

State of Arizona
Department of Liquor Licenses and Control

Created 06/14/2024 @ 09:45:41 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	BLANCO COCINA + CANTINA		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	8191 W PARADISE LANE PEORIA, AZ 85382 USA		
Mailing Address:	4455 E CAMELBACK ROAD #B100 PHOENIX, AZ 85018 USA		
Phone:	(480)905-6920		
Alt. Phone:			
Email:	LKIM@FOXRC.COM		

AGENT

Name:	SAMUEL WILLIAM FOX
Gender:	Male
Correspondence Address:	4455 E CAMELBACK ROAD #B100 PHOENIX, AZ 85018 USA
Phone:	(480)905-6920
Alt. Phone:	
Email:	LKIM@FOXRC.COM

OWNER



Name: BLANCO PEORIA LLC
Contact Name: SAMUEL WILLIAM FOX
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23608955 State of Incorporation: AZ
Incorporation Date: 11/21/2023
Correspondence Address: 4455 E CAMELBACK ROAD
#B100
PHOENIX, AZ 85018
USA
Phone: (480)905-6920
Alt. Phone:
Email: LKIM@FOXRC.COM

Officers / Stockholders

Name:	Title:	% Interest:
BLANCO HOLDING COMPANY LLC	Member	100.00
FRC MANAGEMENT LLC	Manager-LLC	0.00

**FOX RESTAURANT CONCEPTS LLC - Member-
Stockholder**

**FOX RESTAURANT CONCEPTS LLC - Member-
Stockholder**

**FOX RESTAURANT CONCEPTS LLC - Member-
Stockholder**

**FOX RESTAURANT CONCEPTS LLC - Member-
Stockholder**

Name: THE CHEESECAKE FACTORY RESTAURANTS INC
Contact Name: SAMUEL WILLIAM FOX
Type: CORPORATION
AZ CC File Number: ACC #F09379147 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

BLANCO PEORIA LLC - Member

Name: BLANCO HOLDING COMPANY LLC
Contact Name: SAMUEL WILLIAM FOX
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4455 E CAMELBACK ROAD
#B100
PHOENIX, AZ 85018
USA
Phone: (480)751-2161
Alt. Phone:
Email: LKIM@FOXRC.NET

**THE CHEESECAKE FACTORY INCORPORATED -
VP/SEC**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Secretary**

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VP/SEC**

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INC - Secretary**

**THE CHEESECAKE FACTORY INCORPORATED -
VP/SEC**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Secretary**

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

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Shareholder**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Shareholder**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Shareholder**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - Shareholder**

Name: THE 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

BLANCO PEORIA LLC - Manager-LLC

Name: FRC MANAGEMENT LLC
Contact Name: SAMUEL WILLIAM FOX
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: ACC #L08987499 State of Incorporation: AZ
Incorporation Date: 12/28/1999
Correspondence Address: 4455 E CAMELBACK ROAD
#B100
PHOENIX, AZ 85018
USA
Phone: (480)905-6920
Alt. Phone:
Email: LKIM@FOXRC.NET

**THE CHEESECAKE FACTORY INCORPORATED -
CFO/VP
THE CHEESECAKE FACTORY RESTAURANTS
INC - CFO
THE CHEESECAKE FACTORY INCORPORATED -
CFO/VP
THE CHEESECAKE FACTORY RESTAURANTS
INC - CFO
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INC - CFO
THE CHEESECAKE FACTORY INCORPORATED -
CFO/VP
THE CHEESECAKE FACTORY RESTAURANTS
INC - 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:

**FRC MANAGEMENT LLC - Stockholder,Member
BLANCO HOLDING COMPANY LLC -
MEMBER/STOCKHOLDER**

**FRC MANAGEMENT LLC - Stockholder,Member
FRC MANAGEMENT LLC - Stockholder,Member**

Name: FOX RESTAURANT CONCEPTS LLC
Contact Name: SAMUEL WILLIAM FOX
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: ACC #L08987477 State of Incorporation: AZ
Incorporation Date: 12/28/1999
Correspondence Address: 4455 E CAMELBACK ROAD
#B100
PHOENIX, AZ 85018
USA
Phone: (480)905-6920
Alt. Phone:
Email: LKIM@FOXRC.NET

**THE CHEESECAKE FACTORY INCORPORATED -
CEO/PRES**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - CEO,PRES**

**THE CHEESECAKE FACTORY INCORPORATED -
CEO/PRES**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - CEO,PRES**

**THE CHEESECAKE FACTORY INCORPORATED -
CEO/PRES**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - CEO,PRES**

**THE CHEESECAKE FACTORY INCORPORATED -
CEO/PRES**

**THE CHEESECAKE FACTORY RESTAURANTS
INC - CEO,PRES**

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

MANAGERS

Name: FRC MANAGEMENT LLC
Contact Name: SAMUEL WILLIAM FOX
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: ACC #L08987499 State of Incorporation: AZ
Incorporation Date: 12/28/1999
Correspondence Address: 4455 E CAMELBACK ROAD
#B100
PHOENIX, AZ 85018
USA
Phone: (480)905-6920
Alt. Phone:
Email: LKIM@FOXRC.NET

APPLICATION INFORMATION

Application Number: 295176
Application Type: New Application
Created Date: 04/26/2024

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?
Contractual damages
- 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.
None, self-funded
- 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?
 Yes
 If yes, what is your estimated completion date?
 08/01/2024
- 9) What type of business will this license be used for?
 Restaurant

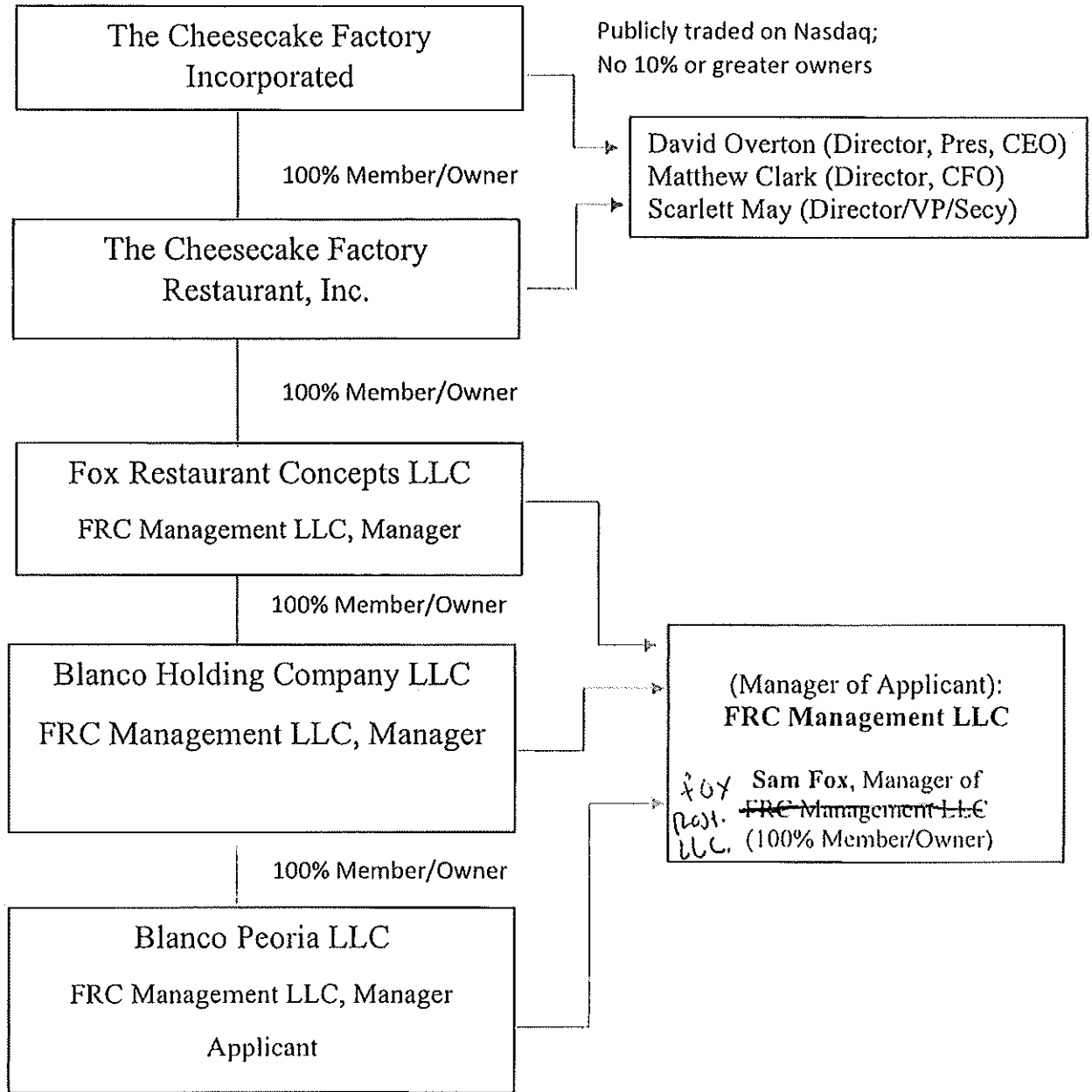
DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
RECORDS REQUIRED FOR AUDIT	Consent to Audit of Records (signed).pdf	05/28/2024
QUESTIONNAIRE	Blanco QUEST FINAL FOX.pdf	05/28/2024
ORGANIZATIONAL DOCUMENTS	Blanco PEORIA LLC Ownership Chart.pdf	05/28/2024
DIAGRAM/FLOOR PLAN	Blanco Peoria - Liquor License floor plans.pdf	05/28/2024
RESTAURANT OPERATION PLAN	Blanco PEORIA Restaurant Operations Plan (signed).pdf	05/28/2024
MENU	Blanco Menu general.pdf	05/28/2024
QUESTIONNAIRE	BLANCO Quest FINAL CHERYL.pdf	05/28/2024
QUESTIONNAIRE	BLANCO QUEST FINAL CLARK.pdf	05/28/2024
QUESTIONNAIRE	BLANCO QUEST FINAL MAY.pdf	05/28/2024
QUESTIONNAIRE	BLANCO Quest FINAL OVERTON.pdf	05/28/2024
	Blanco PEORIA LLC Ownership Chart.pdf	06/04/2024
	Blanco QUEST FINAL FOX.pdf	06/04/2024
	Blanco Peoria list of non-alcoholic beverages.pdf	06/04/2024
	Blanco PEORIA Restaurant Operations Plan (signed).pdf	06/04/2024
	BLANCO QUEST FINAL CLARK.pdf	06/04/2024
	BLANCO QUEST FINAL MAY.pdf	06/04/2024
	BLANCO Quest FINAL OVERTON.pdf	06/04/2024
	Consent to Audit of Records (signed).pdf	06/04/2024
	Blanco PEORIA LLC Ownership Chart revised.pdf	06/12/2024

Blanco Peoria LLC Ownership Chart

May 2, 2024

24 6 13 Liq. Dept FY1 08





RESTAURANT/HOTEL/MOTEL OPERATION PLAN

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

1. Name of restaurant (Please print): Blanco Cocina + Cantina

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	36" Jade Charbroiler No. JMRH-36B
Oven	Convection Oven - Southbend SLGS/22SC
Freezer	Freezer - Hoshizaki Model No F1A-FS
Refrigerator	Kolpak Model - 7'-1" x 28'-11"
Sink	Varies - Hand sink 9" x 14" Prep sink - 18" x 18"
Dish Washing Facilities	Custom stainless dish table, three comp sink dish machine provided by Ecolab
Food Preparation Counter (Dimensions)	Min 24 " deep Stainless food prep counters with stainless backsplash against wall
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.) 70 %

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: (122)

(DO NOT INCLUDE PATIO SEATING)

b) Bar area (+ 33)

TOTAL [= 155]

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 interior

1 TV exterior (patio)

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	20
Bartenders	10
Hostesses	12
Managers	8
Servers	60
Other ()	
Other ()	
Other ()	

I, (Print Full Name) SAMUEL FOX, 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: _____

STARTERS

- CHICKEN TORTILLA SOUP avocado, sour cream, pico de gallo, queso blanco 9
- WARM QUESO guacamole, sour cream, pico de gallo 12 *ADD: GROUND BEEF +2*
- GUACAMOLE roasted poblano & anaheim chiles, caramelized onion, cotija cheese 13
- CHICKEN TAQUITOS potato, caramelized onion, oaxaca cheese, chipotle-avocado salsa 13
- GRILLED MEXICAN STREET CORN mayo, cilantro, lime, cotija cheese 10
- SPICY MANGO CEVICHE* shrimp, avocado, pico de gallo 16
- SWEET CORN TAMALE roasted poblano, oaxaca cheese, green chile queso, cilantro, cotija cheese 10
- NACHOS CON QUESO BLANCO avocado, crema fresca, black bean, pico de gallo 13
ADD: SHORT RIB MACHACA +5 or CHICKEN +4

CHEESE CRISPS

- CHEESE 12
- SHORT RIB MACHACA, GUACAMOLE, CHARRED ONION 16
- BBQ PORK & ROASTED CORN 15
- CHICKEN TINGA 14
- ROASTED POBLANO CHILE & TOMATO 13



Ensaladas

- ADD: GRILLED CHICKEN +5 / GRILLED STEAK* +8 / GRILLED MAHI* +7*
- AVOCADO CAESAR 13
parmesan, bread crumb
- CRUNCHY TACO SALAD 14
ground beef, black beans, avocado, tomato, roasted corn, cheddar cheese, pasilla ranch dressing
- CHOPPED CHICKEN 16
apple, date, quinoa, kale, crispy sweet potato, pomegranate, goat cheese, chili walnut vinaigrette

THE TUCSON CHIMICHANGA

SHORT RIB MACHACA 19 CHICKEN TINGA 17
cheese, guacamole, sour cream, pico de gallo, rice & beans
MAKE IT ENCHILADA STYLE +2 / MAKE IT SAM STYLE (ADD A CRUNCHY TACO) +5
CHIMICHANGAS. "THE SOUL FOOD OF THE SOUTHWEST," AND PROOF
THAT YOU CAN ALWAYS MAKE A GOOD THING BETTER...AMEN

Tacos

TWO TACOS ON FLOUR OR HOUSEMADE CORN TORTILLAS
SERVED WITH RICE & CHOICE OF BLACK OR CHARRO BEANS

- GRILLED MAHI* avocado, cabbage, baja sauce, cotija cheese, pico de gallo 19
- CARNE ASADA* charred scallion relish, avocado, spicy garlic butter, cotija cheese 20
- CRISPY SHELL GROUND BEEF shredded lettuce, tomato, sour cream, yellow cheese 14
- GRILLED AVOCADO spicy yogurt, cabbage, pickled onion, crispy tortilla strips 15
- TRADITIONAL CARNITAS orange, chile, salsa verde, onion, jalapeño, cilantro, crema fresca 16
- GRILLED SHRIMP* pickled cabbage, avocado salsa, cilantro lime crema 18
- BRAISED SHORT RIB "MACHACA" caramelized peppers & onions, cotija cheese, sour cream 17
- CHICKEN PASTOR caramelized pineapple, salsa verde, green onion, jalapeño 17
- SLOW COOKED BBQ PORK roasted corn slaw, pickled onion, crema fresca 16

COMBO PLATTER 17 GROUND BEEF TACO, CHEESE ENCHILADA, BEAN TOSTADA

FAJITAS

SERVED WITH CARAMELIZED PEPPERS & ONIONS. ELOTE, GUACAMOLE,
PICO DE GALLO & QUESO BLANCO. CHOICE OF BLACK OR CHARRO BEANS

- TIGER SHRIMP* spicy garlic butter 23
- GRILLED CHICKEN achiote citrus sauce 21
- CARNE ASADA* tomatillo soy marinade 25

MARGARITAS

SINGLE / PITCHER SERVES 5

- THE MARGARITA 13 / 60
jose cuervo especial, house naranja liqueur
- OCEANFRONT PROPERTY 14.5 / 67.5
tradicional tequila plata, crème de coco, ancho chile verde, fresh lime
- SKINNY 14 / 65
blanco tequila, fiorente elderflower, rose petal, smashed orange, agave
- JALAPEÑO & PINEAPPLE 14 / 65
ancho reyes chili liqueur, habaero bitters
- THE SPICY SKINNY 14 / 65
cuervo especial silver, serrano chile, agave, lime
- MANGO STAND 14 / 65
blanco tequila, spiced mango, chamoy
- DODGE'S CADILLAC 17.5 / 82.5
casa noble blanco, grand marnier, & house naranja liqueur
- SMASHED STRAWBERRY & MANDARIN 14 / 65
blanco tequila, salted lime, pureed berry

THE SANGRIA

blackberry, strawberry, orange, brandy, red wine 12.5 / 36.5

AGUA FRESAS

- BLACKBERRY, WILD MINT, FRESH LIME, FIZZY WATER
- SMASHED STRAWBERRY & MANDARIN, SPARKLING LIME SOUR

Cocktails

- PALOMA ROSA 13 / 60**
maestro dobel diamante, sparkling grapefruit, fancy salt
- CAFÉ ESPRESSO MARTINI 14.5**
tradicional reposado tequila, borghetti italian espresso liqueur, mexican cinnamon, cold brew
- STRAWBERRY MANDARIN RANCH WATER 13.5**
silver tequila, smashed berry and mandarin orange, chili con sal, topo chico
- RAGING BURRO 13.5**
vodka, spicy tamarind, craft ginger soda, pressed lime
- COCONUT MOJITO 14.5**
jaja blanco tequila, white rum, pressed mint, toasted coconut, pineapple rum float
- MEZCAL OLD FASHIONED 12.5**
banhez mezcal, cinnamon spiced agave, clove bitters

DRINKING
*Together is better
DRINKING alone*



- * MEXICAN CANDY
- * SPICY TAMARINDO
- * CAFÉ CON TEQUILA

ACES & EIGHTS \$44
blanco tequila, house sour, strawberry, blackberry, cava brut



LAS CERVEZAS

- CORONA 5.75**
CORONA LIGHT 5.75
CERVEZA SOL 5.75
MODELO ESPECIAL 5.75
TECATE 5.75
PACIFICO 5.75 • BOHEMIA 6
NEGRA MODELO 5.75
DOS XX LAGER 6 ON TAP
DOS XX AMBER 6 ON TAP
ADD: CHELADA-STYLE
"MEXICAN GATORADE" 4
LIGHTER SIDE
COORS LIGHT 6 ON TAP
TOPO CHICO SELTZER 6
MICHELOB ULTRA 6
HIGH NOON AGAVE SELTZER 6.25
LOCAL & CRAFT 6.75
THE SHOP BREWING
"church music ipa" ON TAP
HUSS BREWING
"scottsdale blonde" ON TAP
FOUR PEAKS
"joy bus wheat" ON TAP
HUSS BREWING
"hazy ipa" ON TAP

FLIGHTS

THREE 1oz POURS OF VARIOUS STYLES AND EXPRESSIONS

BOUQUET 45 §	LEYENDAS 29 §	SINGLE ESTATE 25 §	ULTRA 55 §	MEZCAL 21
komos rosa, §	don julio blanco, cuervo §	tequila ocho blanco, §	clase azul plata, §	banhez joven, §
codigo 1530 rosa, §	reserva de la familia §	don fulano reposado, §	don julio 1942, §	montelobos espadín §
don julio rosado §	reposado, patron añejo §	casa noble añejo §	el tesoro extra añejo §	ilegal "reposado"

TEQUILA

SERVED NEAT OR ON THE ROCKS

BLANCO	REPOSADO	AÑEJO & ULTRA	MEZCAL
1800 10	1800 10	GRAN CENTENARIO 12	BANHEZ "JOVEN" 10
ANA MARIA "ROSADO" 10	MILAGRO 11	EL TESORO 13	DEL MAQUEY "VIDA" 10
MILAGRO 10	EL TESORO 12	MILAGRO 13	EL SILENCIO 11
EL TESORO 11	SIETE LEGUAS 12	DON JULIO 15	GRACIAS A DIOS ESPADÍN 12
SIETE LEGUAS 11	TRES AGAVES 12	PATRON 15	MONTELOBOS "ESPADÍN" 12
TRES AGAVES 11	CODIGO "1530" 13	CASAMIGOS 16	ILEGAL "REPOSADO" 14
CODIGO "1530" 12	DOBEL DIAMANTE 13	DON FULANO 16	CODIGO "1530" ARTESANAL 15
CODIGO "1530" ROSA 12	DON JULIO 13	CODIGO BARREL STRENGTH 23	VAGO "ELOTE" 15
DON FULANO 13	PATRON 13	MAESTRO DOBEL 50 EXTRA 25	CASAMIGOS 16
DON JULIO 12	CASA NOBLE 14	MILAGRO SINGLE BARREL 26	CARRERÓN ESPADÍN 18
PATRON 12	DON FULANO 14	KOMOS CRISTALINO 27	

Blanco Peoria LLC, dba Blanco Cocina + Cantina
8191 W Paradise Ln, Peoria, AZ 85382
Liquor License Application 295176
Non-Alcoholic Beverages List

1. Coca-Cola Products including Coke, Sprite, Diet Coke, Root Beer \$3.95
2. Iced Tea = \$3.50
3. Lemonade = \$3.50
4. Coffees & Hot teas = \$3.50
5. Espresso drinks = \$3.50 - \$6.00



**RECORDS REQUIRED
FOR AUDIT
RESTAURANT/HOTEL/MOTEL**

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

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:

Blanco Cocina + Cantina

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

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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) SAMUEL FOY, 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

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY	
Job #:	295176
Date Accepted:	
CSR:	

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:

FP
Pending
805-549

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 →

<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Controlling Person
---	---

2. Name: Fox Samuel William Birth Date: [REDACTED]
Last First Middle record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] 80 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: FOX EMILY THERESA 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? 1971

7. Daytime telephone number: (480) 905-6920 Email address: LKIM@FOXRC.COM

8. Premises Name: Blanco Cocina + Cantina Business Phone: PENDING

9. Premises Address: 8191 W PARADISE LN Peoria Arizona 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.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
02/1998	CURRENT	FOUNDER	FOX RESTAURANT CONCEPTS 4455 E CAMELBACK RD #100, PHOENIX, AZ 85018

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating 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 Liquor Law Training Course within the past 3 years? 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) SAMUEL WILLIAM FOX 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 ve statements that I have made herein are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: April 24, 2024

LC:
Amount:

24 6 12 Lic. Dept AM1043



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 295176
Date Accepted:
CSR:

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:

FP
Pending
805-536

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]
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: Clark Jill Marie 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: BLANCO COCINA + CANTINA Business Phone: PENDING

9. Premises Address: 8191 W PARADISE LN 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)
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
		[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) Matthew Eliot Clark hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210 that the information provided is true and correct 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: 3/29/24

LC:
Amount:

24 6 12 Liqr. Dept AH1043



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 295176
Date Accepted:
CSR:

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 Pending 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: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
City State COUNTRY

5. Name of current/most recent spouse: Sellers Troy Michael 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: BLANCO COCINA + CANTINA Business Phone: PENDING

9. Premises Address: 8191 W PARADISE LN 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)
05/2018	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 DDC 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

LC:
Amount:

24 6 12 Licr. Dept AN1043



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY

Job #: 295176

Date Accepted:

CSR:

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
Pending
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: BLANCO COCINA + CANTINA Business Phone: PENDING

9. Premises Address: 8191 W PARADISE LN 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

(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) 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 provided are true and correct to the best of my knowledge.

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