

State of Arizona  
Department of Liquor Licenses and Control

Created 03/08/2024 @ 01:45:54 PM

Local Governing Body Report

**LICENSE**

Number: 07070014 Type: 007 BEER AND WINE BAR  
Name: CLASSIC CATERING  
State: Pending  
Issue Date: Expiration Date: 02/28/2025  
Original Issue Date: 06/25/1982  
Location: 9855 W PEORIA AVENUE  
# 2 3 4 5  
PEORIA, AZ 85345  
USA  
Mailing Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (623)933-4903  
Alt. Phone: (780)951-4445  
Email: SARORA911@GMAIL.COM

Currently, this license has pending applications.

**AGENT**

Name: SHIV ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

**OWNER**

Name: ARORA & SONS, LLC  
Contact Name: SHIV ARORA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23615840 State of Incorporation: AZ  
Incorporation Date: 12/11/2023  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

60th day  
05-07-2024  
105th day  
06-21-2024

**Officers / Stockholders**

Name:	Title:	% Interest:
SHIV ARORA	Member	90.00
ANJU ARORA	Member	10.00

**ARORA & SONS, LLC - Member**

Name: SHIV ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

**ARORA & SONS, LLC - Member**

Name: ANJU ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)952-2658  
Alt. Phone:  
Email: ANARORA28@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 285072  
Application Type: Owner Transfer  
Created Date: 03/04/2024

## QUESTIONS & ANSWERS

### 007 Beer and Wine Bar

- 1) Are you applying for an Interim Permit (INP)?  
Yes  
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
No
- 8) Did the Premises phone number change?  
No
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)  
ALTA LOWA ELEMENTARY SCHOOL 9750 N 87TH AVE PEORIA, AZ 85345 2.1 MI
- 11) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
PROPERTY PURCHASER
- 12) Is there a penalty if lease is not fulfilled?  
No
- 13) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
ZERO
- 14) Is there a drive through window on the premises?  
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NO PATIO
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No
- 17) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
\$150.000

State of Arizona  
Department of Liquor Licenses and Control

IP

Created 03/08/2024 @ 01:46:08 PM

Local Governing Body Report

**LICENSE**

Number: INP070027430 Type: INP INTERIM PERMIT  
Name: CLASSIC CATERING  
State: Active  
Issue Date: 03/08/2024 Expiration Date: 06/21/2024  
Original Issue Date: 03/08/2024  
Location: 9855 W PEORIA AVENUE  
# 2 3 4 5  
PEORIA, AZ 85345  
USA  
Mailing Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (623)933-4903  
Alt. Phone: (780)951-4445  
Email: SARORA911@GMAIL.COM

**AGENT**

Name: SHIV ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

**OWNER**

Name: ARORA & SONS, LLC  
Contact Name: SHIV ARORA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23615840 State of Incorporation: AZ  
Incorporation Date: 12/11/2023  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

Officers / Stockholders

Name:  
SHIV ARORA  
ANJU ARORA

Title:  
Member  
Member

% Interest:  
90.00  
10.00

### **ARORA & SONS, LLC - Member**

Name: SHIV ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)951-4445  
Alt. Phone:  
Email: SARORA911@GMAIL.COM

### **ARORA & SONS, LLC - Member**

Name: ANJU ARORA  
Gender: Male  
Correspondence Address: 9855 W PEORIA AVENUE  
PEORIA, AZ 85345  
USA  
Phone: (780)952-2658  
Alt. Phone:  
Email: ANARORA28@GMAIL.COM

## **APPLICATION INFORMATION**

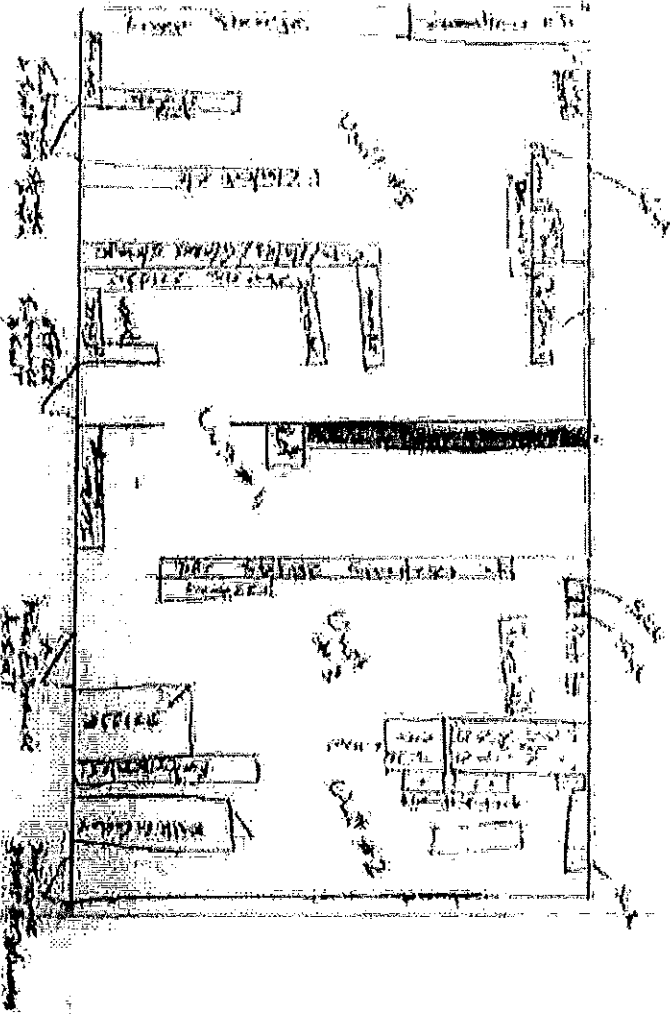
Application Number: 285073  
Application Type: New Application  
Created Date: 03/04/2024

## **QUESTIONS & ANSWERS**

### **INP Interim Permit**

- 1) Enter License Number currently at location  
07070014
- 2) Is the license currently in use?  
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?  
Yes  
A Document of type INTERIM NOTARY PAGE is required.

Hand made 2-1/2 S OUTFITS - 3100 of 30 R. H.  
1000 Receipt unit 2-15 with a approx 2000 of 30 R. H.  
9855 on Peoria Avenue, Peoria AZ 85345



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

24 MAR 1 PM 1 21 AZDLLC



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**

Job #: 285072

Date Accepted: 03/08/2024

CSR: [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

805-604

License Number: 07070014

**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 →  Agent  Controlling Person

2. Name: ARORA SHIV Birth Date: [REDACTED]  
Last First Middle (Not a public record)

3. Social Security #: None 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: ARORA ANJU 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? Dec 04, 2023

7. Daytime telephone number: 780-951-4445 Email address: savara911@gmail.com

8. Premises Name: CLASSIC CATERING Business Phone: 623/933/4903

9. Premises Address: 9855 W. PEORIA AVENUE, PEORIA AZ USA 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)
Jan/2024	CURRENT	OWNER / MEMBER	CLASSIC CATERING 5255 W. Peach Ave, Peoria AZ 85345 USA
Sept/2021	Dec/2023	OWNER	EDD JAPAN 101, 522-45 Street, Edison, AR T7E1C3 Canada
Jan/2021	Aug/2021	Insurance Sales	Allstate Insurance 1649 Van Street NW, Edwards, AR T6V0B1 Canada
Oct/2018	Current	Life Insurance Agent	Experian Financial Group 2205, Hoopland Ave W, Guelph ON N1K1E5 Canada

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]

(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) SHIV ARORA 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: 12/Jan/2024



# ALIEN STATUS

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

Type or Print with Black Ink

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

## SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) SHELV ABOBA

## 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** PM 1 21 AZDLLC

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.

ARIZONA DRIVER LICENSE  
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. §**

SHIV ARORA  10/Jan/2024  
Print Name Signature Date

24 MAR 1 PM 1 20 AZD/LC

Certificate # 706564

# 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

SHIV ARORA

Full Name (please print)

  
Signature

02-26-2024

Training Completion Date

02-25-2027

Certificate Expiration Date  
(three years from completion date)

## Training Provider Information

### Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, 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 Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

  
Instructor Signature

26 / 02 / 2024  
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	Liquor Store (series 9)	Private Club (series 14)	Hotel/Motel w/restaurant (series 11)
Restaurant (series 12)	In-state Farm Winery (series 13)		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 license 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.

July 11, 2013

**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**

SHIV ARORA

Full Name (please print)

[Redacted Signature]  
Signature

02-26-2024

Training Completion Date

02-25-2027

Certificate Expiration Date  
(three years from completion date)

**Training Provider Information**

**Professional Server Certification Corporation (PSCC)**

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

Robert Graham

Instructor Name (please print)

certify that the above named individual did successfully complete

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).

[Redacted Signature]  
Instructor Signature

26 / 02 / 2024  
Day Mo Year

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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)  
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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.



# 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 #:	285072
Date Accepted:	03-08-2024
CSP:	[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:	
01/08/2024	SHIV ARORA	
Name of Fingerprint Technician:		
PATRICK KALANI SMITH		
Fingerprint technician's Signature:		
[REDACTED]		
Fingerprint technician's Agency/company Name:		Phone Number:
ALOHA FINGERPRINTS		623-223-8577
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: \_\_\_\_\_

24 MAR 1 PM 1 21 AZDLLC



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #	285072
Date Accepted:	03-08-2024
CSR	[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

865-500

License Number: 07070014

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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: ARORA ANJU Birth Date: [REDACTED]  
Last First Middle (NOT A PUBLIC RECORD)

3. Social Security #: None 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: ARORA SHIV 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? July 03, 2023

7. Daytime telephone number: 780-952-2658 Email address: anarora28@gmail.com

8. Premises Name: CLASSIC CATERING Business Phone: 623/933/4903

9. Premises Address: 9855 W. PEORIA AVENUE, PEORIA AZ USA 85845  
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 <small>(Street Address, City, State &amp; Zip)</small>
Jan/2024	CURRENT	OWNER / MEMBER	CLASSIC CATERING 8875 W. Pearce Ave, Pearce AZ 85345 USA
Oct/2023	Dec/2023	UNEMPLOYED	WAS LOOKING FOR BUSINESSES IN ARIZONA
May/2013	Oct/2023	OWNER	COURTYARD LASER & DAY SPA #102, 2851 CULBERTSON DRIVE SW, Edmond, AZ 85301 CANADA

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]	[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 DLIC 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) ANJO AROBA 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: 10/Jan/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 #	285072
Date Accepted	03-08-2024
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	Name of Applicant:		
01/08/2024	ANJU ARORA		
Name of Fingerprint Technician:			
PATRICK KALANI SMITH			
Fingerprint technician's Signature:			
[REDACTED]			
Fingerprint technician's Agency/company Name:		Phone Number:	
ALOHA FINGERPRINTS		623-223-8577	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			

## BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

\*\*\*TEN DOLLARS AND NO CENTS\*\*\*lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged.

This BILL OF SALE (this "Agreement"), dated as of January 8, 2024 is by and among Classic Catering, Ltd., an Arizona Corporation (Seller), and Arora & Sons, LLC, an Arizona Limited Liability Company (Buyer).

### RECITALS

- A. Seller and Buyer are parties to an Asset Purchase Agreement executed December 14, 2023 (the "Purchase Agreement"), pursuant to which, among other things, Buyer has agreed to purchase certain assets of Seller upon the terms and conditions specified therein.
- B. This Agreement is being executed and delivered in order to affect the transfer to Buyer of such assets as set forth in the Purchase Agreement.

### AGREEMENTS

In consideration of the premises and the mutual covenants and agreements set forth in the Purchase Agreement, the parties hereby agree as follows:

- Definitions:** Capitalized terms used in this Agreement and not otherwise defined herein shall have the meaning ascribed thereto in the Purchase Agreement.
- Sale of Assets:** Seller, in accordance with and subject to the terms of the Purchase Agreement, hereby sells, conveys, assigns, transfers and delivers to Buyer, and Buyer, in accordance with and subject to the Purchase Agreement, hereby purchases and acquires from Seller, all of Seller's right, title and interest of every kind and nature, that certain business known as **Classic Catering, presently located at 9855 W. Peoria Avenue, Peoria, AZ 85345, including that state of Arizona Liquor License #07070014 and that certain equipment per the attached Exhibit "A", which exhibit is incorporated herein by reference.** FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said personal property and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.
- Counterparts:** This Agreement is executed pursuant to the Purchase Agreement and may be executed in two counterparts, each of which as so executed shall be deemed to be an original but both of which together shall constitute one and the same instrument. A facsimile signature shall be acceptable as an original for all purposes.
- Binding Effect:** This Agreement shall inure to the benefit of and be binding upon Buyer and Seller, and their respective successors and assigns, but shall not create any right of subrogation or other right on the part of any other person.
- Amendment, Waiver or Termination:** This Agreement cannot be amended, waived or terminated except by a writing signed by the parties hereto.
- Governing Law:** THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARIZONA.

IN WITNESS WHEREOF, Buyer and Seller have caused this Bill of Sale to be executed individually or in their respective corporate names by their respective proper officers thereunto duly authorized, as of the date first written above.

Dated: January 8, 2024

**SELLER:**

**BUYER:**

Classic Catering, Ltd., an Arizona Corporation

[Redacted Signature]

Joseph M. Pipola, President

Arora & Sons LLC, an Arizona Limited Liability Company

[Redacted Signature]

Anju Arora, Member

[Redacted Signature]

Shiv Arora, Member

State of Arizona )

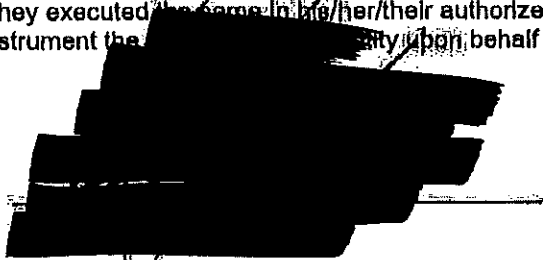
County of Maricopa )

On 8th day of January, 2024, before me, the undersigned Notary Public, personally appeared Joseph M. Pipola, President of Classic Catering, Ltd., an Arizona Corporation personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

My Commission Expires:

7/30/2024



State of Arizona )

County of Maricopa )



On 8th day of January, 2024, before me, the undersigned Notary Public, personally appeared Anju Arora, Member and Shiv Arora, Member of Arora & Sons, LLC, an Arizona Limited Liability Company personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

My Commission Expires:

7/30/2024



# EXHIBIT "A"

24 MAR 1 PM 1:21 AZD LLC

## Service ware Inventory 2023

### Glasses

Water 280  
Iced Tea 175  
Coffee Mugs 100  
Champagne Flutes 185  
Martini Glasses 70

### Dishes

6" & 7" Dessert & Salad 815  
Dinner Plates 365

### Silverware

Large Dinner Forks 350  
Small Salad Forks 490  
Teaspoons 190  
Butter Knives 480  
Big Knives 120  
Regular Steak Knives 295

### Linen Inventory

16 White 108" Rounds	6 - 10' Banquet Ivory	1 Black 10' Banquet
4 - 8' Banquet White	22 -108 Round Ivory	15 108" Round Black
13 - 90" Round white	20 120" Round Ivory	3 Black 120" Rounds
31 - 102 White Rounds		
7 108 " White Rounds		
7 120" White Rounds		

350 - 400 assorted color linens in various sizes used for overlays

### Napkin Inventory

Black: 53	Turquoise: 25	Navy Blue: 310	Teal: 0
Burgundy: 226	Yellow: 53	Red: 357	Copper: 42
White: 204	Ivory: 102	Hunter Green: 135	Bubblegum: 16
Purple: 116	Royal Blue Satin: 36	Raspberry: 420	
Lilac: 11	Aqua Blue: 59	Fuschia: 30	
Electric Blue: 48	Slate Blue: 41	Magenta: 7	
Royal Blue: 77	Cornflower Blue: 96	Light Pink: 25	



- |                         |                                             |                            |
|-------------------------|---------------------------------------------|----------------------------|
| 5- Silver punch bowls   | 6 Hot Boxes                                 | 2- Black 4' Cold Bars      |
| 10- Metal Pitchers      | 1- Brown Cambro Box                         | 2- Bookcases               |
| 96- Sugar Caddies       | 1- Shelf Heated Cabinet                     | 3- 100 cup coffee urns     |
| 9- Cutlery Caddies      | 1- 3-Door Reach-In Freezer(Stainless Steel) | 2- 50 cup coffee urns      |
| 20- Sets of S&P Shakers | 1- 3-Door Reach-In Freezer(Glass Doors)     | 3- Air pots                |
| 1- Desktop Computer     | 1- 3-Door Reach-In Refrigerator             | 8- Iwatanis                |
| 1- Epson Printer        | 4- 20 Shelf Speed Racks                     | 6- 30" Bistros             |
| 3- Desks                | 1- Cafe Refrigerator                        | 56- Coffee Carafes         |
| 2- Chairs               | 23- Metal Storage Cabinets                  | 50- Plastic Water Pitchers |
| 2- Electric Slicers     | 1- Shelf Electric Hot Box                   | 4- Flat carts              |
| 1- Paper Shredder       | 1- Fax Copier Machine                       | 4- Clocks                  |
| 4- 8 ft Tables          | 4- 6ft Tables                               |                            |

Chafer Inventory

Regular: 16

Oval: 4

Round: 4

Silver: 12

S&G: 12

Fancy: 8

3 - Catering Vans  
F-150

