

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

Created 04/09/2024 @ 02:02:49 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	012 RESTAURANT
Name:	LA CRAB SHACK		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	6750 W PEORIA AVENUE #128 PEORIA, AZ 85345 USA		
Mailing Address:	PO BOX 6252 CHANDLER, AZ 85246 USA		
Phone:	(623)356-9999		
Alt. Phone:	(480)664-0389		
Email:	JREPINSKI22@YAHOO.COM		

**AGENT**

Name:	JARBD MICHAEL REPINSKI
Gender:	Male
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85246 USA
Phone:	(480)664-0389
Alt. Phone:	
Email:	JREPINSKI22@YAHOO.COM

**OWNER**

Name:	LN INVESTMENTS LLC		
Contact Name:	JARED MICHAEL REPINSKI		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:		State of Incorporation:	
Incorporation Date:			
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85226 USA		
Phone:	(480)664-0389		
Alt. Phone:	(623)356-9999		
Email:	JREPINSKI22@YAHOO.COM		

Officers / Stockholders

Name:  
LONG N NGUYEN

Title:  
Member

% Interest:  
100.00

### LN INVESTMENTS LLC - Member

Name: LONG N NGUYEN  
Gender: Male  
Correspondence Address: PO BOX 6252  
CHANDLER, AZ 85246  
USA  
Phone: (602)688-9999  
Alt. Phone:  
Email: LONG@AZMEDICALIT.COM

<b>MANAGERS</b>
-----------------

Name: LONG TUAN NGUYEN  
Gender: Male  
Correspondence Address: PO BOX 6252  
CHANDLER, AZ 85226  
USA  
Phone: (281)891-5467  
Alt. Phone:  
Email: LONGNG12@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 291952  
Application Type: New Application  
Created Date: 04/05/2024

## QUESTIONS & ANSWERS

### 012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?  
Yes  
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 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?  
Yes  
What is the penalty?  
LENGTH OF THE LEASE
- 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.  
ZERO
- 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 PATIO
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No
- 9) What type of business will this license be used for?  
RESTAURANT

State of Arizona  
Department of Liquor Licenses and Control

IP

Created 04/09/2024 @ 02:03:34 PM

Local Governing Body Report

**LICENSE**

Number: INP070027893      Type: INP INTERIM PERMIT  
Name: LA CRAB SHACK  
State: Active  
Issue Date: 04/09/2024      Expiration Date: 07/23/2024  
Original Issue Date: 04/09/2024  
Location: 6750 W PEORIA AVENUE  
          #128  
          PEORIA, AZ 85345  
          USA  
Mailing Address: PO BOX 6252  
                  CHANDLER, AZ 85246  
                  USA  
Phone: (623)356-9999  
Alt. Phone: (480)664-0389  
Email: JREPINSKI22@YAHOO.COM

**AGENT**

Name: JARED MICHAEL REPINSKI  
Gender: Male  
Correspondence Address: PO BOX 6252  
                              CHANDLER, AZ 85246  
                              USA  
Phone: (480)664-0389  
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Email: JREPINSKI22@YAHOO.COM

**OWNER**

Name: LN INVESTMENTS LLC  
Contact Name: JARED MICHAEL REPINSKI  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number:      State of Incorporation:  
Incorporation Date:  
Correspondence Address: PO BOX 6252  
                              CHANDLER, AZ 85226  
                              USA  
Phone: (480)664-0389  
Alt. Phone: (623)356-9999  
Email: JREPINSKI22@YAHOO.COM

Name:  
LONG N NGUYEN

Title:  
Member

% Interest:  
100.00

### LN INVESTMENTS LLC - Member

Name: LONG N NGUYEN  
Gender: Male  
Correspondence Address: PO BOX 6252  
CHANDLER, AZ 85246  
USA  
Phone: (602)688-9999  
Alt. Phone:  
Email: LONG@AZMEDICALIT.COM

### MANAGERS

Name: LONG TUAN NGUYEN  
Gender: Male  
Correspondence Address: PO BOX 6252  
CHANDLER, AZ 85226  
USA  
Phone: (281)891-5467  
Alt. Phone:  
Email: LONGNG12@GMAIL.COM

### APPLICATION INFORMATION

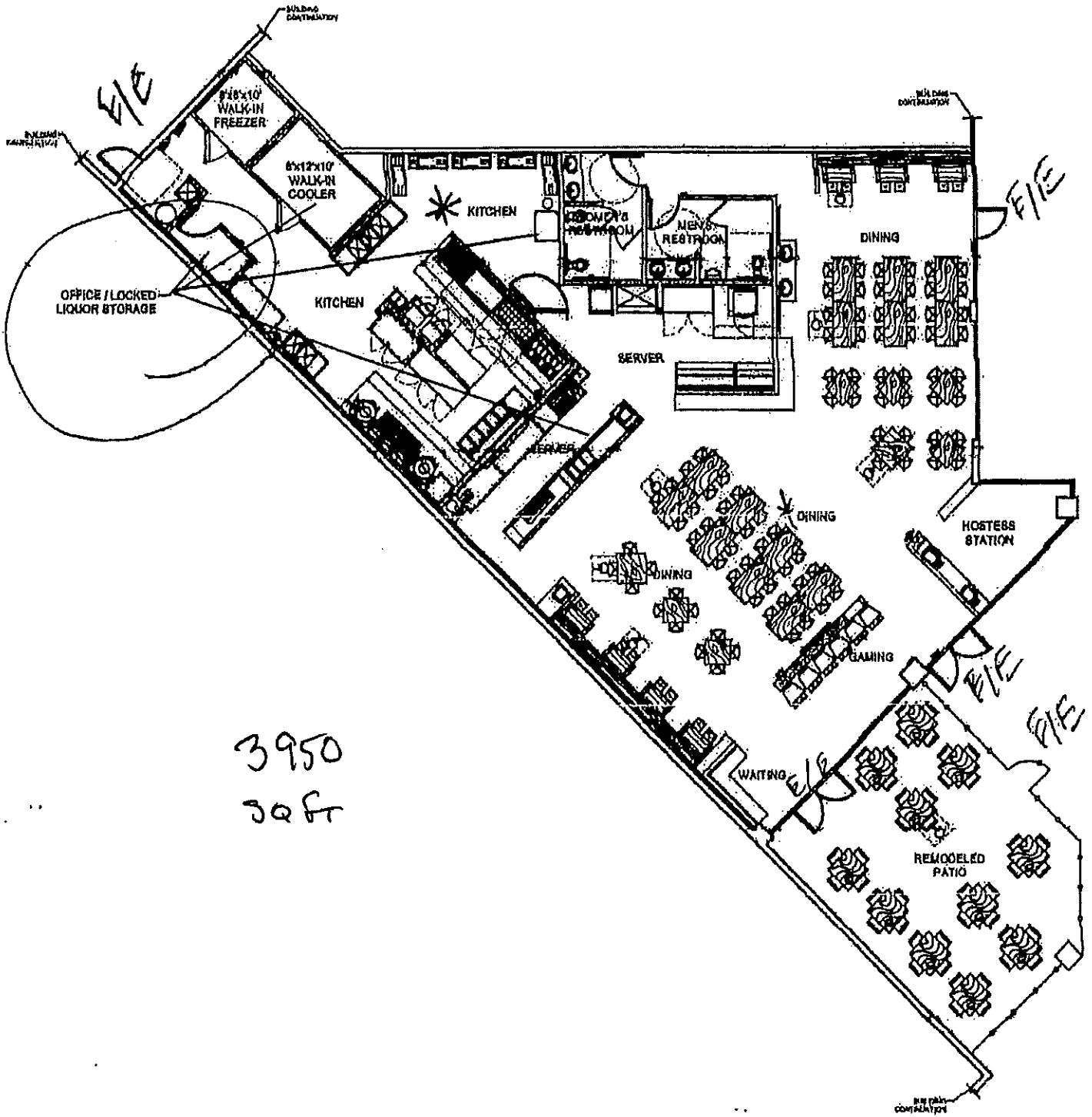
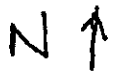
Application Number: 291955  
Application Type: New Application  
Created Date: 04/05/2024

### QUESTIONS & ANSWERS

#### INP Interim Permit

- 1) Enter License Number currently at location  
012070021012
- 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.

24 APR 5 AM 1136 AZD LLC



3950  
30 ft



**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): LA Crab Shack

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS.

Grill	American Range flat top grill, American Range charbroiler
Oven	American Range 4 burner stove-oven combo
Freezer	Bootz walk-in freezer, 2 True 2 door freezers
Refrigerator	True 2 door standup, Bootz walk-in, True 2 door fridge, Derfield single door, Turbo Air cold top
Sink	2 veggie sinks, 2 hand sinks, 3 compartment sink
Dish Washing Facilities	Ecolab automatic dishwasher
Food Preparation Counter (Dimensions)	1.5 x 5, 1.5 x 4, 2x5
Other	Market Forge 3 door pressure steamer, mixer, Cleveland large pot sauce maker, 6pan steam table, 6 fryers, Imperial Boiler

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.) 85 %

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:	[	120	]
(DO NOT INCLUDE PATIO SEATING)			
b) Bar area	[ +	0	]
TOTAL [ = 120 ]			

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.)

5 TV's


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:

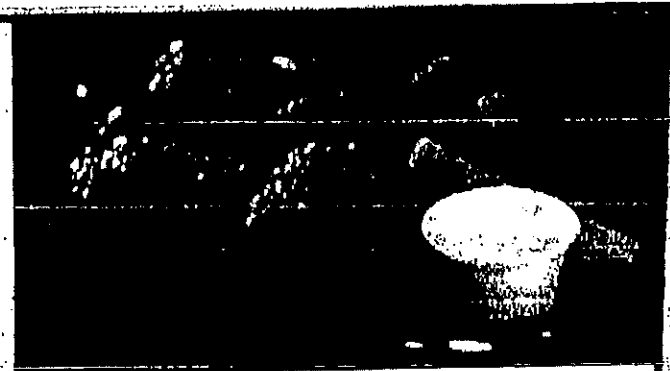
Position	How many
Cooks	6
Bartenders	0
Hostesses	2
Managers	1
Servers	7
Other ( )	
Other ( )	
Other ( )	

I, (Print Full Name) Jared Michael Repinski 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: 

# Appetizers

- Fried Cajun Sampler 19.99**  
Gator Nuggets, Shrimp, Catfish, Fried Okra, Hushpuppies with cocktail, tartar and remoulade sauce  
(No Substitutions Please)
- Chilled Shrimp Platter 14.99**  
1 lb. Boiled Shrimp w/ Cocktail Sauce and Lemons.
- Fried Gator Nuggets Appetizer 14.99**
- Fried Calamari w/warm Marinara 10.99**
- Fried Oysters with cocktail & tartar 11.99**
- Fried Frog Legs three pairs 11.99**
- Fried Mozzarella w/warm Marinara 7.99**
- Fried Clams with cocktail & tartar 8.99**
- Chicken Tenders 3 for 6.99**
- Corn Nuggets Sweet 4.99**
- Fried Okra 4.99**



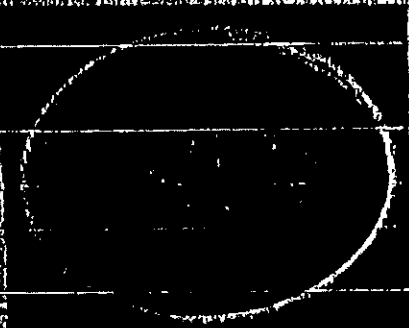
## Buffalo Wings 6 for 7.99

Choice of Buffalo, Honey Bar-B-Q,  
Lemon Pepper or Cajun  
Choice of Ranch or Blue Cheese Dip

APR 05 2024

AZ DHC

# Soups & Salad



- Clam Chowder
- Gumbo Chicken
- Shrimp & Sausage

- Cesar Salad 4.99
- Chicken Caesar 11.99
- Shrimp Caesar 13.99
- Green Salad 4.99
- Garlic Bread 1.99

# Fried Baskets

- Served with Cajun, Salted or Lemon Pepper Fries.
- Fried Catfish with Tartar Sauce 13.99**
  - Fried Shrimp (10) with Cocktail & Tartar Sauce 13.99**
  - Gator Nuggets w/ Cocktail and Tartar 15.99**
  - Chicken Fingers 4 fingers with Sauce 9.99**
  - Fish & Chips Bear Battered Cod w/ Tartar Sauce 13.99**
  - Soft Shell Crab w/ Cocktail and Tartar 15.99**

# Sandwiches

- Served with Cajun, Salted or Lemon Pepper Fries.
- Crispy Fish Sandwich 12.99**  
Catfish or Cod with cheese, tartar sauce, lettuce, crisp pickles and tomato.
  - Crispy Chicken Sandwich 11.99**  
With lettuce, tomato and crisp pickle slices.
  - Spicy Chicken Sandwich 11.99**  
With spicy sauce, lettuce, tomato and crisp pickle slices.
  - Grilled Chicken Sandwich 11.99**  
With lettuce, tomato and crisp pickle slices.
- Add Cheese to Any Sandwich for \$1.00**

# Choose your Catch

Steamed or Boiled in seasoned Stock

- Shrimp (Head On) Colossal lb. 15.99
- Shrimp (Headless EZ Peel) lb. 17.99
- Crawfish Frozen lb. 13.99
- Crawfish Live Seasonal (Market Price)
- Snow Crab Legs 2 Clusters 29.99
- King Crab Legs lb. 54.99
- 2 Dungeness Clusters 29.99
- Live Blue Crabs (When Available)
- Clams lb. 13.99
- Mussels Green Lipped lb. 13.99
- Mussels Black lb. 13.99
- Lobster Tails 2 7 to 8 oz tails 54.99

## Add to Your Bag

- Sausage 4 Pieces 3.99
- Com on the Cob each 1.25
- Potatoes each .99
- Boiled Eggs 2 for 2.50
- Extra Sauce Large 5.00
- Extra Sauce Small 2.50
- Extra Butter 1.00

## Choose your Seasoning

- House Blend Rajun Cajun
- Lemon Pepper Garlic Butter
- Garlic with Lemon Pepper
- Cajun Garlic Butter Call-Cajun

## Choose your Spice Heat

- 1 Mild 2 Medium 3 Hot 4 Inferno

# Build Your Own Combo:

**Choose 4 lbs. or more  
"Seafood Choices" and get  
2 Corn, 3 Potatoes, 2 eggs  
and 4 Sausage FREE**



**Char Grilled Oysters  
6 for 14.99  
12 for 24.99**

## EXTRA SIDES

- Com on Cob 1.25
- Red Potatoes .99
- Sausage 4 pieces 3.99
- Steamed Rice cup 2.50
- Boiled Eggs 2 for 2.50
- French Fries 3.99
- Sweet Potato Fries 4.50
- Onion Rings 4.50
- Hush Puppies 4.99
- Garlic Bread Loaf 4.99
- Tortillas 1.99
- Ramen Noodles 2.99

**STORE HOURS:  
12 to 9 pm**

## LA CRAB SHACK

6750 W. Peoria Ave.  
Ste. 127  
Peoria, AZ 85345  
Phone (623) 356-9999

On Line Order

[thelacrabshack.com/peoria](http://thelacrabshack.com/peoria)

**Warning: This facility offers raw oysters. Consuming raw shellfish may increase your risk of foodborne illness.**

## Raw Oysters

8/12/99 - 12/22/99

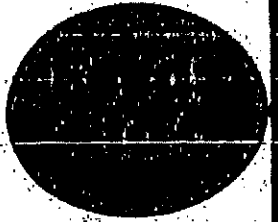
Specialty Oysters in House and in Shell

# Delicious Jumbo Seafood Platter

No Substitutions Please

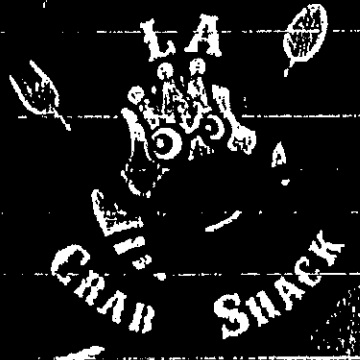
2 Lg Lobster Tails  
2 Snow Crab Clusters  
1 lb. Headless Shrimp  
1 lb. Crawfish

1 lb. Green Lip Mussels  
1 lb. Clams  
4 Corn, 8 Potatoes  
1/2 lb. Sausage, 4 Eggs



155.99

LA CRAB Shack  
10000 Wilshire Blvd  
Beverly Hills, CA 90210  
Tel: 310.277.1000

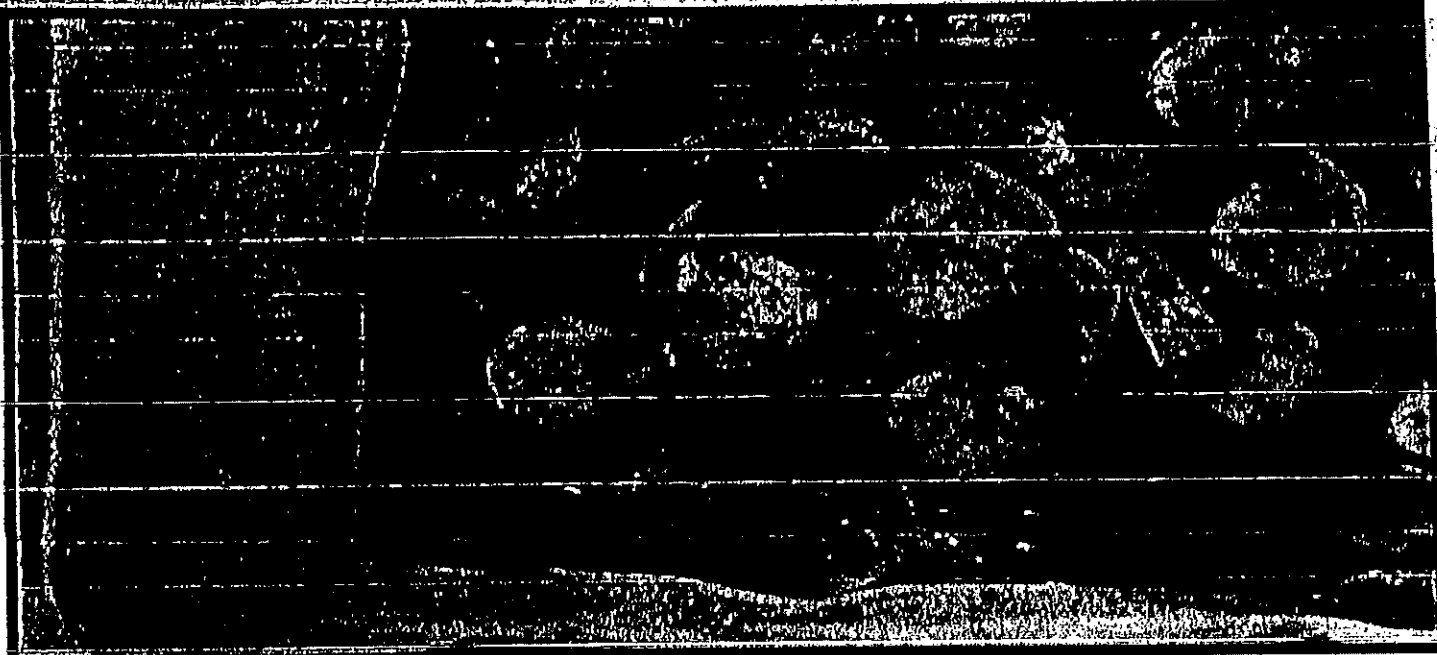


# Calun Falta Shrimp Tray

Sliced bell peppers, tomatoes, onions and red potatoes grilled with our special seasoning.

AZ DLEG  
05/20/25

W/Choice of Garlic Bread or Flour or Corn Tortillas



1 Person 15.99

2 People 29.99

4 People 49.99

Super Shrimp Tray

2 Lge Lobster Tails

2 Snow Crab Clusters

114.99

# Calun Falta Chicken Tray

1 Person 14.99

2 People 25.99

Serves 4 People

45.99

**Cajun Fettuccini Alfredo 8.99**

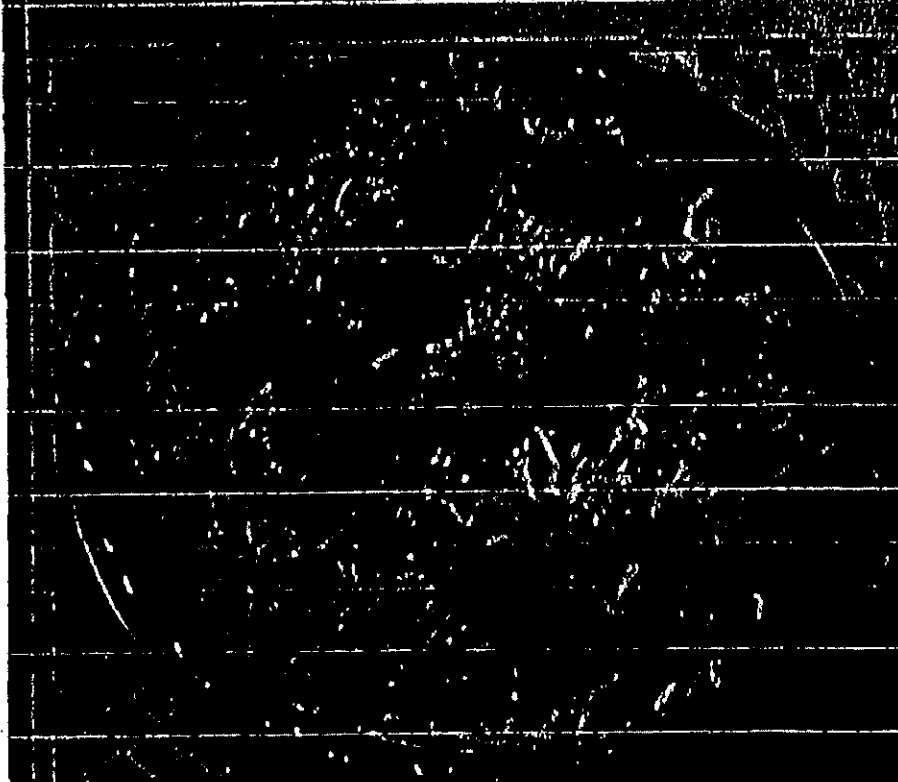


**With Shrimp**  
**14.99**

APPROXIMATELY 100 CALORIES

**With Chicken**  
**11.99**

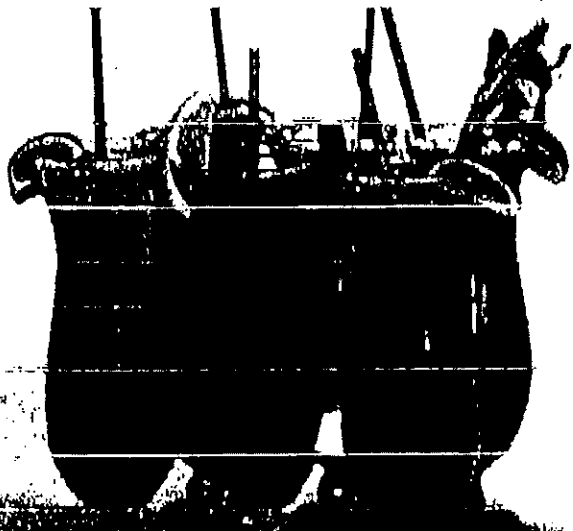
**Garlic Noodles 6.99**



**With Shrimp**  
**14.99**

**With Chicken**  
**11.99**

Ramen Noodles 2.99



# \$6.00 Cocktails

Margaritas Frozen, Swirl or Rocks  
**Strawberry Margarita**  
**Frozen Fruit Daiquiris**  
**Twisted Lemonade**  
**Frozen Pina Colada**  
**Hurricane**  
**Bloody Mary**

Large Flavor Selection

## Ice Cream 2.99



New York  
**Cheesecake**  
**\$4.99**

**Bottle Beer** 12 oz. Bottle **3.50**

Coors Lite, Bud Light, Michelob Ultra

**Imported & Craft Beer 4.50**

Corona, Modelo, Dos XX Lager,  
 Lagunitas IPA, Abita Purple Haze,  
 Stella Artois, Heineken,  
 Angry Orchard Cider, Pacifico,  
 Firestone 805 Blond Ale

**Michelada** Add to your beer



**Strawberry  
 Lemonade**  
 12 oz. Glass  
**3.50**



**Coca Cola,**  
 Diet Coke,  
 Sprite, Dr. Pepper,  
 Root Beer,  
 PowerAde,  
 Pink Lemonade,  
 Orange Fanta  
 China Mist Iced Tea  
**2.99**

## WINE

Ste. Michelle  
 Topbox Washington  
**Chardonnay,**  
**Pinot Grigio,**  
**Red Blend**  
**Glass 5.00**

## Kids Meals

1/2 Chicken  
 1/2 Beef  
 1/2 Pork  
 1/2 Turkey  
 1/2 Fish  
 1/2 Pasta  
 1/2 Veggie  
**5.99**



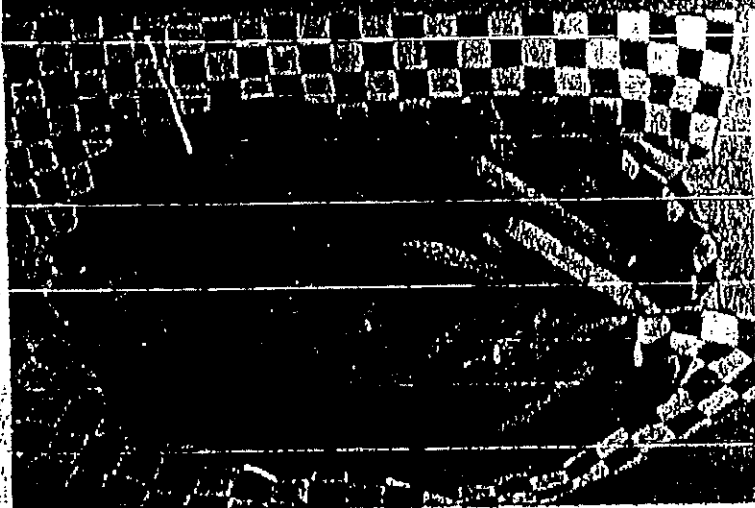
## Ice Cold Beer on Tap

**Giant 22 oz. Glass**  
**Pilsener Ribbon 3.00**  
**Coors Light - Bud Light 4.00**  
**Craft & Imported Beer 5.00**  
 Alaskan Amber, Blue Moon, Dos XX,  
 Pilsener, Scottish Blend, Fat Tire

# Lunch Specials

Monday thru Friday 12:00 to 5:00 PM

APR 05 2014  
AZDILEC



## Crispy Fish Sandwich 9.99

With Fries Cajun, Lemon Pepper or Plain & Salted.

Crispy Catfish or Cod served on Brioche Bun with Tarter sauce, Lettuce, Tomato and Cheese

**Soup and Salad combo 9.99**

Choice of Clam Chowder or Gumbo (Chicken, Shrimp & Sausage) and Caesar Salad.

**Spicy Chicken Sandwich with Fries 9.99**

**Fried Chicken Sandwich with Fries 9.99**

**Grilled Chicken Sandwich with Fries 9.99**

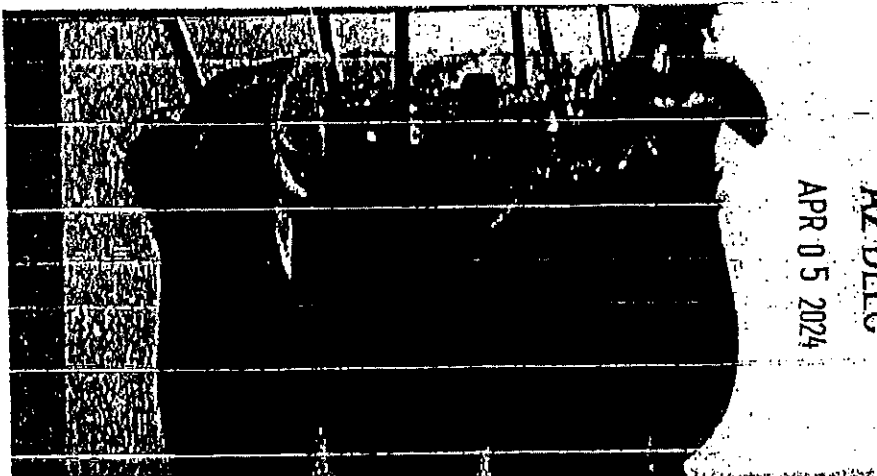
**Fish & Chips Beer Battered Cod with French Fries 10.99**

**Grilled Chicken Caesar Salad 9.99**

**Cajun Shrimp Caesar Salad 10.99**

**4 Fried Chicken Tenders with Fries 7.99**

**Fried Shrimp Basket with Fries 10.99**



APR 05 2024

AZDEEC

# Happy Hour

Monday-Friday  
12-6 pm

**Raw Oysters**  
6/10.50 12/21.00

**\$2.50** 22oz. Draft

**Bud Light**

**Coors Light**

**Pabst Blue Ribbon**

**\$3.50 Wine Glass**

## \$5.00 Cocktails

- Margaritas Frozen or Rocks
- Frozen Strawberry Margarita
- Frozen Margarita Swirl
- Twisted Lemonade
- Frozen Fruit Daiquiris
- Frozen Pina Colada
- Hurricane
- Bloody Mary

# Happy Hour Specials

- |   |             |
|---|-------------|
| <b>Fried Clams</b> with tarter and cocktail sauce         | <b>6.99</b> |
| <b>Fried Calamari</b> with warm marinara sauce            | <b>8.99</b> |
| <b>Fried Oysters</b> with lemon & cocktail & tarter sauce | <b>9.99</b> |
| <b>Fried Chicken Fingers</b> 3 extra large tenders        | <b>4.99</b> |
| <b>Fried Gator Nuggets</b> with cocktail & tarter sauce   | <b>9.99</b> |
| <b>Fried Frog Legs</b> Three Pairs (Six Legs)             | <b>8.99</b> |
| <b>Fried Mozzarella Strips</b> with warm Marinara         | <b>5.99</b> |
| <b>Hush Puppies</b> served with Remoulade Sauce           | <b>3.99</b> |



**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:

**LA Crab Shack**

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

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

**11. General Ledger**

**A. Sales Journals/Monthly Sales Schedules**

- 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
- 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
- 3) Dated Guest Checks
- 4) Coupons/Specials/Discounts
- 5) Any other evidence to support income from food and liquor sales

**B. Cash Receipts/Disbursement Journals**

- 1) Daily Bank Deposit Slips
- 2) Bank Statements and canceled checks

**12. Tax Records**

- A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
- B. Income Tax Return - city, state and federal (copies)
- C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. Payroll Records

- A. Copies of all reports required by the State and Federal Government
- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages

14. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCAION 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) Jared Michael Repinski, 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:



## AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #:	291952
Date Accepted:	04-01-2024
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

805-522

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: Repinski Jared Michael 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: Hurley Perry Antonia Joan 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 1998

7. Daytime telephone number: 480-664-0389 Email address: jrepinski22@yahoo.com

8. Premises Name: LA Crab Shack Business Phone: 623-356-9999

9. Premises Address: 6750 W Peoria Ave #128 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 <small>(Street Address, City, State &amp; Zip)</small>
8-2006	CURRENT	Member	AATF - P.O. Box 6252 Chandler AZ 85246

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) Jared Michael Repinski 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: 4-1-2024



# 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

**DLCC USE ONLY**

Job #:	291952
Date Accepted:	04-04-2024
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 applicants name on front of sealed envelope.

**PRINT** the following information:

Date	Name of Applicant:	
Apr 1, 2024	Jared Michael Repinski	
Name of Fingerprint Technician:		
Arizona Nursey Perry		
Fingerprint technician's signature:		
[REDACTED]		
Agency/company Name:		Phone Number:
AATF		480 604 0389
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 APR 5 AM 11:37 AZD.LLC



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**

Job #: 291952

Date Accepted: 04-09-2024

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

*fp current  
05/13/22  
805-1775*

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: Nguyen Long N 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] Hair: [REDACTED]

5. Name of current/most recent spouse: Tran Nhuthuy Natalie 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? 2-2007

7. Daytime telephone number: 602-688-9999 Email address: long@azmedicalit.com

8. Premises Name: LA Crab Shack Business Phone: 623/356/9999

9. Premises Address: 6750 W Peoria Ave #128 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 on disability, and your current 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)
5-2023	CURRENT	Restaurant	The Social Hall 715 S McClintock Dr Tempe AZ 85288
5/2022	Current	Restaurant	LA Crab Shack 1948 W Broadway Rd #101 Mesa AZ 85202
11/2018	9/2022	Restaurant	Texaz Grill 6003 N 16th St Phoenix AZ 85016
7/2018	Current	Restaurant	Clubhouse Grill 14175 W Indian School Rd #C-1 Goodyear AZ 85395
6/2018	2-2020	Restaurant	St Francis Restaurant 111 E Camelback Rd Phoenix AZ 85012

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	RESIDENCE ADDRESS
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[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 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) Long N Nguyen 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: 4/1/24

Certificate # ON-LINE

### 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. Licenses 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

Long Nguyen

Signature

08/08/2022

Training Completion Date

08/08/2025

(Instructor Expiration Date  
(three years from completion date))

#### Training Provider Information

#### US Liquor Laws

Company Name

P.O. Box 6985, Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

Jared Repinski

Instructor Name (please print)

certify that the above named individual did successfully complete

Title 4 BASIC Training in accordance with A.R.S. 54-112(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

08 / 08 / 2022  
Mo Date Year

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

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # ON-LINE

### 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 provider. 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 the prerequisite BASIC Title 4 training 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

Long Nguyen

08/09/2022

Training Completion Date

08/09/2025

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

US Liquor Laws

Company Name

P.O. Box 8965 Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

I, Jared Repnaki, certify that the above named individual did successfully complete  
Instructor Name (please print)

Title 4 MANAGEMENT training in accordance with A.R.S. 54-112(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).

[Signature]  
Instructor Signature

08 / 09 / 2022  
Mo Date 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 sales listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a sales listed below

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

LC:
Amount:



## PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY	
Job #:	291952
Date Accepted:	04-09-2024
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

805-522

**License Number:**

**ATTENTION APPLICANT:** This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

**Attention local governments:** Social security and birth date information is confidential. This information will be given to law enforcement agencies for background checks only.

**QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Name: Nguyen Long Tuan Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

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

4. Name of current/most recent spouse: Hang Mai Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 11-2018

6. Daytime telephone number: 281-891-5467 Email address: longng12@gmail.com

7. Premises Name: LA Crab Shack Business Phone: 602 356 9999

8. Premises Address: 6750 W Peoria Ave., #128 Peoria AZ Maricopa 85345  
Street (do not use PO Box) City State County Zip

9. 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)
09-22	CURRENT	Unemployed	Lived at 7042 N 28th Dr Phoenix AZ 85051
10/18	09/22	Manager	PNKT Cabin LLC 2801 N 33rd Ave Phoenix AZ 85009
08/17	09/18	Unemployed	Lived at 10907 Barker Grove Ln Cyprus TX 77433
06/13	08/17	Owner	Vietnamese Bistro 24120 NW Freeway Cyprus TX 77433

10. 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]
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes  No
- 12. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes  No
- 13. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes  No
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes  No
- 15. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes  No
- 16. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes  No

If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) Long Tuan Nguyen 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 provided are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 4-1-2024

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

Print Name: Jared Michael Repinski Signature: [REDACTED] Date: 4-1-2024

Certificate # ON-LINE

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

**Certificate of Completion  
For  
Title 4 BASIC 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.

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**

Long Nguyen

Full Name (please print)

Signature

12/15/2023

Training Completion Date

12/15/2026

Certificate Expiration Date  
(three years from completion date)

**Training Provider Information**

US Liquor Laws

Company Name

P.O. Box 6965, Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

I, Jared Replinski, certify that the above named individual did successfully complete  
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. 54-112(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

12 / 15 / 2023  
Mo    Date    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 change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # ON-LINE

24 APR 5 AM 11:38 AZD.LLC

# 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

Long Nguyen

Full Name (please print)

12/19/2023

Training Completion Date

12/19/2026

Certificate Expiration Date  
(three years from completion date)

### Training Provider Information

US Liquor Laws

Company Name

P.O. Box 6965 Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

I, Jared Repinski, certify that the above named individual did successfully complete  
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. 54-112(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).

[Signature]  
Instructor Signature

12 / 19 / 2023  
Mo Date Year

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

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013



# 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 #:	291952
Date Accepted:	04-09-2024
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 applicants name on front of sealed envelope.**

**PRINT** the following information:

Date	Name of Applicant: LONG TUAN NGUYEN		
Name of fingerprint Technician: JARED MICHAEL RUPINSKI			
Fingerprint technician's Signature: [REDACTED]			
Fingerprint technician's Agency/company Name: AATF		Phone Number: 480 664-0385	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			