

State of Arizona
Department of Liquor Licenses and Control

Created 03/01/2025 @ 11:33:48 AM

Local Governing Body Report

LICENSE

Number:	Type:	007 BEER AND WINE BAR
Name:	MT BARREL TASTING ROOM	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	9784 W NORTHERN AVENUE #1205 PEORIA, AZ 85345 USA	
Mailing Address:	9784 W NORTHERN AVENUE #1205 PEORIA, AZ 85345 USA	
Phone:	(480)427-8734	
Alt. Phone:	(630)538-1737	
Email:	LOUNGE@MTBARRELTASTINGROOM.COM	

AGENT

Name:	MICHELLE LEON
Gender:	Female
Correspondence Address:	9784 W NORTHERN AVENUE #1205 PEORIA, AZ 85345 USA
Phone:	(630)538-1739
Alt. Phone:	
Email:	LEONMICHELLE02@GMAIL.COM

OWNER

Name: MT BARREL TASTING ROOM LLC
Contact Name: MICHELLE LEON
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23564453 State of Incorporation: AZ
Incorporation Date: 08/03/2023
Correspondence Address: 9784 W NORTHERN AVENUE
#1205
PEORIA, AZ 85345
USA
Phone: (630)538-1737
Alt. Phone:
Email: LOUNGE@MTBARRELTASTINGROOM.COM

Officers / Stockholders

Name:	Title:	% Interest:
MICHELLE LEON	Manager-LLC	50.00
THOMAS JOSEPH DIVER IV	Member	50.00

MT BARREL TASTING ROOM LLC - Member

Name: THOMAS JOSEPH DIVER IV
Gender: Male
Correspondence Address: 9784 W NORTHERN AVENUE
#1205
PEORIA, AZ 85345
USA
Phone: (480)427-8734
Alt. Phone:
Email: TDIVER924@GMAIL.COM

MT BARREL TASTING ROOM LLC - Manager-LLC

Name: MICHELLE LEON
Gender: Female
Correspondence Address: 9784 W NORTHERN AVENUE
#1205
PEORIA, AZ 85345
USA
Phone: (630)538-1739
Alt. Phone:
Email: LEONMICHELLE02@GMAIL.COM

MANAGERS

Name: MICHELLE LEON
Gender: Female
Correspondence Address: 9784 W NORTHERN AVENUE
#1205
PEORIA, AZ 85345
USA
Phone: (630)538-1739
Alt. Phone:
Email: LEONMICHELLE02@GMAIL.COM

APPLICATION INFORMATION

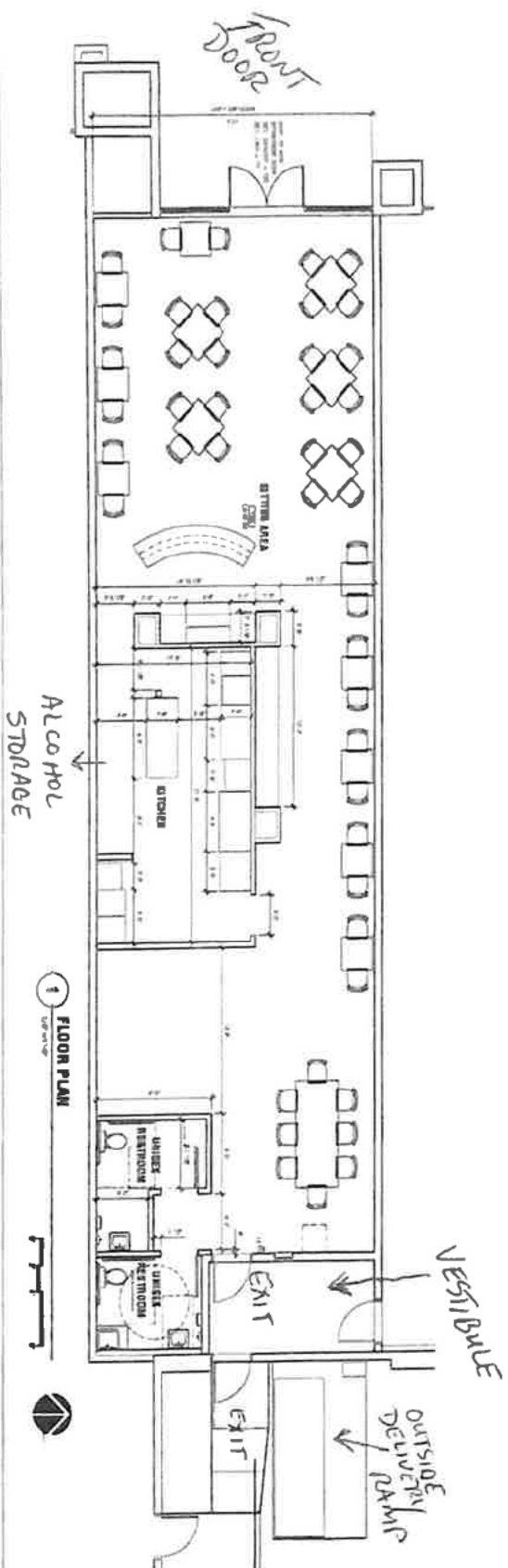
Application Number: 329232
Application Type: New Application
Created Date: 01/15/2025

QUESTIONS & ANSWERS

007 Beer and Wine Bar

- 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)
SUN VALLEY ELEMENTARY
9361 N 95TH 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?
*\$8,944 + 12%, \$10,017.28
- 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.
\$30,000
AMEX
PO BOX 96001, LOS ANGELES, CA 90096
- 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?
03/15/2025

OPEN FLOOR PLAN, ZERO EMPTY ROOMS



RDA

REGULATORY
CONSULTATION

MT BARREL
TASTING ROOM
AT
PARK WEST
1000 W. 10TH AVENUE
DENVER, COLORADO

TERMINAL IMPROVEMENT
BIRTH 1995

DATE: 11/19/17
PROJECT NO: 17-001
SHEET NO: 2
A201

SCALE: 1/8" = 1'-0"



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:	220
Job #:	329232
Date Accepted:	11/15/25
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.

605-644

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: Leon Michelle _____
Last First Middle
- Social Security #: _____ Birth Date: ____/____/____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: _____
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: ____/____/____
- Email address: _____
- Home Address: _____
- Daytime phone #: _____ Alternative phone #: _____

AMENDMENT

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): MT Barrel Tasting Room, LLC
- Business Address: 9784 W Northern Ave Suite 1205 Peoria, AZ 85345



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:	
Job #:	329232
Date Accepted:	1/15/25
CSR:	[Redacted]

Personal Information Questionnaire

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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.

EOT-644

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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

1. Name: Leon Michelle
Last First Middle

2. Social Security #: [Redacted] Birth Date: [Redacted]
(NOT a public record)

3. Driver's License #: [Redacted] State Issued: [Redacted]
(NOT a public record)

5. Are you a resident of Arizona? Yes No Date of residency: 6/10/2014

6. Email address: Leon michelle 02@yahoo.com

7. Home Address: [Redacted]

8. Daytime phone #: 630-538-1737 Alternative phone #: 630-538-1737

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): MT Barrel Tasting Room

3. Business Address: 9784 W. Northern Ave
Peoria AZ 85345

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

25 8 1 147,044 01102

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: Michele Leon
Thomas Diver.

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) Michele Leon 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: 1-12-25.



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) Michelle Leon

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 Ponce State Puerto Rico COUNTRY USA

If you answered Yes, 1) Attach a legible copy of a document from the list below.

2) Name of document: Drivers License

If you answered No, you must complete Sections III.

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.

125 3 1 2025 11:15

SECTION III – QUALIFIED ALIEN DECLARATION

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 etseq.);
- 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. §

Michelle Leon

Print Name

Signature

2-18-2025

Date

Certificate # 28559

125 3 1 Day, 8am - 4:30 PM

Certificate of Completion For

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

Title 4 BASIC Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a pre-condition for MANAGER Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the bottom of this Certificate. Licensees sometimes require BASIC Title 4 training as 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

MICHELLE LEON

(Print name in full)



(Print ID)

09/17/2023

Training Completion Date

09/16/2026

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

(Company Name)

1011 Arrow Point Drive, Cedar Park, Texas 78613

(Mailing Address)

866-402-9809

(Daytime Contact Phone Number)

I, Kelly Bailey, certify that the above named individual did successfully complete

(Print name in full)

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 and may be subject to A.A.C. R19-1-103(E) and (F).



09/17/2023

Day Mo Year

Persons required to complete BASIC & MANAGER Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensee, agent(s) and manager(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below.

In-state Microbrewery (Series 3)
Convenience (Series 9)
Restaurant (Series 12)

Government (Series 5)
Liquor Store (Series 9)*
In-state Farm Winery (Series 10)

Bar (Series 1)
Private Club (Series 14)

Beer & Wine Bar (Series 7)
Hotel/Motel/Restaurant (Series 11)
Beer & Wine Store (Series 16)

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 for 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

MICHELLE LEON

[Redacted] (print)

[Redacted] _____

signature

09/17/2023

Training Completion Date

09/16/2026

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

866-402-9809

Daytime Contact Phone Number

I, Kelly Bailey, 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).

[Redacted Signature]

09/17/2023

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) licensee(s), agent(s) and manager(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-State Microbrewery (series 3)
Convenience (series 8)
Restaurant (series 12)

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

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Private Club (series 14)

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

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25 JAN 15 AM 8:19 AZDLLC

23 SEP 27 PM 3:23 AZDLLC

FEB 8 1 14 PM 2023



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 #:	329232
Date Accepted:	1/15/25
CSR:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date	Name of Applicant:		
9/14/2023	Leon Michelle		
Name of Fingerprint Technician:			
Anne Dempsey			
Fingerprint Technician's Signature:			
[REDACTED]			
Fingerprint Technician Name:	Phone Number:		
Amara Scan LLC	623-297-7111		
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)	



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DLLC USE ONLY

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605-644

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

AGENT CONTROLLING PERSON MANAGER

- Name: DIVER IV THOMAS JOSEPH
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: 8 / 15 / 2006
- Email address: +ddiver924@gmail.com
- Home Address: [REDACTED]
- Daytime phone #: (480)427-8734 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): IMT BARREL TASTING ROOM, LLC
- Business Address: 9784 W. NORTHERN AVE #1205 PEORIA, AZ 85345

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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

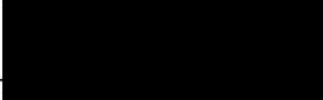
Name of persons who will be handling the day to day operations: MICHELLE LEON
THOMAS DIVER

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

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- 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) THOMAS JOSEPH DIVER 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: 1/12/2025

Certificate # 28558

125 3 1 10/1/2013

Certificate of Completion For Title 4 BASIC Liquor Law Training

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

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Student Information

THOMAS DIVER



 Signature

09/17/2023

Training Completion Date

09/16/2026

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

866-402-9809

Daytime Contact Phone Number

I, Kelly Bailey, 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 as provided in the sections as provided by A.A.C. R19-1-103(E) and (F).



09/17/2023

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owners 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 4)
Restaurant (series 12)

Government (series 5)
liquor store (series 9)
in-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

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

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

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

Certificate 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

THOMAS DIVER



signature

09/17/2023

Training Completion Date

09/16/2026

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

866-402-9809

Daytime Contact Phone Number

I, Kelly Bailey, 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).



09/17/2023

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owners; 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)
Convenience (series 8)
Restaurant (series 12)

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

Bar (series 6)
Private Club (series 14)

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

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

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



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 #:	329232
Date Accepted:	1/5/25
CSR:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date	Name of Applicant:		
9/14/23	Diver Thomas		
Name of Fingerprint Technician:			
Anne Dempsey			
Fingerprint technician's Signature:			
[REDACTED]			
Fingerprint technician's Agency/Company Name:		Phone Number:	
Amazon LLC		623-297-7111	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			