

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

Created 09/17/2024 @ 10:37:56 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	HAYMAKER NORTH PEORIA		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	24759 N LAKE PLEASANT PARKWAY STE 101 PEORIA, AZ 85383 USA		
Mailing Address:	8765 W KELTON LANE BLDG C3 STE 101 PEORIA, AZ 85382 USA		
Phone:	(623)889-1452		
Alt. Phone:			
Email:	JOE@WESIDECONCEPOTS.US		

AGENT

Name:	JOSEPH PAUL LUCIDI
Gender:	Male
Correspondence Address:	8765 W KELTON LANE BLDG C3 STE 101 PEORIA, AZ 85382 USA
Phone:	(623)889-1452
Alt. Phone:	
Email:	JOE@WESIDECONCEPOTS.US

OWNER



Name: LUCY DEES LLC
Contact Name: JOSEPH PAUL LUCIDI
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: L18314927 State of Incorporation: AZ
Incorporation Date: 03/12/2013
Correspondence Address: 8765 W KELTON LANE
BLDG C3 STE 101
PEORIA, AZ 85382
USA
Phone: (623)889-1452
Alt. Phone:
Email: JOE@WESIDECONCEPOTS.US

Officers / Stockholders

Name:	Title:	% Interest:
GIO FAMILY TRUST	Mgr-Member	90.00
LISA BETH LUCIDI	Member	10.00

LUCY DEES LLC - Mgr-Member

Name: GIO FAMILY TRUST
Contact Name: JOSEPH PAUL LUCIDI
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 8765 W KELTON LANE
BLDG C3 STE 101
PEORIA, AZ 85382
USA
Phone: (623)889-1452
Alt. Phone:
Email: JOE@WESIDECONCEPOTS.US

LUCY DEES LLC - Member

Name: LISA BETH LUCIDI
Gender: Female
Correspondence Address: 8765 W KELTON LANE
BLDG C3 STE 101
PEORIA, AZ 85382
USA
Phone: (858)208-8239
Alt. Phone:
Email: LISALUCIDI@HOTMAIL.COM

GIO FAMILY TRUST - TRUSTEE

Name: JOSEPH PAUL LUCIDI
Gender: Male
Correspondence Address: 8765 W KELTON LANE
BLDG C3 STE 101
PEORIA, AZ 85382
USA
Phone: (623)889-1452
Alt. Phone:
Email: JOE@WESIDECONCEPOTS.US

APPLICATION INFORMATION

Application Number: 305593
Application Type: New Application
Created Date: 08/12/2024

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?
No
- 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
- 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)?
yes - 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?
Oct 1, 2024
- 9) What type of business will this license be used for?
Restaurant

DOCUMENTS

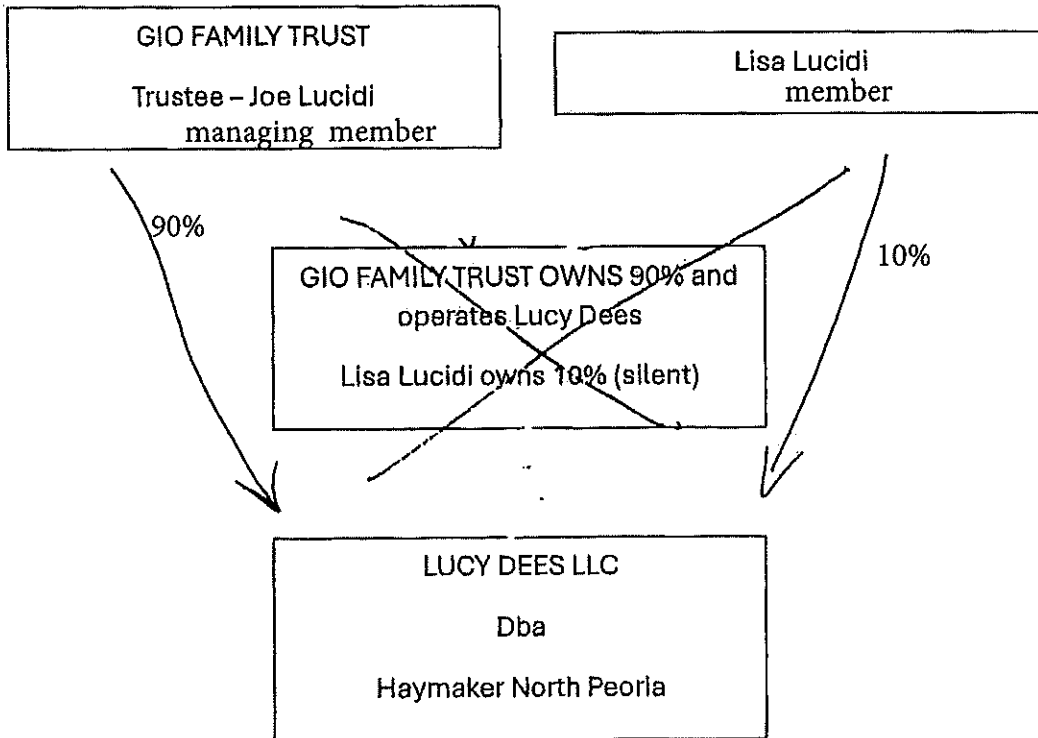
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Floor Plan.pdf	08/12/2024
MENU	HM Q3 2024 MENU (3).pdf	08/12/2024
MENU	Q3 2024 HM LBW Menu (2).pdf	08/12/2024
QUESTIONNAIRE	Lucy Dees Questionnaire - SIGNED.pdf	08/12/2024
RECORDS REQUIRED FOR AUDIT	LUCY DEES Records Required for Audit.pdf	08/12/2024
RESTAURANT OPERATION PLAN	LUCY DEES Operations Plan.pdf	08/12/2024

LUCY Dees Articles of AMendment 2024.pdf	08/19/2024
HM NP Diagram.pdf	08/19/2024
Lucy Dees Questionairre - SIGNED.pdf	08/19/2024
LUCY DEES Operations Plan.pdf	08/19/2024
LUCY DEES Ownership Letter and Flowchart.pdf	09/01/2024

To Whom It may concern,

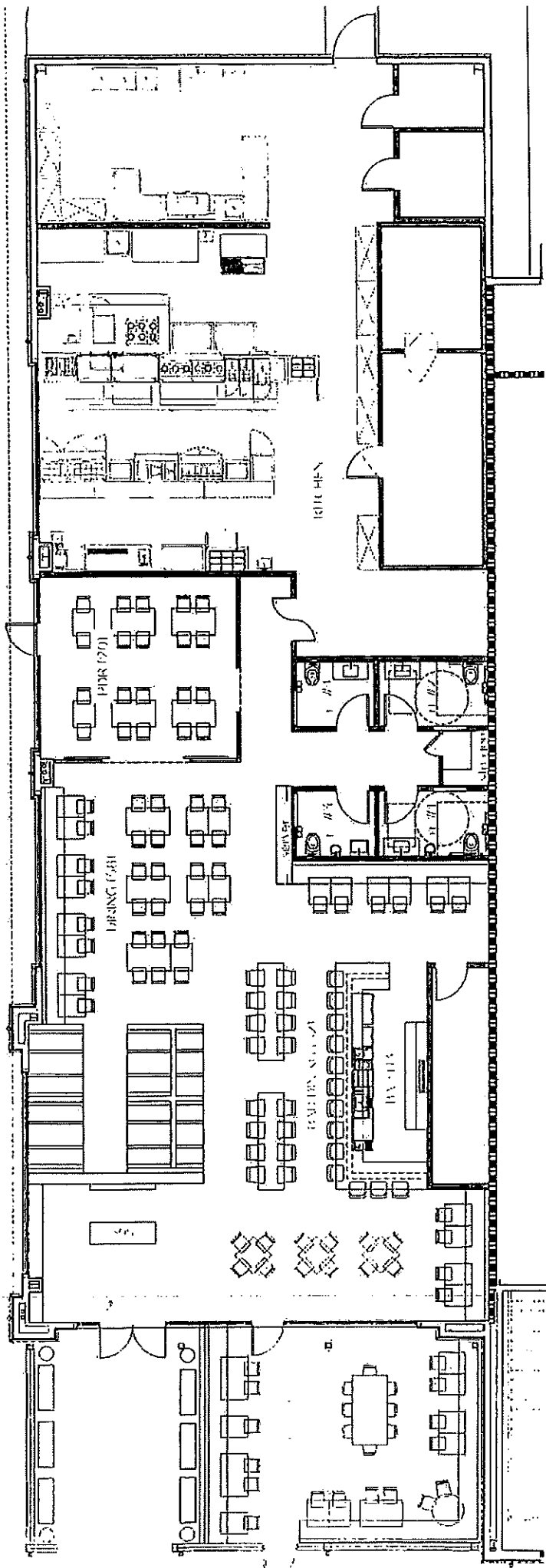
In reference to LUCY DEES and its liquor license. Joseph Lucidi is and has always been the trustee for GIO FAMILY TRUST. GIO FAMILY TRUST is listed as the member manager of LUCY DEES LLC. Joseph Lucidi is the operator for the liquor license.

Lucy Dees Operations Plan



Sincerely,

Joseph Lucidi



TOTAL SEATING 183

HAYMAKER I FLOOR PLAN

1500 B STREET, NEW YORK, NY 10011

HAYMAKER

EST. 2013

WESTSIDE CONCEPTS

Breakfast Served All Day

OPEN EARLY AT 7AM

LAST SEATING SUN-THURS 8PM / FRI-SAT 9PM
HAPPY HOUR - MON-FRI 11A-2PM-6PM

CLASSIC EGGS

WITH CHOICE OF POTATO OR FRESH FRUIT AND CHICE OF TOAST OR BISCUIT

ALL AMERICAN BREAKFAST*

70¢ (100¢) CHOC. YOUR WAY MEAT (CHICE OF MEAT) 12

COWBOY PLATTER*

SMOKED CHICKEN LEGS 1/2 PAST MEAT OF MEAT 14

BENEDICTS

ALL BENEDICTS COME WITH YOUR CHOICE OF POTATO OR FRESH FRUIT

CLASSIC EGGS BENEDICT*

PANCAKE EGGS, BUCKLE UP AND ENJOY MAPLE HOLLANDAISE 12.5

ROEY'S BENEDICT*

PANCAKE EGGS, CHICKEN BREAST, WHIPPED CREAM 10.5

FLORENTINE BENEDICT*

PANCAKE EGGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN MAPLE HOLLANDAISE 12.5

MORNIN' STARTERS

CREAM CHEESE GLAZED CINNAMON ROLL
CHOC. GLAZED DANISH ROLL, TOPPED WITH BERRY GLAZE
1 WHIPPED CREAM DRIZZLE 7

BONUT ROLLS

ADD 2.5¢ PER ROLL AND ENJOY DANISH WITH 1 CREAM CHEESE DRIZZLE
CHOC. GLAZED WITH WHIPPED CREAM CHEESE DRIZZLE 10

The Haymaker Benedict

10 BENTLEY BUCKLE UP
12.5 (100¢) CHOC. YOUR WAY MEAT

SMOKED CHICKEN LEGS, BATTERED FRIED CHICKEN
SAUTERED SPINACH, FRESH TOMATO, BACON
GRILLED TOMATO, CHICKEN SPANAKED EGGS
WHIPPED CREAM 18

OMLETTES

WITH CHOICE OF POTATO OR FRESH FRUIT AND CHOICE OF TOAST OR BISCUIT

CALIFORNIA

SMOKED BACON, CHICKEN BREAST, SAUTERED SPINACH, TOMATO, BACON, CHICKEN MAPLE HOLLANDAISE 14.5

ARIZONA

PANCAKE EGGS, CHICKEN BREAST, WHIPPED CREAM 10.5

VEGIE

SMOKED CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN MAPLE HOLLANDAISE 14.5

WESTERN

SMOKED CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN MAPLE HOLLANDAISE 14.5

MEAT & CHEESE

CHICKEN AND YOUR CHOICE OF SAUCE, CHICKEN CHICKEN, BACON
OR BACON CHICKEN
THE MEAT 14 AMERICAN MEAT 12.5 (100¢)

GRIDDLE FIXIN'S

BUTTERMILK PANCAKES

THE BUTTERMILK PANCAKES WITH WHIPPED
CREAM AND MAPLE SYRUP 7

STRAWBERRY CHEESECAKE PANCAKES

THREE BUTTERMILK PANCAKES WITH WHIPPED CREAM
AND STRAWBERRY CHEESECAKE 12

FRENCH TOAST

TOASTED TOAST TOPPED WITH MAPLE SYRUP AND WHIPPED
CREAM 10

FRUITY PEBBLES FRENCH TOAST

GLAZED BISCUIT WITH WHIPPED CREAM 10

STUFFED FRENCH TOAST

TOPPED WITH WHIPPED CREAM AND WHIPPED CREAM
AND CHOC. GLAZED TOAST 10

BELGIAN WAFFLE

120% A WHIP, TOPPED WITH WHIPPED CREAM
AND WHIPPED CREAM 12.5
AND WHIPPED CREAM 12.5

CHICKEN & WAFFLE

BELGIAN WAFFLE & BACON PANCAKE CHICKEN
CHICKEN WITH WHIPPED CREAM 12.5
& WHIPPED CREAM 12.5

MAKE IT A GRIDDLE

GET THE BEST OF BOTH WORLDS WITH THE GRIDDLE 13

Griddle Add Ons

BANANA 1.5 BERRY BLEND 1.5
CHOCOLATE DRIZZLE 1.5 STRAWBERRY 1.5
PEACH 1.5 WHIPPED CREAM 1.5

OL' FAVORITES

COUNTRY FRIED STEAK & EGGS*

STEAK CUT UP TO 1/2 PAST MEAT OF MEAT & SAUCE
12.5 (100¢) CHOC. YOUR WAY MEAT 12

BISCUIT, GRAVY & EGGS*

FRENCH BISCUIT WITH WHIPPED CREAM 10

BREAKFAST BURRITO

SMOKED CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN
MAPLE HOLLANDAISE 12.5
AND CHOC. GLAZED TOAST 10

CROISSANT BREAKFAST SANDWICH*

1/2 WHIPPED CREAM, WHIPPED CREAM, WHIPPED CREAM
AND WHIPPED CREAM 10

BEEF BRISKET SKOLET*

CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN
MAPLE HOLLANDAISE 12.5

AVOCADO TOAST*

SMOKED CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN
MAPLE HOLLANDAISE 12.5

HUEYOS RANCHEROS*

CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN
MAPLE HOLLANDAISE 12.5

HAYMAKER MUFFIN SANDWICH*

SMOKED CHICKEN LEGS, SAUTERED SPINACH, TOMATO, BACON, CHICKEN
MAPLE HOLLANDAISE 12.5

BEVERAGES

FRESH LOCAL ORANGE JUICE 4

2% MILK 3

BUT MILK 4

CHOCOLATE MILK 4

APPLE JUICE 4

TOMATO JUICE 4

HOT COCOA W/ WHIPPED CREAM 2.5

COLD BREW 4

HOT TEA 3.5

CHOCOLATE DRIZZLE 1.5 (100¢) CHOC.

COLD ESPRESSO

LATTE 4

VANILLA LATTE 1

MOCHA 4

CARAMEL MACCHIATO 4

REFILLABLE BEVERAGES

LOCALLY ROASTED DRIP COFFEE 2.5

COCA COLA 3.5

ICEE TEA 3.5

FALCONE'S ICEE TEA 4

PEACH TEA 1.5 (100¢) CHOC.

CHOC. DRIZZLE 1.5

2.5¢ PER OZ. (100¢) CHOC. DRIZZLE 1.5

LEMONADE 2.5

AND WHIPPED CREAM 1.5

AMORLO PALMER 2.5

BREAKFAST SIDES

FRESH FRUIT 4

CUTTAGE CHEESE 7

BACON BROWNIES 4

FRESH COUNTRY POTATIES 4

SAUSAGE GRAVY 7

ENGLISH MUFFIN 2.5

HOME MADE BISCUIT 2.5

2 SLICES OF TOAST 1.5

GRILLED FRENCH TOAST 3.5

1 BUTTERMILK PANCAKE 4

BACON, BAK. CHORIZO, SAUSAGE OR TURKEY

SAUSAGE 4.5

KIDS

FOR INFO ON THE BEST WAYS TO ENJOY YOUR MEAL, VISIT US AT
100 BUCKLE UP SAUSAGE TO EGGS 11.5

BUTTERMILK PANCAKES 6

BUTTERMILK PANCAKES 6

CHOCOLATE CHIP PANCAKES 6

STRAWBERRY CHEESECAKE PANCAKES 8

FRESH FRENCH TOAST 6

FRESH PEPPLES FRENCH TOAST 8

BACON, EGGS & FRUIT 4

GRILLED CHEESE & FRUIT 7

CHEESEBURGER & FRUIT 7

CHICKEN TENDERS & FRUIT 6

WHITE MAC N CHEESE 6

KIDS EAT FREE AFTER 4PM
WITH PARENTS



Locally Owned & Operated Since 2013

*CONTAINING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS



**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:

~~LUCY DEES LLC~~ dba Haymaker N^{orth} Peoria

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

11. General Ledger

A. Sales Journals/Monthly Sales Schedules

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

B. Cash Receipts/Disbursement Journals

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

12. Tax Records

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

13. Payroll Records

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

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

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

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

**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

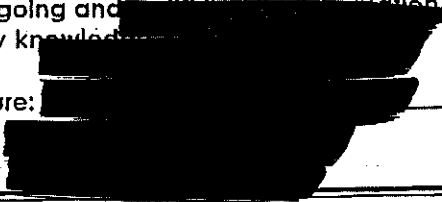
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE



DLQ USE ONLY	
Fee:	
Job #:	305593
Date Accepted:	09/17/2024
CSR:	[REDACTED]

Personal Information Questionnaire

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Lucidi, Joseph, Paul
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: [REDACTED]
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 05 / 01 / 2006
- Email address: joe@westsideconcepts.us
- Home Address: [REDACTED]
- Daytime phone #: 623-889-1452 Alternative phone #: _____

SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: _____
- Business Name (doing business as): LUCY DEES LLC dba Haymaker North Peoria
- Business Address: 24759 N Lake Pleasant Pkwy, Ste 101, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS 24 9 13 Lique. Dep. FR 215

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.


Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Joe Lucidi

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement, Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? A.R.S. §4-202(D) Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Joe Lucidi 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: 8/19/2024

My Name is Joey Lucidi,

I currently am the owner/member of all of the following liquor licenses

- 012070029349 - BMGY11 LLC
- 1207A038 - JTLZ LLC
- 12079474 - LUCY DEES LLC (original location)
- 012070024235 - BMC14 LLC
- 012070012856 - CG5 LLC
- 012070009430 - HMTBIRD LLC
- 06070343 - B23 LLC
- COO070018966 - COO CO-OP - LUCY DEES



Joey Lucidi

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Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

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Name of persons who will be handling the day to day operations: Joe Lucidi

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

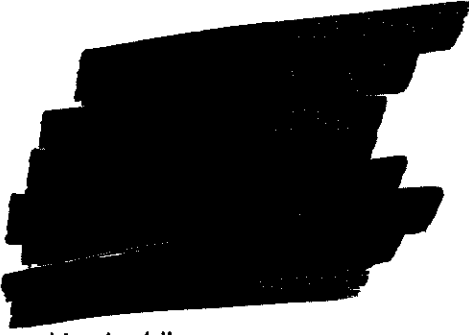
I, (Print Full Name) Lisa Beth Lucidi hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 09/03/24

24 9 13 Lic. Dept PM 4 27

My Name is Lisa Lucidi,

In the past 5 years, I have only been on one other license. It is under the same LLC, LUCY DEES, but at the current location at 24762 N Lake Pleasant Pkwy, Peoria, AZ 85383. That license #12079474



Lisa lucidi



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 #:	305593
Date Accepted:	09/17/2024
CSR:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date 9-3-24	Name of Applicant: Lisa Lucidi	
Name of Fingerprint Technician: Gary Taylor		
Fingerprint technician's Signature: [REDACTED]		
Fingerprint technician's Agency/company Name: YCSO		Phone Number: 928-771-3260
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		