



Name:	Title:	% Interest:
BRON TIMOTHY LAUNSBY	CEO	43.90
GARY SCHMIT	COO	25.00
WADE ALAN STOOKS	Officer	12.50
CHARLES THOMAS WALTON JR	Officer	12.40
KEVIN VAN HAZEL	CFO	6.20

### **SLICK CITY PEORIA LLC - CEO**

Name: BRON TIMOTHY LAUNSBY  
 Gender: Male  
 Correspondence Address: 1162 W THOMPSON WAY  
 CHANDLER, AZ 85286  
 USA  
 Phone: (901)590-6325  
 Alt. Phone:  
 Email: BRON@SLICKCITY.COM

### **SLICK CITY PEORIA LLC - Officer**

Name: CHARLES THOMAS WALTON JR  
 Gender: Male  
 Correspondence Address: 1162 W THOMPSON WAY  
 CHANDLER, AZ 85286  
 USA  
 Phone: (602)768-0856  
 Alt. Phone:  
 Email: CWALTON@APIFOUR.COM

### **SLICK CITY PEORIA LLC - COO**

Name: GARY SCHMIT  
 Gender: Male  
 Correspondence Address: 1162 W THOMPSON WAY  
 CHANDLER, AZ 85286  
 USA  
 Phone: (602)821-7507  
 Alt. Phone:  
 Email: GARY@SLICKSLIDE.COM

### **SLICK CITY PEORIA LLC - Officer**

Name: WADE ALAN STOOKS  
 Gender: Male  
 Correspondence Address: 1162 W THOMPSON WAY  
 CHANDLER, AZ 85286  
 USA  
 Phone: (602)768-0855  
 Alt. Phone:  
 Email: WSTOOKS@APIFOUR.COM

## SLICK CITY PEORIA LLC - CFO

Name: KEVIN VAN HAZEL  
Gender: Male  
Correspondence Address: 1162 W THOMPSON WAY  
CHANDLER, AZ 85286  
USA  
Phone: (602)768-0854  
Alt. Phone:  
Email: KEVIN@SLICKCITY.COM

### APPLICATION INFORMATION

Application Number: 258543  
Application Type: New Application  
Created Date: 09/17/2023

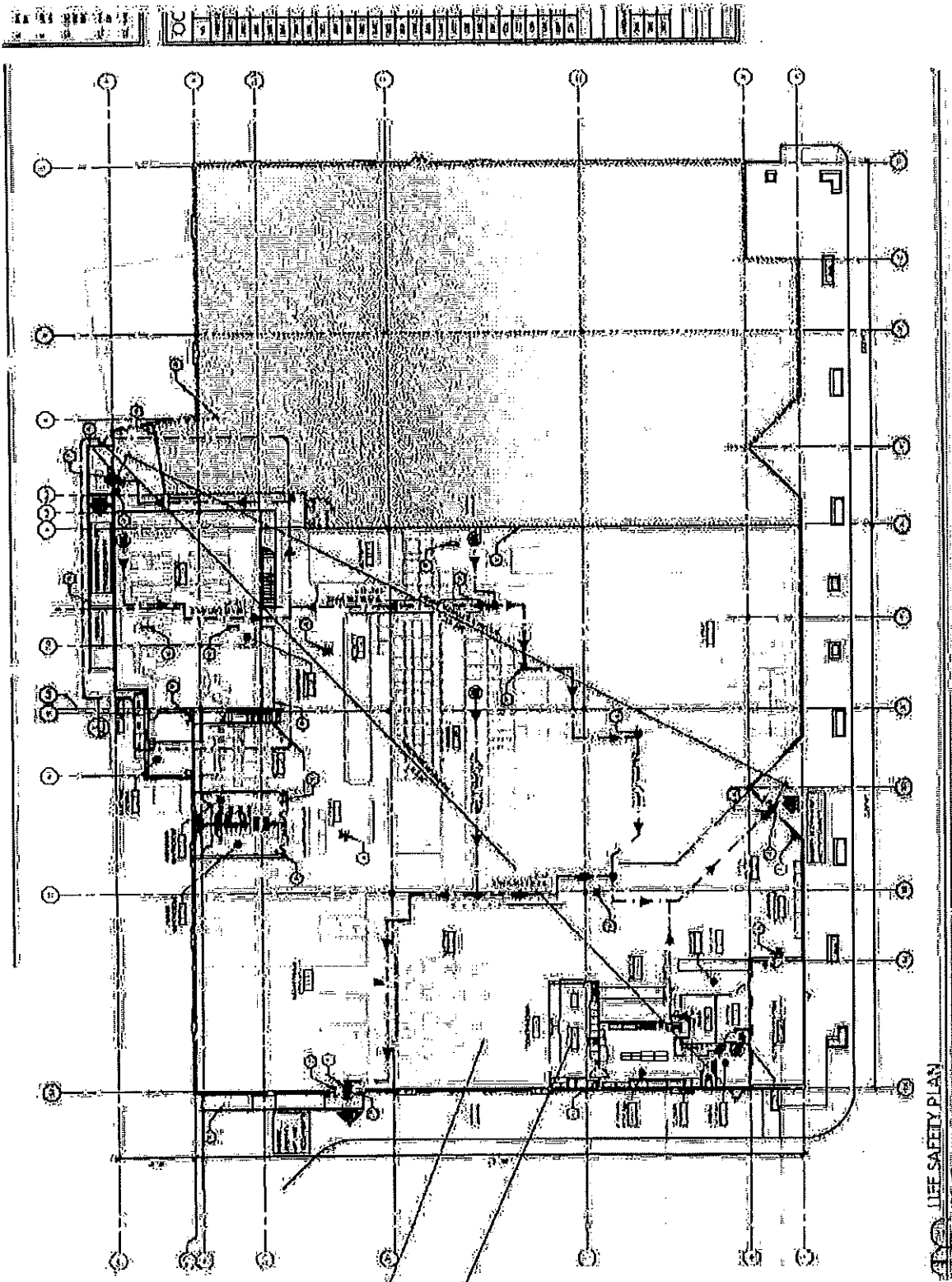
### QUESTIONS & ANSWERS

#### 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  
Property Tenant
- 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.  
\$0.00
- 6) Are there walk-up or drive-through windows on the premises?  
No
- 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?  
4/1/2024
- 9) What type of business will this license be used for?  
Family action park featuring indoor slides and air courts

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Diagram.pdf	02/08/2024
MENU	Menu.pdf	02/08/2024
RECORDS REQUIRED FOR AUDIT	aud_requiredrecords_notary.pdf	02/08/2024
RESTAURANT OPERATION PLAN	Restaraunt Operation Plan.pdf	02/08/2024
QUESTIONNAIRE	Questionnaire Bron.pdf	02/08/2024
QUESTIONNAIRE	Questionnaire Chuck.pdf	02/08/2024
QUESTIONNAIRE	Questionnaire Gary.pdf	02/08/2024
QUESTIONNAIRE	Questionnaire KVH.pdf	02/08/2024
QUESTIONNAIRE	Questionnaire Wade.pdf	02/08/2024
	Application.pdf	02/13/2024
	Diagram PDF.pdf	02/13/2024
	Questionnaire KVH.pdf	02/13/2024
	Questionnaire Wade.pdf	02/13/2024
	KVH.pdf	02/13/2024



Seating

Alcohol Sales

Alcohol Storage

Outside Seating

LIFE SAFETY PLAN



## 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): Slick City Action Park

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

**LIST ONLY THE FOLLOWING. NO ATTACHMENTS**

Grill	None
Oven	Turbo Chef HHC1618 (x2) Turbo chef Single Batch Marine (x2)
Freezer	Avantco 178A49FHC (x1) Galaxy 177BSKTCFLG (x3) <del>0-2-222</del>
Refrigerator	True GDM-41 (x3)
Sink	3
Dish Washing Facilities	none
Food Preparation Counter (Dimensions)	Main counter 9ft by 2ft. Pizza making counter 4ft by 1.5ft
Other	Mainstreet Equipment CHP-1836U (x2)

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.) 10 %

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: | 52 |

(DO NOT INCLUDE PATIO SEATING)

b) Bar area | 0 |

TOTAL | = 52 |

7. What type of dinnerware is primarily used in your restaurant?  Reusable  Disposable  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.)

2 TVs  
 7 video games  
 1 photo booth  
 10 slides

3 air courts  
 4 basketball hoops  
 Go kart track

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	1
Bartenders	1
Hostesses	1
Managers	2
Servers	0
Other ( )	
Other ( )	
Other ( )	

I, (Print Full Name) Kevin Van Hazel, 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: 

'24 FEB 15 Liq. Lic. PH 5 01

	Price
Party ICEE - Party ICEE	\$ 2.82
Party Pizza - Party Pizza	\$ 14.91
Pizza - Whole Pizza	\$ 15.25
Powerade - Powerade	\$ 3.54
Thrill Party - Thrill Party	\$ 27.10
Bottle of Water - Bottle of Water	\$ 2.52
Bottle Soda - Bottle Soda	\$ 3.49
Bottled Tea - Bottled Tea	\$ 2.81
Candy - Candy	\$ 1.97
Chicken Tenders - Chicken Tenders	\$ 5.46
Chicken Wings - 10 Piece Chicken Wings	\$ 10.13
Chicken Wings - 5 Piece Chicken Wings	\$ 6.07
Chips - Chips	\$ 1.99
Churros - Churros	\$ 4.55
CitySocks - CitySocks	\$ 4.03
CitySocks - Events - CitySocks - Events	\$ 3.03
Combos - Combo - 5 Piece Wings	\$ 12.16
Combos - Combo - Chicken Strips	\$ 11.14
Combos - Combo - ICEE Upgrade	\$ 1.00
Combos - Combo - Personal Pizza	\$ 12.16
Combos - Combo - Pretzel Bites	\$ 9.99
Beer ( Can )	\$ 7.99
Wine ( Glass )	\$ 9.99



**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:

**Slick City Action Park**

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:

'24 FEB 15 Liq. Lic. PM 5 01

- 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) Kevin Van Hazel, 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**

LC: \_\_\_\_\_  
Amount: \_\_\_\_\_

FEB 15 Liq. Lic. PM 5 01



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY  
Job # 258543  
Date received 2-8-2024  
[Redacted]

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

805-505

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: Van Hazel Kevin Birth Date: [Redacted]  
Last First Middle (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]  
City State COUNTRY

5. Name of current/most recent spouse: Van Hazel, Dina 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? 1976

7. Daytime telephone number: 6027680854 Email address: kevin@slickcity.com

8. Premises Name: Slick City Action Park Business Phone: Pending

9. Premises Address: 7586 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 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)
1/1/2019	CURRENT	Retired	1162 W Thompson Way, Chandler, AZ 85286
1/1/2017	1/1/2019	Area Vice President	Accent Foods - 335 S Hamilton Court, Gilbert, AZ 85233

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 ~~arrested, 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) Kevin Van Hazel 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: 2/8/2024



# 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

DLIC USE ONLY	
Job #	258543
Date received	2-8-24
[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:	
09/14/23	Kevin Vanhazel	
Name of Fingerprint Technician:		
Christine Torres		
Fingerprint Technician's Signature:		
[Redacted Signature]		
Fingerprint technician's Agency/company Name:		Phone Number:
Fingerprinting Services AZ		602-390-8830
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)
[Redacted License Number]		

LC#  
Amount:

24 FEB 15 Liq. Lic. PH 5 01



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #	258643
Date Accepted	2-8-24
CS	[REDACTED]

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

805-505

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: Stooks Wade Alan Birth Date: [REDACTED]  
Last First Middle (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]  
City State COUNTRY

5. Name of current/most recent spouse: Stooks, Kathryn, Singleton 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? August, 1976

7. Daytime telephone number: 6027680855 Email address: wstooks@apifour.com

8. Premises Name: Slick City Action Park Business Phone: [REDACTED]

9. Premises Address: 7586 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 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)
2/1/2020	CURRENT	Retired	314 W. Northview Ave., Phoenix, AZ 85021
1/1/2017	1/1/2019	VP of Sales	Accent Foods - 335 S Hamilton Court, Gilbert, AZ 85233

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

Wade Alan Stooks

I, (Print Full Name) Wade Alan Stooks 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: 2/8/2024



# 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 #	257543
Date Rec'd	2-8-24
[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 applicant's name on front of sealed envelope.

PRINT the following information:

Date	Name of Applicant:	
10/2/23	Wade Stooks	
Name of Fingerprint Technician:		
Christine Torres		
Fingerprint: [Redacted]		
Fingerprint technician's Agency/company name:		Phone Number:
Fingerprinting Services		602-390-8830
Type of photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)
[Redacted]		

LC: \_\_\_\_\_  
Amount: \_\_\_\_\_

24 FEB 15 Liqu. Lic. PM 5:01



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**

Job #: 258543

Date Accepted: 2-8-24

CS: [REDACTED]

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

805-505

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: Walton Jr, Charles, Thomas 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: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 07/05/1971

7. Daytime telephone number: 6027680856 Email address: cwalton@apifour.com

8. Premises Name: Slick City Action Park Business Phone: [REDACTED]

9. Premises Address: 7586 W Thunderbird Rd, Peoria, AZ, Maricopa, 85381

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)
1/1/2020	CURRENT	Retired	201 E Georgia Ave, Phoenix, AZ 85012
1/1/2017	1/1/2020	Area Vice President	Accent Foods - 335 S Hamilton Court, Gilbert, AZ 85233
1995	2019	Firefighter Paramedic	Phoenix Fire Department 150 S 12th Street Phoenix AZ 85034

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 ~~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) Charles T Walton 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: 2/8/2024

24 FEB 15 Lic. Lic. PM 1, 23  
24 FEB 15 Lic. Lic. PM 5 02



# FINGERPRINT VERIFICATION FORM

Arizona Department of Liquor Licenses and Control  
800 W. Washington St. 3<sup>rd</sup> Floor Phoenix, AZ 85007  
(602) 342-5141

DLIC USE ONLY	
Job #	258543
Date Issued	2-8-2024
[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 applicant's name on front of sealed envelope.

PRINT the following information:

Date	Name of Applicant:	
09/14/23	Charles Thomas Walton Jr	
Name of Fingerprint Technician:		
Christine Torres		
Fingerprint Technician's Signature:		
[Redacted Signature]		
Fingerprint technician's Agency/company name:		Phone Number:
Fingerprinting Services AZ		602-930-8830
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)
[Redacted]		

LC:  
Amount:

24 MAR 1 Lic. Lic. AM 9 53



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**

Job # 258543

Date Accepted 2-8-24

City [REDACTED]

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

805-505

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: Schmit, Gary Birth Date: [REDACTED]  
Last First Middle (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]  
City State COUNTRY

5. Name of current/most recent spouse: [REDACTED] Birth Date: [REDACTED]  
Greene Serena 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? 1975

7. Daytime telephone number: 6028217507 Email address: Gary@slickslide.com

8. Premises Name: Slick City Action Park Business Phone: Pending

9. Premises Address: 7586 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 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)
1/1/2017	CURRENT	COO	Slick Slide LLC - 5151 W Bell Rd, Glendale, AZ 85308

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
	CURRENT				

(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) Gary Schmit 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 Signature] Date: 2/8/2024

24 FEB 15 Lic. Lic. #121



# 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 #	258543
Date Accepted:	2-8-24
CSR:	[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 applicant's name on front of sealed envelope.

PRINT the following information:

Date 10/3/23	Name of Applicant: Gary Schuit
Name of Fingerprint Technician: Christine Torres	
Fingerprint Technician's Signature: [REDACTED]	
Fingerprint technician's Agency/company Name: Fingerprinting Services AZ	Phone Number: 602-390-8830
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License [REDACTED]	<input type="checkbox"/> Passport
<input type="checkbox"/> Other (Please specify)	

LC: \_\_\_\_\_  
Amount: \_\_\_\_\_

'24 FEB 15 Liq. Lic. P15 02



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY	
Job #	258543
Date Applied	2-8-24
[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

80555

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 government:** 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
--------------------------------	--

2. Name: Launsby Bron Timothy Birth Date: \_\_\_\_\_ (NOT a public record)

3. Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ COUNTRY \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

5. Name of current/most recent spouse: Launsby Shawna Leigh Birth Date: \_\_\_\_\_ (NOT a public record)

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

7. Daytime telephone number: 9015906325 Email address: bron@slickcity.com

8. Premises Name: Slick City Action Park Business Phone: 901 / 590 / 6325

9. Premises Address: 7586 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 unemployed 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)
1/1/2019	CURRENT	CEO	Slick City, 2003 Shoreline Drive, Mount Juliet, TN 37122

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(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 ~~arrested, 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) Bron Launsby 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: 9/9/23



# 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

DLIC USE ONLY	
Job #:	258543
Date Accepted:	2-8-2024
<div style="background-color: black; width: 100%; height: 100%;"></div>	

**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 <b>2-16-24</b>	Name of Applicant: <b>BRON LAUNSBY</b>
Name of Fingerprint Technician: <b>CHRISTIAN KETTLEWELL</b>	
Fingerprint technician's Signature: <div style="background-color: black; width: 100%; height: 20px;"></div>	
Fingerprint technician's Agency/company name: <b>Arizona Livescan</b>	Phone Number: <b>602 246-3444</b>
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)	