

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

Created 07/03/2024 @ 03:22:33 PM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	CARNICERIA MR MUUU 2		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	8914 N 91ST AVENUE #130 PEORIA, AZ 85345 USA		
Mailing Address:	8914 N 91ST AVENUE #130 PEORIA, AZ 85345 USA		
Phone:	(602)675-0142		
Alt. Phone:	(602)931-6401		
Email:	ALEX@MOCACC.COM		

AGENT

Name:	ALEXANDER MOCTEZUMA
Gender:	Male
Correspondence Address:	8914 N 91ST AVENUE #130 PEORIA, AZ 85345 USA
Phone:	(602)675-0142
Alt. Phone:	(602)931-6401
Email:	ALEX@MOCACC.COM

OWNER

Name: CARNICERIA MR MUUU 2 LLC
Contact Name: ALEXANDER MOCTEZUMA
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23596793 State of Incorporation: AZ
Incorporation Date: 10/19/2023
Correspondence Address: 8914 N 91ST AVENUE
#130
PEORIA, AZ 85345
USA
Phone: (602)931-6401
Alt. Phone:
Email: ALEX@MOCACC.COM

Officers / Stockholders

Name:	Title:	% Interest:
GUILLERMO VEGA GOMEZ	Member	50.00
OCTAVIO TORRES GARCES	Member	50.00

CARNICERIA MR MUUU 2 LLC - Member

Name: GUILLERMO VEGA GOMEZ
Gender: Male
Correspondence Address: 8914 N 91ST AVENUE
#130
PEORIA, AZ 85345
USA
Phone: (602)920-7657
Alt. Phone:
Email: ALEX@MOCACC.COM

CARNICERIA MR MUUU 2 LLC - Member

Name: OCTAVIO TORRES GARCES
Gender: Male
Correspondence Address: 8914 N 91ST AVENUE
#130
PEORIA, AZ 85345
USA
Phone: (602)434-4946
Alt. Phone:
Email: ALEX@MOCACC.COM

APPLICATION INFORMATION

Application Number: 297342
Application Type: New Application
Created Date: 05/29/2024

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
ALTA LOMA SCHOOL
9750 N 87TH AVE
PEORIA, AZ 85345
1.2 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
FULL PAY OUTSTANDING LEASE
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
6/20/2024

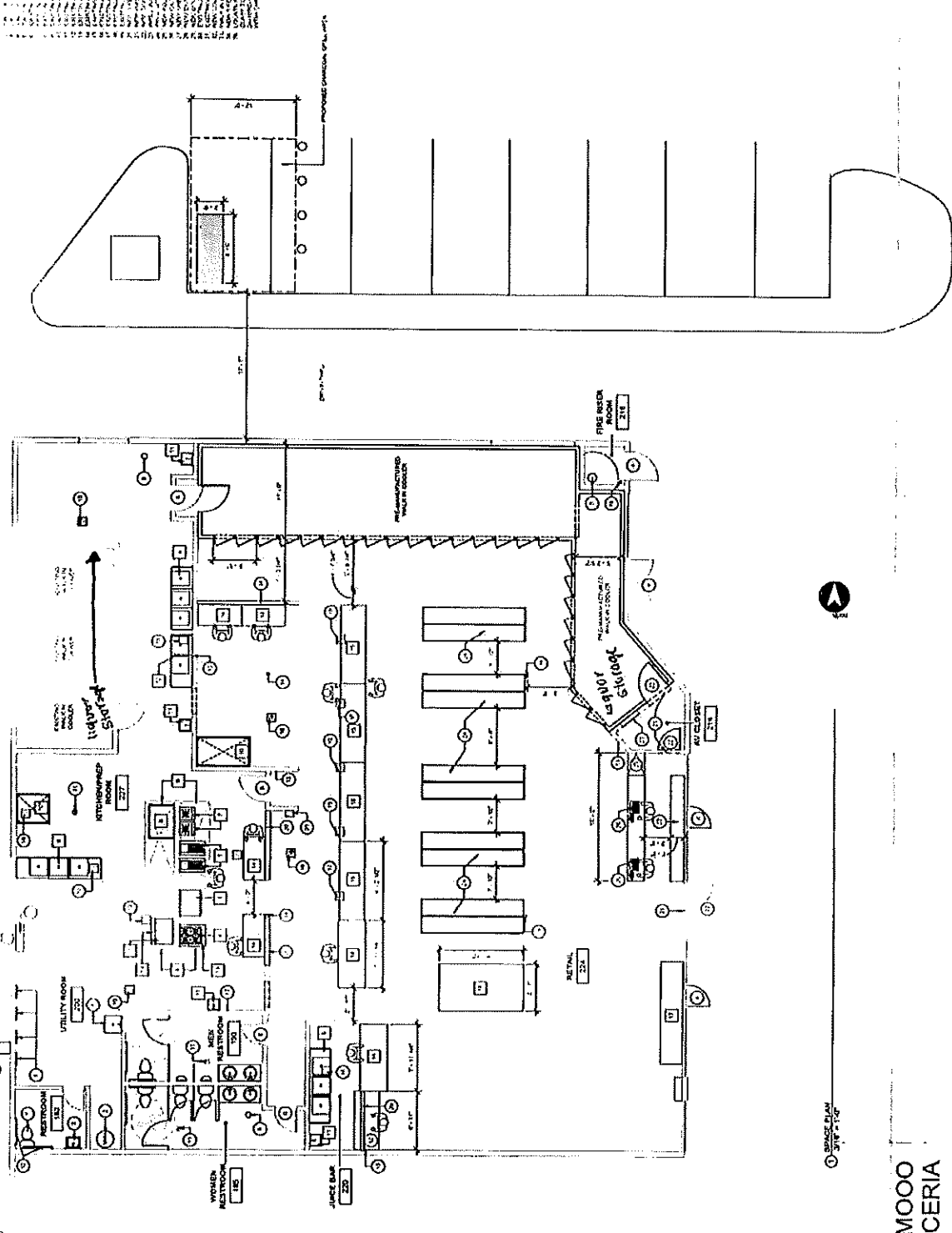
24 MAY 29 AM 9:33 AZD LLC



JSQUARED
COMMERCIAL REAL ESTATE

KEY NOTES

- 1. ALL DIMENSIONS ARE IN FEET AND INCHES UNLESS OTHERWISE NOTED.
- 2. ALL WALLS ARE 1/2" THICK UNLESS OTHERWISE NOTED.
- 3. ALL DOORS ARE 3'0" WIDE UNLESS OTHERWISE NOTED.
- 4. ALL WINDOWS ARE 4'0" WIDE UNLESS OTHERWISE NOTED.
- 5. ALL CEILING HEIGHTS ARE 10'0" UNLESS OTHERWISE NOTED.
- 6. ALL FLOORS ARE CONCRETE UNLESS OTHERWISE NOTED.
- 7. ALL ROOFS ARE FLAT UNLESS OTHERWISE NOTED.
- 8. ALL UTILITIES ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 9. ALL MECHANICAL SYSTEMS ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 10. ALL ELECTRICAL SYSTEMS ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 11. ALL SANITARY SYSTEMS ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 12. ALL FIRE PROTECTION SYSTEMS ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 13. ALL FINISHES ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 14. ALL MATERIALS ARE AS SHOWN UNLESS OTHERWISE NOTED.
- 15. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL RESIDENTIAL CODE BOOK.
- 16. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL MECHANICAL AND ELECTRICAL CODE BOOK.
- 17. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL FIRE AND SAFETY CODE BOOK.
- 18. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL BUILDING DEPARTMENT CODE BOOK.
- 19. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION CODE BOOK.
- 20. ALL WORK IS TO BE ACCORDING TO THE 2012 INTERNATIONAL ELECTRICAL CONTRACTORS ASSOCIATION CODE BOOK.



1. SINGLE PLAN
2/14/10

MR. MOOO
CARNICERIA

8914 N 91ST AVE #130,
PEORIA, AZ 85345

1/20/10

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY
Job #: 297342
Date Accepted: 5-24-2024
CS# [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

License Number:

sp contact a/18/23

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: MOCTEZUMA ALEXANDER 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: DELFINA AMRILLAS 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? FEBRUARY 1981

7. Daytime telephone number: 602-931-6401 Email address: ALEX@MOCACC.COM

8. Premises Name: CARNICERIA MR.MUUU 2 Business Phone: 602 / 675 / 0142

9. Premises Address: 8914 N 91ST AVE #130 PEORIA, ARIZONA 85345

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)
01/2010	CURRENT	MANAGER	A.D. FINANCIAL SERVICES LLC 3802 N 19TH AVE PHOENIX AZ 85015

11. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
		[REDACTED]			

(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) ALEXANDER MOCTEZUMA 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 are true to the best of my knowledge.

Signature: [REDACTED] Date: 5/28/24



ALIEN STATUS

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

Type or Print with **Black Ink**

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

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

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

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

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) ALEXANDER MOCTEZUMA

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No - If yes, indicate place of birth:
City CHICAGO State ILLINOIS COUNTRY USA

If you answered Yes, 1) Attach a legible copy of a document from the list below.
2) Name of document: ARIZONA DRIVER LICENSE

If you answered No, you must complete Sections III.

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after Jan. 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – QUALIFIED ALIEN DECLARATION
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Applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
2. An alien who is granted asylum under Section 208 of the INA.
3. A refugee admitted to the United States under Section 207 of the INA.
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA.
6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
7. An alien who is a Cuban/Haitian entrant.
8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

11. A nonimmigrant whose visa for entry is related to employment in the United States, or
12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect (Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.);
13. A foreign national not physically present in the United States.
14. **Otherwise Lawfully Present**
15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. §

ALEXANDER MOCTEZUMA

Print Name

5/28/24
Date

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297342
Date Accepted: 5-24-2024
CSR: [REDACTED]

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

Type or Print with Black Ink

License Number:

805-559

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1. Check the Appropriate Box → Agent Controlling Person

2. Name: VEGA GOMEZ GUILLERMO Vega 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: COVARRUBIAS MARIA LOURDES 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? MAY 1992

7. Daytime telephone number: 602-920-7657 Email address: ALEX@MOCACC.COM

8. Premises Name: CARNICERIA MR.MUUU 2 Business Phone: 602 / 675 / 0142

9. Premises Address: 8914 N 91ST AVE #130 PEORIA, ARIZONA 85345

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)
05/2001	CURRENT	RETAIL STORE MANAGER	BRISENOS LLC DBA CARNICERIA URUAPAN 5821 N 67TH AVE #112 GLENDALE, AZ 85301

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	Zip
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes No
- 13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. Yes No
- 14. Have you been 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) GUILLERMO VEGA GOMEZ 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: 5/08/04

24 MAY 29 AM 9:34 AZDLL



FINGERPRINT VERIFICATION FORM

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

DLIC USE ONLY

Job #:	297342
Date Accepted:	5-24-2024
[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	Name of Applicant:	
05/16/24	Guillermo Vega Gomez	
Name of Fingerprint Technician:		
Christine Torres		
Fingerprint technician's Signature:		
[Redacted]		
Fingerprint technician's Agency/company Name:		Phone Number:
Fingerprinting Service Az.		602.390.8830
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297342
Date Accepted: 5-24-2024
C: [Redacted]

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

Type or Print with Black Ink

805-559

License Number:

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1. Check the Appropriate Box → Agent Controlling Person

2. Name: TORRES GARCES OCTAVIO 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: GARNICA CORTEZ BRISSA 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? SEPTEMBER 2004
7. Daytime telephone number: 602-434-4946 Email address: ALEX@MOCACC.COM
8. Premises Name: CARNICERIA MR.MUUU 2 Business Phone: 602 / 675 / 0142
9. Premises Address: 8914 N 91ST AVE #130 PEORIA, ARIZONA 85345
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2010	CURRENT	STORE MANAGER	CARNICERIA MEXICO LLC 4450 S 19TH AVE PHOENIX ARIZONA 85041

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) OCTAVIO TORRES GARCES 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: 5/28/24



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #	297342
Date Accepted:	5-29-2024
CSP#	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date	Name of Applicant:	
5/16/24	Octavio Torres Garces	
Name of Fingerprint Technician:		
Rauchel Alcozer		
Fingerprint technician's Agency/company Name:		
[REDACTED]		
Fingerprint technician's Agency/company Name:		Phone Number:
Fingerprinting Services AZ		(602)-390-9830
Type of Photo ID Provided (check one):		
[REDACTED]		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)