



Name: NORTH RESTAURANTS LLC  
Contact Name: RYAN WITNER ANDERSON  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L16480776 State of Incorporation: AZ  
Incorporation Date: 12/29/2010  
Correspondence Address: 5415 E HIGH STREET  
#200 C/O GUTTILLA MURPHY ANDERSON  
PHOENIX, AZ 85054  
USA  
Phone: (480)304-8300  
Alt. Phone:  
Email: GMALQUOR@GAMLAW.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
TCF CALIFORNIA HOLDING COMPANY	Member	100.00

**CHEESECAKE FACTORY INCORPORATED -  
VP/SEC**

**CHEESECAKE FACTORY RESTAURANTS INC -  
Director, VP, Sec**

**CHEESECAKE FACTORY INCORPORATED -  
VP/SEC**

**CHEESECAKE FACTORY RESTAURANTS INC -  
Director, VP, Sec**

**TCF CALIFORNIA HOLDING COMPANY - Dir/SEC**

Name: SCARLETT ANN MAY  
Gender: Female  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (818)871-3084  
Alt. Phone:  
Email:

**NORTH RESTAURANTS LLC - Member**

Name: TCF CALIFORNIA HOLDING COMPANY  
Contact Name: SAMUEL WILLIAM FOX  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (480)905-6920  
Alt. Phone:  
Email: LKIM@FOXRC.NET

**CHEESECAKE FACTORY INCORPORATED -  
CEO/PRES  
CHEESECAKE FACTORY RESTAURANTS INC -  
CEO,Director,Pres  
CHEESECAKE FACTORY INCORPORATED -  
CEO/PRES  
CHEESECAKE FACTORY RESTAURANTS INC -  
CEO,Director,Pres  
TCF CALIFORNIA HOLDING COMPANY -  
Dir/CEO**

**Name:** DAVID MARSHALL OVERTON  
**Gender:** Male  
**Correspondence Address:** 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
**Phone:** (818)871-3000  
**Alt. Phone:**  
**Email:**

**CHEESECAKE FACTORY RESTAURANTS INC -  
Shareholder  
CHEESECAKE FACTORY RESTAURANTS INC -  
Shareholder**

**Name:** CHEESECAKE FACTORY INCORPORATED  
**Contact Name:** SAMUEL WILLIAM FOX  
**Type:** CORPORATION  
**AZ CC File Number:** F10142781 **State of Incorporation:** AZ  
**Incorporation Date:**  
**Correspondence Address:** 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
**Phone:** (480)905-6920  
**Alt. Phone:**  
**Email:** LKIM@FOXRC.NET

**TCF CALIFORNIA HOLDING COMPANY -  
Shareholder**

Name: CHEESECAKE FACTORY RESTAURANTS INC  
Contact Name: SAMUEL WILLIAM FOX  
Type: CORPORATION  
AZ CC File Number: F09379149 State of Incorporation: CA  
Incorporation Date: 01/31/2000  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (480)585-3120  
Alt. Phone:  
Email: LKIM@FOXRC.COM

**CHEESECAKE FACTORY INCORPORATED -  
CFO/VP  
CHEESECAKE FACTORY RESTAURANTS INC -  
CFO, Director  
CHEESECAKE FACTORY INCORPORATED -  
CFO/VP  
CHEESECAKE FACTORY RESTAURANTS INC -  
CFO, Director  
TCF CALIFORNIA HOLDING COMPANY -  
DIR/CFO**

Name: MATTHEW ELIOT CLARK  
Gender: Male  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (818)871-3000  
Alt. Phone:  
Email:

**MANAGERS**

Name: CHEESECAKE FACTORY RESTAURANTS INC  
Contact Name: SAMUEL WILLIAM FOX  
Type: CORPORATION  
AZ CC File Number: F09379149 State of Incorporation: CA  
Incorporation Date: 01/31/2000  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (480)585-3120  
Alt. Phone:  
Email: LKIM@FOXRC.COM


\*\*\*\*\*

Name: RYHAN SULLIVAN COWAN  
Gender: Male  
Correspondence Address: 4455 E CAMELBACK ROAD  
#B100  
PHOENIX, AZ 85018  
USA  
Phone: (808)497-2337  
Alt. Phone:  
Email: RCOWAN@NORTHITALIA.COM

\*\*\*\*\*

Name: ANTONIA MARIE WAGNER  
Gender: Female  
Correspondence Address: 5415 E HIGH STREET  
#200 C/O GUTTILLA MURPHY ANDERSON  
PHOENIX, AZ 85054  
USA  
Phone: (520)237-2503  
Alt. Phone:  
Email: GMALIQUOR@GAMLAW.COM

**APPLICATION INFORMATION**

Application Number: 294214  
Application Type: New Application  
Created Date: 04/12/2024 

**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?  
Yes  
What is the penalty?  
Unpaid rent, eviction, termination of lease
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes

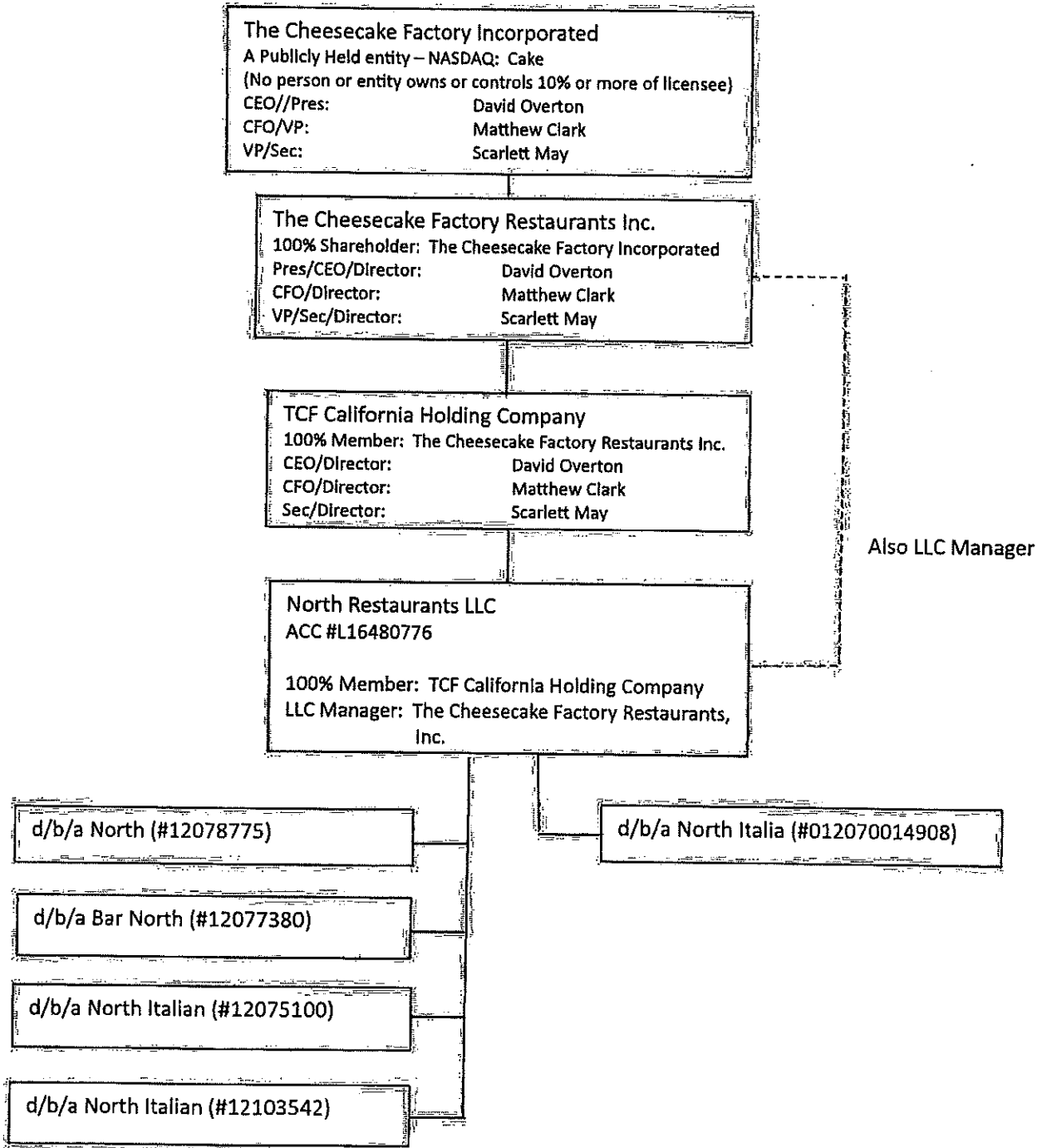
- 5) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$0 (none)
- 6) Are there walk-up or drive-through windows on the premises?  
No
- 7) Does the establishment have a patio?  
Yes  
Is the patio contiguous or non-contiguous (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?  
Approx August 1, 2024
- 9) What type of business will this license be used for?  
Restaurant

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ORGANIZATIONAL DOCUMENTS	Flow Chart.pdf	04/12/2024
DIAGRAM/FLOOR PLAN	Diagram.pdf	04/12/2024
RESTAURANT OPERATION PLAN	RR Op Plan with Menus.pdf	04/12/2024
MENU	Menus.pdf	04/12/2024
RECORDS REQUIRED FOR AUDIT	Records Required For Audit.pdf	04/12/2024
QUESTIONNAIRE	CP Clark PQ.pdf	04/12/2024
QUESTIONNAIRE	CP May PQ.pdf	04/12/2024
QUESTIONNAIRE	CP Overton PQ.pdf	04/12/2024
QUESTIONNAIRE	Mgr Wagner PQ with TAMS.pdf	04/12/2024
QUESTIONNAIRE	Ryan Anderson PQ.pdf	04/12/2024
MISCELLANEOUS	Ryan Anderson Alien Status Statement.pdf	04/12/2024

North Restaurants LLC

flow chart



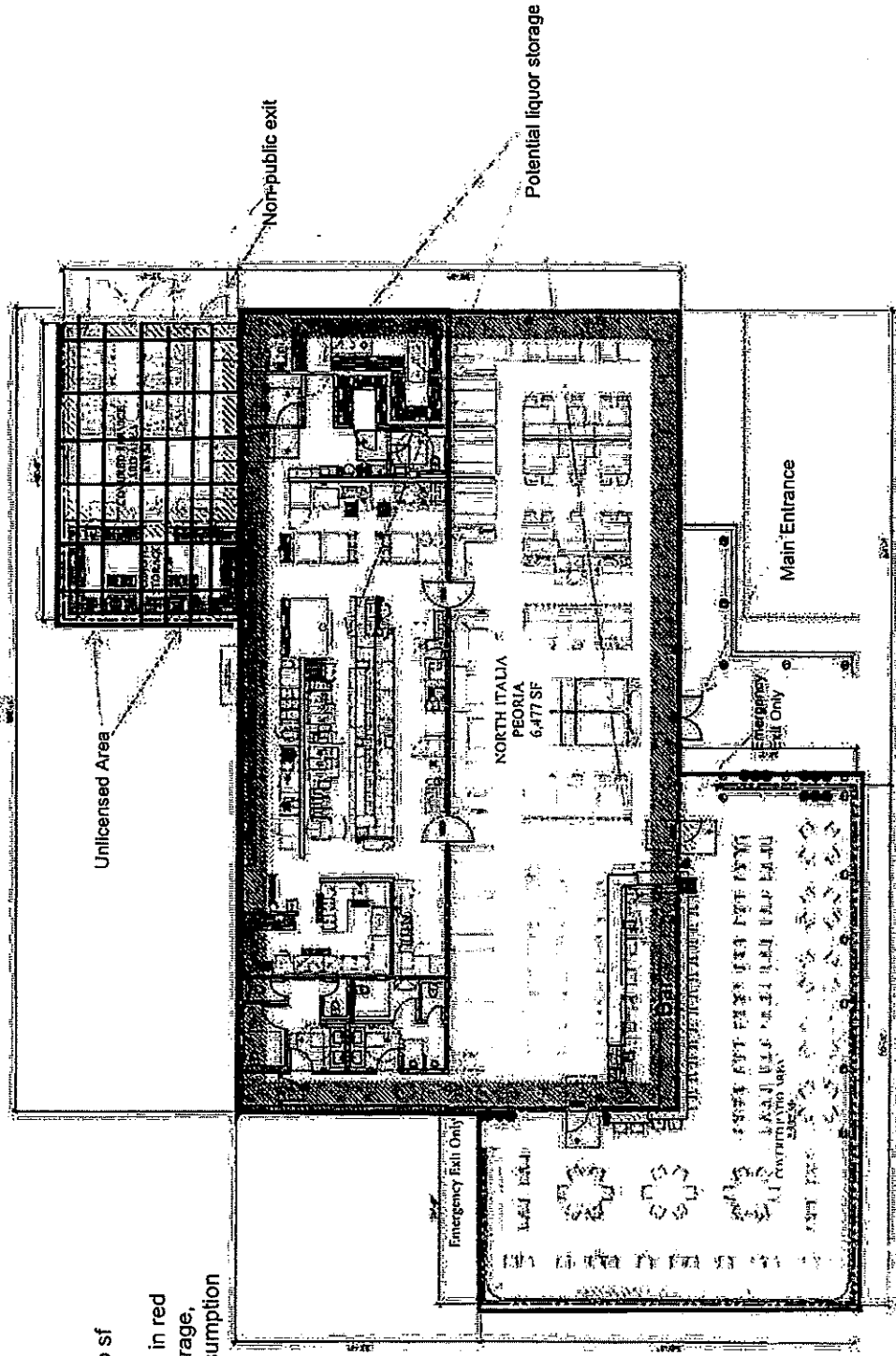


Cal. 2007

# NORTH ITALIA

North Italia  
6,477 Main Building sf  
2,392 Contiguous Patio sf  
8,869 Total sf  
Entire premise outlined in red  
licensed for alcohol storage,  
display, sales and consumption

Patio secured by 3 foot  
concrete wall



## NORTH ITALIA - PEORIA, AZ FLOOR PLAN EXHIBIT

DATE: 12-13-2023

SCALENTS



## 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): North Italia

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

**LIST ONLY THE FOLLOWING - NO ATTACHMENTS**

Grill	Jade JTRH-2FHT-36C/JTRH-1FHT 10.5 SQ FT & Jade JMRH-2FHT/JMRH-1FHT 10.5 SQ FT
Oven	Blodgett ZEPH-100-G DBL 16.3 CU FT
Freezer	2 - Traulsen G22010 45.9 CU FT & Turbo Air MUF-28-N 6.8 CU FT
Refrigerator	Turbo Air MUR-28_N 6.8 CU FT
Sink	Russco - Prep Sink 3.9 CU FT, Soiled Dish Sink 1.4 CU FT & 3 Comp Sink 4.7 CU FT EA
Dish Washing Facilities	Ecolab - EC-44 244 racks per hour
Food Preparation Counter (Dimensions)	Russco Custom 82.5 LIN FT Total
Other	

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

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

~~(Do not include kitchen, bar, hi-top tables, or game area.)~~ 82 %

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?)~~ 11 %

6. List the seating capacity for:

- a) Restaurant dining area of your premises: [ 164 ]
- (DO NOT INCLUDE PATIO SEATING)
- b) Bar area [ + 36 ]
- TOTAL [ = 200 ]

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.)

4 TV's at the Bar

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

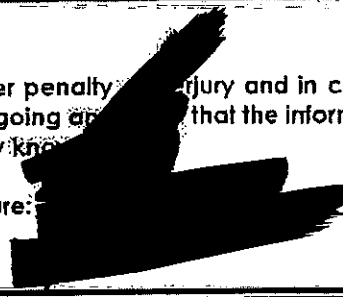
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. List number of employees for each position:

Position	How many
Cooks	50
Bartenders	14
Hostesses	14
Managers	10
Servers	42
Other Backservers	14
Other Dish	12
Other	

I, (Print Full Name) Ryan Witner Anderson, Agent 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 that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 



## Small Plates *(perfect to share)*

DAILY SOUP		10
GRILLED BREAD & GOOD OLIVE OIL	grana padano & herbs	890 cal 8
ZUCCA CHIPS <i>(yummy)</i>		830 cal 11
BURRATA DI STAGIONE	date conserva, roasted pistachio, crispy pancetta, arugula, grilled abatecchia	690 cal 16.5
CRISPY EGGPLANT PARMESAN	fresh mozzarella, spicy vodka sauce, toon basil	1010 cal 16
TUNA CRUDO*	castelvetrano olive, capor, orange, pine nut, mint, avocado, agrumato, espolotto popper	420 cal 19
WILD SHRIMP SCAMPI	blistered tomato, grana padano, garlic confit, herb butter, charred lemon, grilled bread	870 cal 18.5
PROSCIUTTO BRUSCHETTA	straciatella, grilled asparagus, truffle, grana padano	410 cal 16
CACIO E PEPE ARANCINI	crispy risotto, pecorino romano, crushed pepper blend, pesto aioli	870 cal 15.5
WHITE TRUFFLE GARLIC BREAD	house made ricotta, mozzarella, grana padano, herbs	1370 cal 16.5
CALAMARI FRITTI	house giardiniera, sugo, calabrian aioli, grilled lemon	920 cal 19
BEEF CARPACCIO*	pecorino stagionato, toasted pine nut, salsa verde, arugula, grilled bread	520 cal 18.5
ITALIAN MEATBALLS	creamy polenta, rustico marinara, grana padano	670 cal 17.5
BLACK MEDITERRANEAN MUSSELS	spicy salami, white wine, garlic butter, fresh herbs, grilled bread	700 cal 19

## Chef's Boards

<p><b>FARMERS MARKET 20</b> glazed choggia beets &amp; Fuji apple, roasted butternut squash, heirloom carrot, brussels sprout, grilled asparagus, broccolini, hazelnut, hearth bread, basil pesto 940 cal</p>	<p><b>CLASSICO 22</b> prosciutto di parma, speck, pecorino stagionato, ovescova, house giardiniera, castelvetrano olive, marcona almond, fig mustard, grilled bread 1020 cal</p>
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## Salads *add CHICKEN\* 8 (210 cal) or SALMON\* 13 (360 cal)*

<b>SIMPLE 10</b>	farm greens, heirloom cherry tomato, toasted pine nut, gorgonzola vinaigrette 320 cal
<b>LITTLE GEM CAESAR 15.5</b>	grated grana padano, herb breadcrumb, cracked pepper 740 cal
<b>ARUGULA &amp; AVOCADO 15.5</b>	shaved fennel, lemon, grana padano, avo 240 cal
<b>TUSCAN KALE 16.5</b>	crispy pancetta, charred grape, apple, pistachio, herb breadcrumb, parmesan vinaigrette 740 cal
<b>SEASONAL VEGETABLE 17</b>	butternut squash, brussels sprout, cauliflower, baby radicchio, pecorino, figs, pistachio, date, white balsamic vinaigrette 710 cal
<b>ITALIAN FARM 18</b>	salami, speck, prosciutto, pepperoncini, olive, heirloom cherry tomato, cucumber, pickled fennel, roasted pepper, herb breadcrumb, oregano vinaigrette 600 cal

## Pizza

<b>DAILY PIZZA MP</b>	chef's choice
<b>PROSCIUTTO 22</b>	mission fig, goat cheese, arugula 1320 cal
<b>FUNGI 22</b>	roasted mushroom, oilpollini, smoked mozzarella 1350 cal
<b>NAPLES WHITE 20</b>	house ricotta, pecorino romano, wild oregano, avo, red onion 1330 cal
<b>MARGHERITA 20</b>	make it <b>TRIDYE+3</b> mozzarella, fresh basil, olive oil, red sauce 1270 cal
<b>SPICY MEATBALL 22</b>	provolone picante, house ricotta, mozzarella, pecorino romano, red sauce 1380 cal
<b>THE PIG 22</b>	salami, pepperoni, spicy sopressata, Italian sausage 1480 cal
make it <b>BOMBA STYLE</b> for the crust +5 (adds 270 cal) substitute gluten-free crust +4 (removes 40 100 cal)	

## Fresh Pasta

<b>CRUSHED MEATBALL RAGU</b>	beef meatball, porchetta, blistered onion, wild oregano, burnt ink, pecorino	1070 cal 24
<b>SEASONAL ANOLINI</b>	chef's seasonal vegetarian filled pasta	1500 cal 22
<b>CHICKEN PESTO</b>	spicy basil, shaved garlic, toasted pine nut, crispy caper, fig 1480 cal	24
<b>BOLOGNESE <i>(house specialty)</i></b>	traditional meat sauce, tagliatelle, grana padano, wild oregano, avo	1040 cal 25
<b>STROZZAPRETI</b>	herb infused chicken, roasted mushroom, spinach, toasted pine nut, parmesan cream	2040 cal 24
<b>TRODINK TONNARELLI</b>	tiger shrimp, calamari, wild fennel pollen, mint, spicy tomato sauce	970 cal 25
<b>BRAISED SHORT RIB LUMACHE</b>	parmesan fonduta, fresh herb salad, wild arugula, herb breadcrumb	1700 cal 26
<b>SPICY RIGATONI VODKA</b>	Italian sausage, crispy pancetta, shaved garlic, toon basil, grana padano	1020 cal 25
<b>RICOTTA CAVATELLI</b>	jumbo lump crab, tiger shrimp, popcornino, mint, lemon olive oil	1370 cal 26
substitute gluten free pasta (removes 30-210 cal) or vegetable noodles (removes 200-450 cal) +3,5		

## Entrées

<b>ROASTED PORCHETTA</b>	slow roasted pork, broccolini, soft go glaze fingerling potato, shaved fennel, orange, herb jus	2150 cal 29
<b>ROASTED SALMON*</b>	crème fraîche romanesco, broccolini, figs, house pesto, lemon granulata, aioli	1220 cal 30
<b>GRILLED BRANZINO*</b>	roasted fennel, brussels, brussels sprout, romanesco, fingerling potato, oilpollini, caper lemon butter	730 cal 33
<b>TUSCAN HALF CHICKEN</b>	roasted butternut squash, broccolini, pigulillo pepper, oilpollini, white polenta, roasted chicken	1590 cal 28
<b>CHICKEN PARMESAN</b>	crushed tomato, aged provolone, mozzarella, parmesan rigatoni	1000 cal 26
<b>BRAISED SHORT RIB</b>	grilled asparagus, heirloom carrot, roasted fennel, mascarpone polenta, short ribs	1020 cal 34
<b>BISTECCA MARSALA*</b>	blistered steak meatballs, black truffle mushroom risotto, brussels sprout, grana padano	1350 cal 43

## Sides 10

SPICY BROCCOLINI <i>(10 cal)</i>	TUSCAN KALE & SPINACH <i>(10 cal)</i>	GRILLED ASPARAGUS <i>(30 cal)</i>	CRISPY BRUSSELS SPROUTS <i>(20 cal)</i>
GLAZED CHOGGIA BEETS <i>(20 cal)</i>	ROASTED BUTTERNUT SQUASH <i>(20 cal)</i>	POLENTA <i>(20 cal)</i>	ROASTED FINGERLING POTATO <i>(70 cal)</i>

\*2,000 calories a day is used here for general nutrition advice, but calorie needs vary. Additional nutrition information available upon request. These items may contain shellfish, dairy, eggs, soy, and/or gluten. Consuming raw or undercooked meats, poultry, seafood, fish, or eggs may increase your risk of foodborne illness. Always use proper food handling practices. While we offer gluten-free items our kitchen is not gluten free.

# NORTH ITALIA

21 APR 12 Lic. Lic. PM 4 53

## Cocktails

☉ zero proof available

- NEW ITALIAN SPRITZ** ☉15  
aperol, citrus smash, prosecco 150 cal
- JULIETTA** 16  
ginger & vanilla infused triple vodka, italian elderflower,  
lime, prosecco 230 cal
- WHITE LOTUS** 15,5  
vulcanica silebian vodka, elderflower,  
luxardo bianco, fresh lemon 240 cal
- NEGRONI ROSA** ☉15  
hendrick's gin, starling rose, italians,  
bluor bianco, grapefruit essence 180 cal
- ROMAN HOLIDAY** 15  
coconut infused rum, aperol, pineapple,  
fresh lemon, black walnut 240 cal
- POMEGRANATE MULE** ☉16  
bottega hand gin, pomegranate, lemon, fever tree ginger beer 210 cal

- TRANQUILLO** 15  
ohamomilo infused lemon vodka, campania liqueur,  
honey, lemon 190 cal
- LA DOLCE VITA** ☉17  
casamigos blanco, ramazzotti rosato,  
nonino aperitivo, passion fruit 190 cal
- SICILIAN MARGARITA** 16.5  
ol mayor reposado, grand mariner,  
montenegro, fresh citrus 240 cal
- DIABOLO** 15  
banhez mezcal, calabrian chili amaro, tuscan spice, lemon 210 cal
- GOLDEN FIG OLD FASHIONED** 17  
fig infused piggyback ryo, strega, brown sugar,  
angostura, brandied figs 260 cal
- VENI VIDI VICI** 16  
iwai japanese whisky, montenegro amaro, limoncello,  
orange, fresh lemon 200 cal

## Bubbles & Sangria

☉ glass ☉ bottle ☉ pitcher

- PROSECCO** ☉12.5 ☉50  
bottega "vino dei ponti" 180/750 cal
- SPARKLING ROSE** ☉13 ☉52  
oloto chiardi "brut de noir", omilla romogna 180/750 cal
- RED SANGRIA** ☉13 ☉45  
brandy, blood orange, real wine, raspberry 820/1270 cal

## Rosé Wine

glass wine bottle  
100 cal 240 cal 700 cal

- CHIARETTO** 13 17 52  
cò maiol "riviera del garda classico", vald'adige

## White Wine

- PINOT GRIGIO** 13 17 52  
barone finl, vald'adige
- GRECO DI TUFO** 12.5 16.5 50  
villa malilde, campania
- VERMENTINO** 11.5 15.5 46  
pala "soprasale", sardegna
- GRILLO** 14 18.5 56  
fondo montoni "d'arpa", sicily
- RIESLING** 12 16 48  
lousan brose "de l'è mosel"
- MOSCATO D'ASTI** 13 17 52  
vittori, piedmont
- SAUVIGNON BLANC** 13 17 52  
yvescur, avarene valley, nz
- SAUVIGNON BLANC** 16 21 64  
duckhorn, north island
- CHARDONNAY** 12.5 16.5 50  
edna valley, central coast
- CHARDONNAY** 14.5 19 58  
anthony "bramato", north island
- CHARDONNAY** 16.5 22 66  
la fille "les premieres", sonoma county

## Red Wine

glass wine bottle  
180 cal 240 cal 700 cal

- FRAPPATO** 13 17 52  
domafugata "bell'assai", sicily
- CHIANTI CLASSICO** 14.5 19 58  
borgo scopelo, tuscan
- MONTEPULCIANO D'ABRUZZO** 13 17 52  
tritano, abruzzo
- PINOT NOIR** 13.5 18 54  
bottega vinata, trentino
- PINOT NOIR** 16.5 22 66  
valrava, sonoma county
- BARBERA** 13 17 52  
marchesi di greay, asti
- NEBBIOLO LANGHE** 15 20 60  
marchesi di barolo "shirato", piedmont
- SUPER TUSCAN** 18 24 72  
ornellata "le volta", tuscan
- BAROLO** 18 24 72  
fontanafredda "silver label", piedmont
- MERLOT** 12.5 16.5 50  
columbia winery, columbia valley
- MALBEC** 12.5 16.5 50  
partillo, mendocino
- NEGROAMARO** 14 18.5 56  
il voli "pezzo morgano", salice salentino riserva
- CABERNET SAUVIGNON** 12.5 16.5 50  
di mojo norante, molise
- CABERNET SAUVIGNON** 14.5 19 58  
paul dolan vineyards, mendocino county
- CABERNET SAUVIGNON** 17.5 23 70  
iconoclast "by ohlman rock", napa valley
- PROPRIETARY RED BLEND** 18 24 72  
delibella cellars "j2", columbia valley

**Beer** \$6.5-9 100-270 cal per serving

## Local Draught

- FIRESTONE WALKER** "805 blonde ale"
- BOOTLEGGERS BREWERY** "far out ipa"
- THREE WEAVERS** "expedite west coast ipa"

## Local Bottles + Cans

- BIVOUAC** "albright pear elder"
- HARLAND BREWING** "lager" (10 oz)
- OGOPOGO BREWING** "booman white ale" (10 oz)
- MODERN TIMES** "ordury illc ipa" (10 oz)

PERONI LAGER italy (draught) • COORS LIGHT colorado • MODELO ESPECIAL mexico

# NORTH

APR 12 Lic. Lic. #1483

## ITALIA

MON-FRI  
3PM-6PM



HALF OFF BOTTLES OF WINE\*  
ALL DAY MONDAY IN THE BAR

### *Drink*

THE RED & WHITE WINE 7 glass 26 bottle  
180/760 cal

RED SANGRIA 7 glass 26 pitcher  
320/1270 cal

SICILIAN MARGARITA 12  
ol mayor reposado, grand marnier,  
montenegro, fresh citrus 240 cal

POMEGRANATE MULE 12  
bottega bacûr gin, pomegranate, lemon,  
fever tree ginger beer 210 cal

*All Beers* 5 100-270 cal

### *Eat*

ZUCCA CHIPS 7  
630 cal

BRUSCHETTA 12  
choice of: tomato or prosciutto 370/410 cal

ITALIAN MEATBALLS 13  
670 cal

CACIO E PEPE ARANCINI 12  
870 cal

FRITTATINE 12  
790 cal

PIZZA 15  
choice of: margherita or naples white 1270/1330 cal

CHEF'S BOARD 18  
meat, cheese & some other goodies 1020 cal

BOTTLE & BOARD 40  
choice of: margherita or naples white pizza or chef's board  
and a bottle of the featured red or white

*Join us for Brunch*  
SATURDAYS & SUNDAYS

\*2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutrition information available upon request.

\*EXCLUDES RESERVE WINE

# NORTH

APR 12 Lic. Lic. PH 4 53

## ITALIA

*All Beers* 5 100-270 cal

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HUSS BREWING  
"scottsdale blonde"

PAPAGO BREWING  
"orange blossom"

SAN TAN BREWING  
"devil's pale ale"

MOTHER ROAD  
"limited visibility hazy ipa"

SAN TAN BREWING  
"moon judge galactic ipa"

FOUR PEAKS  
"killifier" (16oz)

We ♥  
local  
Beers

# NORTH

## ITALIA

### BEVERAGES

Soda	\$4.50
Pellegrino	\$7.50
Pana	\$7.50
Iced Tea	\$4.50
Hot Tea	\$4.75
Coffee	\$4.75
Espresso	\$5.00
Latte	\$6.00
Cappuccino	\$6.00
Jump Start	\$6.00
Dirty Almond Chai	\$6.00

# NORTH ITALIA



<b>SALTED CARAMEL BUDINO 11</b> crème fraiche, maldon sea salt 600 cal	<b>SEASONAL BUTTER CAKE 12</b> sometimes sweet, maybe tart, for sure delicious! 900-1250 cal.	<b>DARK CHOCOLATE TORTA 12</b> amarena cherry, vanilla mascarpone, almond 1040 cal
<b>TIRAMISU* 11</b> espresso-soaked ladyfingers, mascarpone mousse 600 cal	<b>AFFOGATO 10</b> vanilla gelato, espresso 240 cal	<b>GELATO &amp; SORBETTO 6.5</b> changes daily

## Coffee

<b>DRIP COFFEE 4.75</b> 0 cal	<b>ESPRESSO 5</b> 5 cal	<b>LATTE 6</b> 45-90 cal
<b>CAPPUCCINO 6</b> 35-70 cal	<b>HOT TEA 4.75</b> 0 cal	<b>MACCHIATO 6</b> 10-20 cal
<b>JUMP START 6</b> 2 oz. espresso, chocolate, cream, shaken & served cold 120 cal	<b>DIRTY ALMOND CHAI 6</b> 2 oz. espresso, almond milk, chai tea, shaken & served cold 250 cal	<b>ESPRESSO MARTINI 15</b> nikka vodka, fresh brewed espresso, borghetti, frangelico, oat milk 360 cal

2,000 calories a day is used for general nutrition advice, but calorie needs vary. Additional nutrition information available upon request.

\*These items may be served raw or undercooked. Consuming raw or undercooked meats, poultry, seafood, fish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

# NORTH ITALIA

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## *Amaro* (2 oz. pour)

FERNET BRANCA

est. 1845 - milan

AMARO RAMAZZOTTI

est. 1815 - milan

AMARO MONTENEGRO

est. 1885 - bologna

AVERNA AMARO

est. 1868 - sicily

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## *Cordials / Cognac* (2 oz. pour)

CARAVELLA LIMONCELLO

(served neat & chilled)

HOUSE RASPBERRY

LIMONCELLO

(served neat & chilled)

CARAVELLA ORANGECELLO

(served neat & chilled)

DISARONNO ORIGINAL

(served neat or on the rocks)

GRAND MARNIER

(served neat)

GRAND MARNIER CUVÉE

DU CENTENAIRE 100 YR

(served neat)

HENNESSY VS

(served neat)

ROMANA SAMBUCA

(served neat & chilled or on the rocks)

CAFFÉ BORGHETTI

(served neat or on the rocks)

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## *Port Wine* (2 oz. pour)

WARRE'S WARRIOR RUBY PORT

TAYLOR FLADGATE 20 YR TAWNY

TAYLOR FLADGATE 30 YR TAWNY

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Ask your server about additional dessert wines, ports & pairings  
2,000 calories a day is used for general nutrition advice, but calorie needs vary.



**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:

**North Italia**

1. Name of restaurant (Please print): North Italia
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of *all* food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, *accurate* inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets
11. General Ledger
  - A. Sales Journals/Monthly Sales Schedules
    - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
    - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
    - 3) Dated Guest Checks
    - 4) Coupons/Specials/Discounts
    - 5) Any other evidence to support income from food and liquor sales
  - B. Cash Receipts/Disbursement Journals
    - 1) Daily Bank Deposit Slips
    - 2) Bank Statements and canceled checks
12. Tax Records
  - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
  - B. Income Tax Return - city, state and federal (copies)
  - C. Any supporting books, records, schedules or documents used in preparation of tax returns

**13. Payroll Records:**

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

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

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

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

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH  
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

**A.R.S. §4-210(A)7**

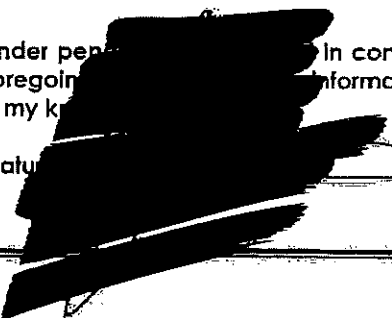
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

**A.R.S. §4-205.02(G)**

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (Print Full Name) Ryan Witner Anderson, Agent, hereby swear under penalty of perjury that I have read and understand the foregoing 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\***

24 APR 12 Lic. Lic. PM 4 54

LC:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY  
Job #: 294214  
Date Accepted: 4-12-2024  
CSNO: [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

*fp content  
11/10/23*

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: ANDERSON RYAN WITNER 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]

5. Name of current/most recent spouse: Anderson Dina Lambrou 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? 2001

7. Daytime telephone number: (480) 304-8300 Email address: gmaliquor@gamlaw.com

8. Premises Name: North Italia Business Phone: Pen ding

9. Premises Address: 8163 W Paradise Lane Peoria AZ Maricopa 85282  
Street (do not use PO Box)      City      State      County      Zip

24 MAY 8 Liq. Lic. # 314

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)
09/2001	CURRENT	Law Firm	Gutilla Murphy Anderson - 5415 E High St #200 - Phoenix, AZ 85054

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
13. Have you attended a DDC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates
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?
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
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?
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)
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)

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) Ryan Witner Anderson 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 herein are true and correct to the best of my knowledge.  
Signature: \_\_\_\_\_ Date: 4/22/24

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

'24 APR 12 Lique. Lic. AM 4:52



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY:**  
Job #: 294214  
Date Accepted: 4-12-2024  
C: [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**

805-536

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: Clark Matthew Eliot 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: Clark Jill Marie 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? \_\_\_\_\_

7. Daytime telephone number: (818) 871-3084 Email address: gmaliquor@gamlaw.com

8. Premises Name: North Italia Business Phone: Pending

9. Premises Address: 8163 W Paradise Lane Peoria AZ Maricopa 85382

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)
02/2006	CURRENT	Chief Financial Officer & Director	The Cheesecake Factory Restaurants, Inc.-26901 Malibu Hills Road, Calabasas Hills, CA 91301

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 D.U.C. 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

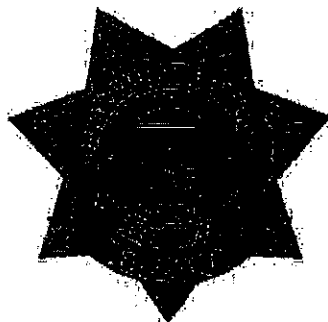
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes  No

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) Matthew Eliot Clark 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 I have provided are true and correct to the best of my knowledge.

Signature: [Redacted Signature] Date: 3/29/24

24 APR 15 PM 2 34 AZD LLC



# FINGERPRINT VERIFICATION FORM

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

<b>DLIC USE ONLY</b>	
Job #:	294214
Date Accepted:	4-12-2024
[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 3/18/24	Name of Applicant: Matthew Clark	
Name of Fingerprint Technician: <i>Chris Lessard</i>		
Fingerprint technician's Signature: [Redacted]		
Fingerprint technician's Agency/company Name: <i>Federal Fingerprinting</i>		Phone Number: <i>888 411 0203</i>
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 12 Lir. Lic. PM 4 52



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLIC USE ONLY**  
Job #: 294214  
Date Accepted: 4/12/2024  
[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

805-536

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: May Scarlett Ann 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: 5 [Redacted] Weight: [Redacted] Eyes: [Redacted] Hair: [Redacted]  
City State COUNTRY

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

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

7. Daytime telephone number: (818) 871-3084 Email address: gmaliquor@gamlaw.com

8. Premises Name: North Italia Business Phone: Pen ding

9. Premises Address: 8163 W Paradise Lane Peoria AZ Maricopa 85382  
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 not employed, 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)
05/2018	CURRENT	Vice President	The Cheesecake Factory Restaurants, Inc. 26901 Malibu Hills Road, Calabasas Hills, CA 91301

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)

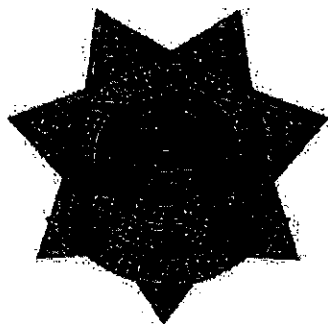
12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14      Yes  No
13. Have you attended a D.L.C. approved Basic and Management liquor law training Course within the past 3 years? MUST 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) Scarlett Ann May 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: 3/29/24

'24 APR 15 PM 2:34 AZDLLC



# 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 #	294214
Date Received	4-12-2024
CS	[Redacted]

**ATTENTION FINGERPRINT TECHNICIAN:**

Please follow the instructions below for fingerprinting this applicant.

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

**PRINT** the following information:

Date 3/18/24	Name of Applicant: Scarlett May
Name of Fingerprint Technician: <i>Chris Lessard</i>	
Fingerprint technician's Signature: [Redacted]	
Fingerprint technician's Agency/company Name: <i>Federal Fingerprinting</i>	Phone Number: 888 411-0203
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 12 Lic. Lic. PM 4 52



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY  
Job #: 294214  
Date Accepted: 4-12-2024

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

805-536

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: Overton David Marshall 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: Overton Sheila Ann 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? \_\_\_\_\_

7. Daytime telephone number: (818) 871-3084 Email address: gmaliquor@gamlaw.com

8. Premises Name: North Italia Business Phone: Pen ding

9. Premises Address: 8163 W Paradise Lane Peoria AZ Maricopa 85382  
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)
05/1978	CURRENT	Chief Executive Officer & Director	The Cheesecake Factory Restaurants, Inc. 26901 Malibu Hills Road, Calabasas Hills, CA 91301

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
06/1999	CURRENT	1250 Beverly Estate Drive - Beverly Hills, CA 90210			

(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 DILC approved Basic and Management Labor Law training Course within the past 5 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

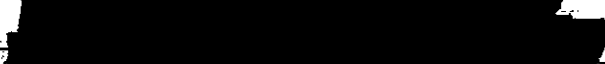
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes  No

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

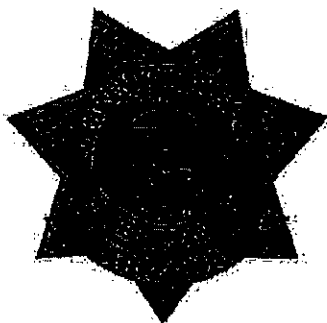
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes  No

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) David Marshall Overton 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: 3/29/24

24 APR 15 PM 2 35 AZDLLC



# 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 #	294214
Date Accepted	4-12-2024
[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 applicants name on front of sealed envelope.**

PRINT the following information:

Date 3/18/24	Name of Applicant: David Overton	
Name of Fingerprint Technician: <i>Chris Lessard</i>		
Fingerprint technician's Signature: [Redacted]		
Fingerprint technician's Agency/company Name: <i>Federal Fingerprinting</i>	Phone Number: <i>888 417 0203</i>	
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: \_\_\_\_\_



# PREMISES MANAGER QUESTIONNAIRE

**DLLC USE ONLY**  
Job # 294214  
Date Accepted 4-12-2024  
CS [Redacted]

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St., 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 512-5141

Type or Print with Black Ink

805-536

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: Wagner Antonia Marie Birth Date: \_\_\_\_\_ (NOT a public record)

2. Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State issued: \_\_\_\_\_

3. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

4. Name of current/most recent spouse: Wagner Ryan Terrance Birth Date: \_\_\_\_\_ (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 11/28/1985

6. Daytime telephone number: (520) 237-2503 Email address: gmaliqor@gamlaw.com

7. Premises Name: North Italia Business Phone: Pending

8. Premises Address: 8163 W Paradise Lane Peoria AZ Maricopa 85382

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 undervalued, correct. If not, 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 (Sheet Address, City, State & Zip)
02/2017	CURRENT	Operations Manager	North Italia - 15024 N Scottsdale Road, Scottsdale AZ 85254

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

- 11. Have you attended a DLEC 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

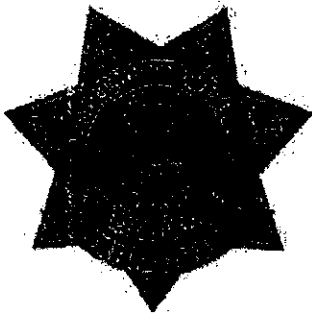
If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) Antonia Marie Wagner 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: *Antonia Wagner* Date: 04/08/2024

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

Print Name: Ryan Witner Anderson Signature: [Redacted] Date: 9/12/24



# 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 #:	204214
Date Accepted:	4-12-2024
[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.

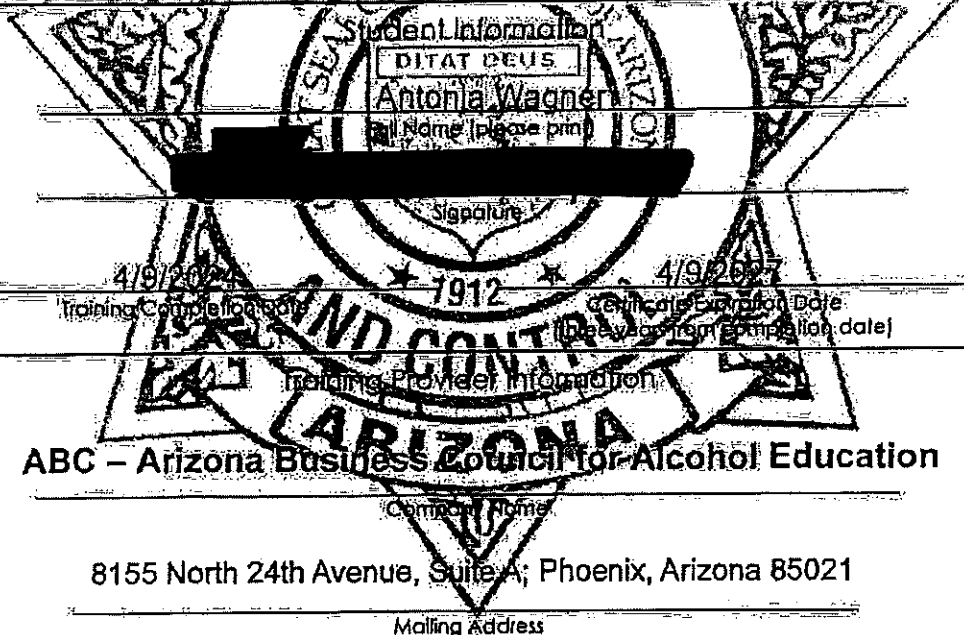
PRINT the following information:

Date 4/16/2024	Name of Applicant: Antonia Wagner
Name of Fingerprint Technician: Sylvia Arrington	
Fingerprint technician's Signature: [Redacted]	
Fingerprint technician's Agency/company Name: CWSOA/ Fingerprint Tech 522 N. Gilbert Rd. Ste. 104 Gilbert, AZ 85234	Phone Number: 480 892-4295
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport
<input type="checkbox"/> Other (Please specify)	

<input type="checkbox"/>	On-sale
<input checked="" 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 Licenses and Control. 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 on the back 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  
 DITAT DEUS  
 Antonia Wagner  
 Full Name (please print)

Signature

4/9/2024  
 Training Completion Date

4/9/2027  
 Certificate Expiration Date  
 (186 days from completion date)

Training Provider Information

**ABC - Arizona Business Council for Alcohol Education**

Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Jesus Altamirano, 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).

[Redacted Signature]  
 Instructor Signature

9 / 4 / 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 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 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

DATE BORN

Antonia Wagner

Full Name (Please print)

Signature

4/9/2024

1912

4/9/2027

Training Completion Date

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Jesus Altamirano, certify that the above named individual did successfully complete  
Instructor Name (Please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

9 / 4 / 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)  
Conveyance (series 8)  
Restaurant (series 12)

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

Bar (series 6)  
Night Club (series 14)

Beer & Wine Bar (series 7)  
Distillery/Whisky Distillery (series 11)  
Beer & Wine Store (series 10)

Liquor license application (final) and renewal are not complete until valid Certificate of Completion for all owners of person, have been submitted to the Department of Liquor

The questionnaire (which designates a manager to allocation) and the agent change form (which designates an active liquor licensee) are not complete until valid Certificate of Completion for all respective persons have been submitted to the Department of Liquor.