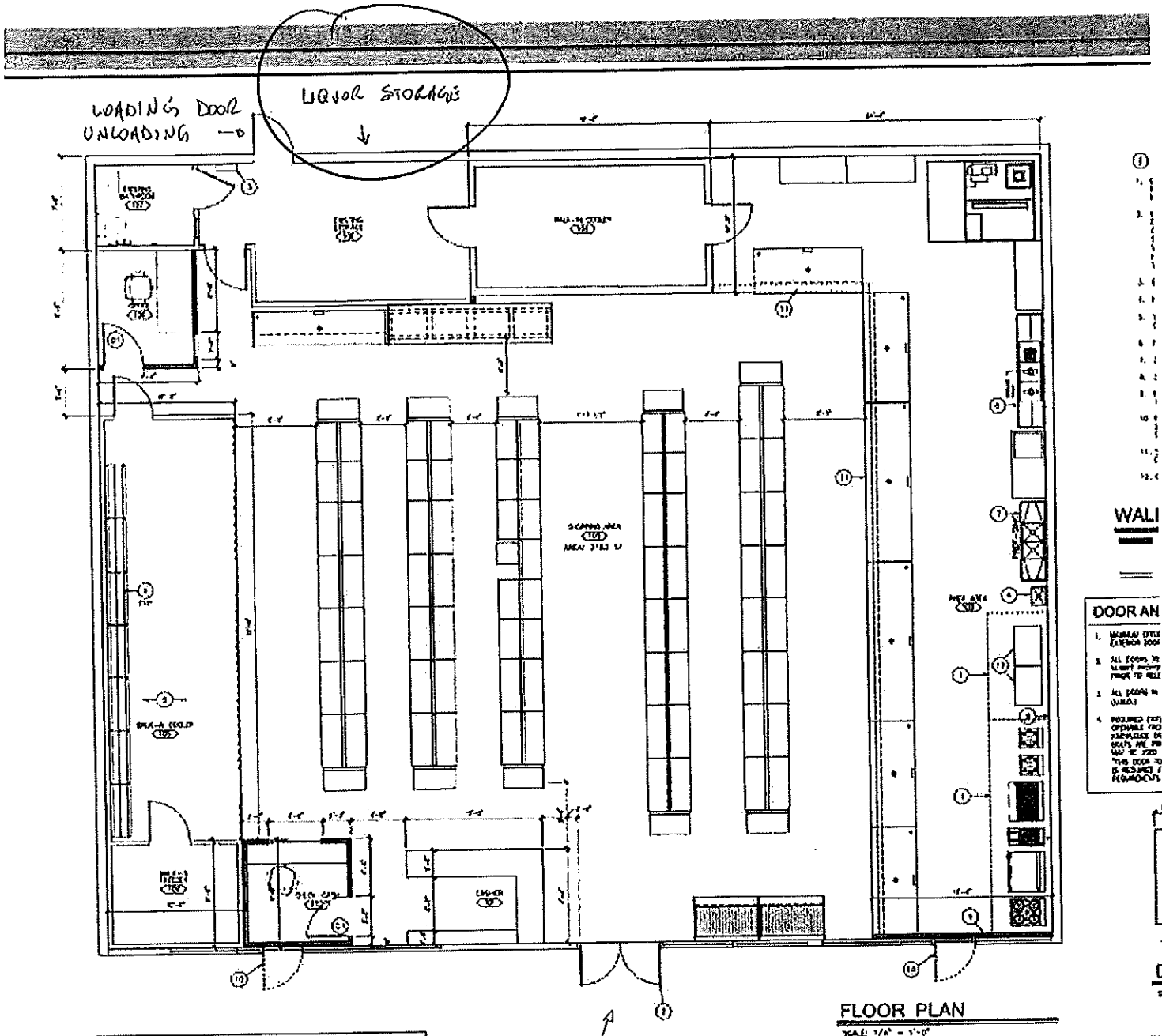
Application Number: 260485
Application Type: New Application
Created Date: 09/29/2023

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)
ACADEMY OF MATH & SCIENCE 7785 W PEORIA AVE PEORIA AZ 85345
1.3 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
LEASE ACCELERATION
- 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.
0
- 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?
Yes
If yes, what is your estimated completion date?
10/15/2023

23 SEP 29 Liq. Lic. PM 4 138



- DOOR AN**
1. MARKED WITH EXTERIOR DOOR
 2. ALL DOORS TO BE OPENED FROM THE INSIDE
 3. ALL DOORS IN (MARK)
 4. REQUIRED (BY) OPTIMUM AND MINIMUM OF MARKS ARE TO BE MADE THIS DOOR TO BE MARKED / REQUIRED

DOOR AND FRAME SCHEDULE

NO.	DOOR				FRAME			REMARKS
	TYPE	FINISH	GLASS	GLASS	TYPE	FINISH	REMARKS	
01	3'-0"	FL	1/2"	4	30	WOOD	PAVE	1

MAIN ENTRANCE

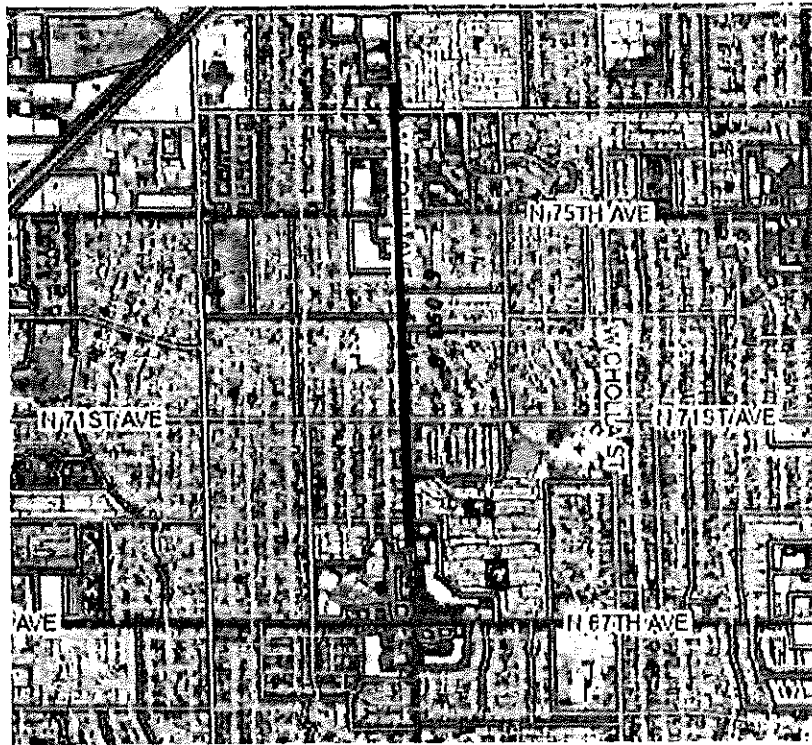
FLOOR PLAN
SCALE 1/4" = 1'-0"

TOTAL SQFT 4275

12

23 SEP 29 Ligr. Lic. PM 4 98

Academy of Math & Science
↖



↖ site adjacent to W 12th Ave

2

Distance = 1.3 miles

LC:
Amount:

'23 SEP 29 Lique. Lic. PM 4:40



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 260485
Date Accepted: 9-29-2023
C: [REDACTED]

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

805-446

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: Martinez Chavira, Simon Birth Date: [REDACTED] (NOT a public record)

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

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

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

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 08/01/1997

7. Daytime telephone number: (602) 628-4121 Email address: carnicerialapraderaranch@gmail.com

8. Premises Name: Super Carniceria La Pradera Ranch Business Phone: Pending

9. Premises Address: 6811 W Peoria Ave Ste 103 Peoria AZ Maricopa 85345
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 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)
03/2018	CURRENT	Member/Crew Leader	Desert Valley Shotcrete 6439 S 66th Ave Laveen AZ 85339

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

(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) Simon Martinez Chavira 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: 9-26-2023



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) Simon Martinez Chavira

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.

2) Name of document: _____

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

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS ES-SEP-ES-2017, Lic. #M 4 140

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.

SECTION III – QUALIFIED ALIEN DECLARATION

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.

Permanent Resident

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 etseq.];
- 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. §

Simon Martinez Chavira

Print Name

[Redacted Signature]

Signature

9-26-2025

Date



23 SEP 29 11:40 Lic. FM 4 240

FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #	260485
Date Accepted	9-29-2023
CS#	[REDACTED]

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.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:		
9/28/23	Simon martinez chavira		
Name of Fingerprint Technician:			
Rachel Arayo			
Fingerprint technician's Signature			
[REDACTED]			
Fingerprint technician's Agency/company Name:		Phone Number:	
The ups store 4740		602 925 4759	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)	

LC:
Amount:

23 SEP 29 Lir. Lic. # 4 98



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job # 260485
9-29-2023
[Redacted]

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**

805-446

License Number:

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1. Check the Appropriate Box → Agent Controlling Person

2. Name: Rodriguez Garcia, Francisco Birth Date: [Redacted]
Last First Middle (NOT a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] State Issued: AZ

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

5. Name of current/most recent spouse: [Redacted] 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? 06/08/2001

7. Daytime telephone number: (602) 628-4121 Email address: carnicerialapraderaranch@gmail.com

8. Premises Name: Super Carniceria La Pradera Ranch Business Phone: Pending

9. Premises Address: 6811 W Peoria Ave Ste 103 Peoria AZ Maricopa 85345
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 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)
06/2001	CURRENT	Member / Manager	Super Carniceria Las Cuatro Milpas 8639 W McDowell Rd Phoenix AZ 85035
07/2016	Current	Member / Manager	Restaurante Mariscos 7 Mares 10740 W Lower Buckeye Rd Avondale AZ 85323
07/2004	Current	Member / Manager	Super Carniceria Y Pescaderia Los Alamos 58 N Country Club Dr Ste 103 Mesa AZ 85210

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

(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) Francisco Rodriguez Garcia 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: 

Date: 09-29-2023



23 SEP 2023

FINGERPRINT VERIFICATION FORM

Lic. # 440

DLLC USE ONLY

Job#: 260485

Date Accepted: 9-29-2023

[Redacted]

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

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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.
5. Write applicants name on front of sealed envelope.

PRINT the following information:

Date 9-28-23	Name of Applicant: Francisco Rodriguez Garcia		
Name of Fingerprint Technician: Belén Palas			
Fingerprint technician: [Redacted]			
Fingerprint technician Company Name: Arizona Livenesscan		Phone Number: 602-246-3444	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			