

State of Arizona
Department of Liquor Licenses and Control

Created 03/06/2025 @ 01:04:37 PM

Local Governing Body Report

LICENSE

Number: _____ Type: 012 RESTAURANT
Name: MODO MIO ITALIAN KITCHEN
State: Pending
Issue Date: _____ Expiration Date: _____
Original Issue Date: _____
Location: 9815 W HAPPY VALLEY ROAD
PEORIA, AZ 85383
USA
Mailing Address: [REDACTED]
USA
Phone: (623)572-5577
Alt. Phone: (909)238-7152
Email: EDDEB64@VERIZON.NET

AGENT

Name: EDWARD JOSEPH INGLESE
Gender: Male
Correspondence Address: [REDACTED]
USA
Phone: (909)238-7152
Alt. Phone: _____
Email: EDDEB64@VERIZON.NET

OWNER

Name: AIM GROUP PEORIA INC
Contact Name: EDWARD JOSEPH INGLESE
Type: CORPORATION
AZ CC File Number: 23669585 State of Incorporation: CA
Incorporation Date: 04/16/2024
Correspondence Address: [REDACTED]
USA
Phone: (909)238-7152
Alt. Phone: _____
Email: EDDEB64@VERIZON.NET

Officers / Stockholders

Name:
EDWARD JOSEPH INGLESE

Title:
President

% Interest:
100.00

AIM GROUP PEORIA INC - President

Name: EDWARD JOSEPH INGLESE

Gender: Male

Correspondence Address:



USA

Phone: (909)238-7152

Alt. Phone:

Email: EDDEB64@VERIZON.NET

<h2>MANAGERS</h2>

Name: JOSEPH EDWARD INGLESE

Gender: Male

Correspondence Address:



USA

Phone: (909)240-1253

Alt. Phone:

Email: JOEY.AIMGROUP@GMAIL.COM

APPLICATION INFORMATION

Application Number: 334458
Application Type: New Application
Created Date: 02/26/2025

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
Yes
What date are you taking ownership? Please upload the Interim Permit Notary page when you reach the upload page.
03/06/2025
- 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?
5 YEARS LEASE PAYMENTS
- 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.
ZERO
- 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?
No
- 9) What type of business will this license be used for?
RESTAURANT

Name:
EDWARD JOSEPH INGLESE

Title:
President

% Interest:
100.00

AIM GROUP PEORIA INC - President

Name: EDWARD JOSEPH INGLESE

Gender: Male

Correspondence Address:



USA

Phone: (909)238-7152

Alt. Phone:

Email: EDDEB64@VERIZON.NET

MANAGERS

Name: JOSEPH EDWARD INGLESE

Gender: Male

Correspondence Address:



USA

Phone: (909)240-1253

Alt. Phone:

Email: JOEY.AIMGROUP@GMAIL.COM

APPLICATION INFORMATION

Application Number: 334459

Application Type: New Application

Created Date: 02/26/2025

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
012070012436
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

SECTION 5 Interim Permit

DATE 4/22/24 BY [Redacted]


If you intend to operate business while the application is pending, you will need an interim permit. For approval of an interim permit: There must be a valid license of the same series currently issued.

- Current license number at the location: 012070012436 2. Is the license currently in use? Yes No
- If the license is **NOT** currently in use, how long has it been since the license was last used at this location? _____

I (Print Full Name) Timothy Martin hereby declare that I am the Current Owner, Agent, or Controlling Person on the stated license and location.

Sign in front of Notary: [Redacted]
(Current Agent/Individual as listed on the license certificate)

State of Arizona
 County of Maricopa
 Signed before me on this [Redacted] day of April, 2024.
 Notary Signature [Redacted]
 My commission expires on [Redacted]



Notary Seal

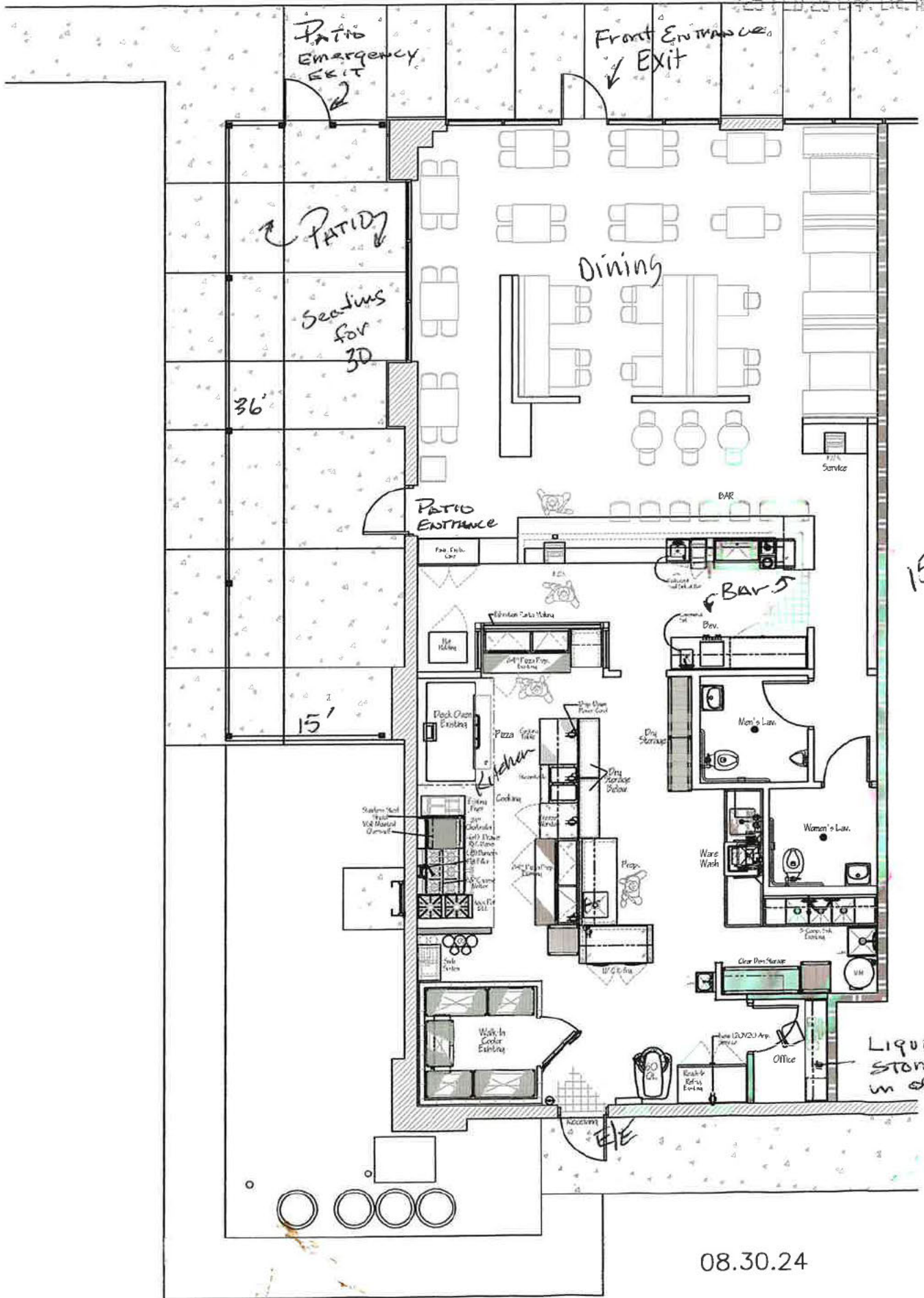
SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

- If the applicant is an entity, and not an individual, answer questions 1a-b.
 - Date Incorporated/Organized: 4/16/24 State where Incorporated/Organized: CA
 - AZ Corporation or AZ L.L.C. Entity No: 23669585 Approval Date: 5/14/24
- List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
INGLES	EDWARD	Joseph	Pres.	100	[Redacted]	[Redacted]	[Redacted]	[Redacted]

(Attach additional sheet if necessary)



1550 sqft

08.30.24



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): Modo Mio Italian Kitcher

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS	
Grill	Royal Range Coniddle 24"
Oven	Royal Range RR-624
Freezer	True TVC-27F-HC
Refrigerator	WALK-IN 2X7
Sink	
Dish Washing Facilities	Low Temp D/w 3 Bm Sink
Food Preparation Counter (Dimensions)	30" X 72" Refrigerated Base
Other	30" X 60" S/S TABLE

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? ~~90%~~

(Do not include kitchen, bar, hi-top tables, or game area.) 90 %

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: [54]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 7]

TOTAL [= 61]

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.)

1 50" T.V.
 2 40" T.V.

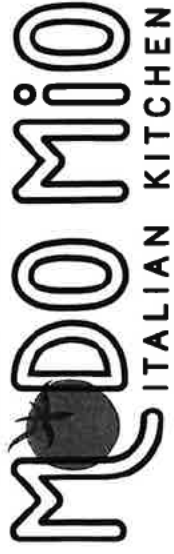
9. Do you have live entertainment or dancing? YES No
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. List number of employees for each position:

Position	How many
Cooks	6
Bartenders	0
Hostesses	4
Managers	2
Servers	4
Other (Dishwashers)	2
Other ()	
Other ()	

I, (Print Full Name) ED Inglese, 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: _____



East Coast Italian Fare with Quality, Value, & Taste

Take-Out Menu

(623) 572-5577

9815 W. Happy Valley Rd. #1100
Peoria, AZ 85383

HOURS

Tuesday - Thursday | 11am - 8:30pm
Friday & Saturday | 11am - 9pm
Sunday | 11am - 8:30pm

HAPPY HOUR

Tuesday - Thursday & Sunday
from 3pm - 6pm & 8pm - Close

*MENU ITEMS & PRICES SUBJECT TO CHANGE.

**SCAN TO ORDER TAKE-OUT
OR DELIVERY ONLINE**



Lunch Specials

Served Daily Until 3pm

Pasta Combo 9.99

lunch portion of pasta marinara, side house salad,
half piece of garlic bread
(sauce upgrades available)

Half & Half Combo 11.99

lunch portion of half spaghetti & half ravioli
marinara, side salad, half piece of garlic bread
(sauce upgrades available)

Lasagna Combo 12.99

lunch portion of lasagna & side house salad,
half piece of garlic bread

8" Pizza Combo 9.99

8" personal pizza & side house salad (toppings extra)

Half Sub Combo ~ Menu Price

choice of sub/panini served with
crispy fries & side house salad

Pizza & Wing Special

Available Daily

16" Cheese Pizza & 16 Wings 34.99

Dessert

Sicilian Cannoli 5.5

chocolate chips, chopped pistachios

Tiramisu 6.95

housemade with espresso and lady fingers
topped with Nutella +1.5

Zeppole Donuts 5.95

cinnamon sugar Italian donuts
side of chocolate sauce +.95 | topped with Nutella +1.5

Drinks

Bottled Drinks 2.95-3.95

Italian Cream Soda 4.95

prickly pear, raspberry, strawberry, vanilla, pflfa colada
pineapple, peach, cherry, blood orange, pomegranate

Pasta

Choose a Pasta

- SPAGHETTI
- FETTUCCHINE
- PENNE
- RIGATONI
- RAVIOLI +2.5
- GF PENNE +2.5

Oil & Garlic 12.95

evoo, garlic, chiles

Alfredo 13.95

parmesan cream

Crema Rosa 12.95

tomato cream

Basil Pesto 13.95

walnuts, parmesan

Bolognese 14.95

beef ragu

Pasta Add-Ons

- CHICKEN +4.95
- SHRIMP +6.95
- MEATBALL (1) +2.95
- MEATBALLS (2) +4.95
- SAUSAGE LINK +3.5
- CRUMBLed SAUSAGE +2.95
- MUSHROOMS +1.95
- TOMATOES +1.95
- TRUFFLE OIL +1.95
- RICOTTA +1.95

Specialties

Lasagna 17.95

ground beef, Italian sausage, ricotta, mozzarella,
parmesan, marinara

Baked Rigatoni 15.95

seasoned ricotta, marinara, mozzarella
add crumbled sausage +3

Eggplant Parmesan 16.95

parmesan-crust eggplant, marinara,
mozzarella, spaghetti marinara

Chicken Parmesan 18.95

parmesan-crust chicken, marinara,
mozzarella, spaghetti marinara

Sides

Meatballs (1) 3.5 | (2) 6.5

Italian Sausage (1) 3.75 | (2) 6.75

Crispy Fries (Sm) 2.95 | (Lg) 4.95

Garlic-Parmesan Fries (Sm) 4.5 | (Lg) 7.5

Side House Salad 3.95

Starters

Garlic Puffs 6.95

our version of "garlic knots" housemade dough, roasted garlic, olive oil, herbs

Bruschetta 9.95

marinated tomatoes, fresh basil, balsamic, toasted flणे bread *add gorgonzola cheese +2.5*

Modo Mio Caprese 11.95

heirloom cherry tomatoes, red onion, fresh mozzarella, basil, basil-walnut pesto, balsamic drizzle

Meatballs & Ricotta 11.95

housemade meatballs, marinara sauce, ricotta cheese, fresh basil, parmesan cheese, crostini

Mozzarella Fritte 10.95

crispy mozzarella, marinara sauce

Calamari Fritti 15.95

crispy calamari, mixed cherry peppers, marinara sauce

Garlic Bread (1pc) 2.75 | (2 pc) 4.95

add mozzarella & tomatoes +1.95 | +3.5
add mozzarella & pepperoni +1.95 | +3.5

Chicken Wings (4pc) 7.95 | (8pc) 13.95 | (16pc) 23.95

WING FLAVORS

SPICY HONEY-CALABRIAN | MILD OR SPICY BUFFALO | BBQ

Salad

Small | Large (Serves 2-3)

House 5.95 | 9.95

mixed greens, tomatoes, red onion, black olives, mozzarella, choice of dressing served on side

Caesar 6.95 | 10.95

romaine, croutons, kalamata olives, parmesan, housemade anchovy dressing
add chicken +5 | add shrimp +7

Antipasto 11.95 | 16.95

mixed greens, assorted Italian cold cuts, provolone, tomatoes, artichoke hearts, red onion, roasted peppers, pepperoncini, cannellini beans, parmesan, Italian dressing

DRESSINGS

RANCH - ITALIAN - CREAMY ITALIAN - BLEU CHEESE
LEMON-SHALLOT OR BALSAMIC-HERB VINAIGRETTE

*NOTE WE ARE NOT A GLUTEN-FREE OR NUT-FREE ENVIRONMENT.

NY Pizza

6 slices 10" Sm | 8 slices 12" Md | 12 slices 14" Lg | 16 slices 16" XL

Our pizza dough is made in house daily and aged a min. 24 hours prior to cooking. This allows the yeast spores to develop the dough and make a light, airy, and crispy crust!

Cheese Pizza 11.95 | 14.95 | 17.95 | 20.95

tomato sauce, mozzarella, oregano (toppings extra)

Modo Mio Margherita 13.95 | 17.95 | 21.95 | 25.95

olive oil, mozzarella, marinated Roma tomatoes, basil

Hot Honey Pepperoni 16.95 | 20.95 | 24.95 | 28.95

tomato sauce, mozzarella, pepperoni, cup & char pepperoni, parmesan breadcrumbs, hot honey drizzle

Vegetarian 14.95 | 18.95 | 22.95 | 26.95

tomato sauce, mozzarella, mushrooms, bell pepper, white onion, black olives, tomatoes, extra mozzarella

Luigi's Luau 15.95 | 19.95 | 23.95 | 27.95

tomato sauce, mozzarella, bacon, capicola ham, pineapple, fresh jalapeño

Milano 16.95 | 20.95 | 24.95 | 28.95

tomato sauce, mozzarella, cup & char pepperoni, Italian sausage, mushrooms, truffle oil

The North End 17.95 | 21.95 | 25.95 | 29.95

tomato sauce, capicola ham, genoa salami, red onion, black olives, roasted peppers, artichoke hearts, tomatoes, pepperoncini

Da Works 16.95 | 20.95 | 24.95 | 28.95

tomato sauce, mozzarella, pepperoni, ham, sausage, bell pepper, onion, black olives, mushrooms, extra mozzarella

Manhattan Veggie 16.95 | 20.95 | 24.95 | 28.95

olive oil, mozzarella, sautéed peppers & onions, truffle mushrooms, marinated tomatoes, balsamic drizzle

Joey's Spicy Meatball 15.95 | 19.95 | 23.95 | 27.95

tomato sauce, mozzarella, housemade meatballs, ricotta, marinara, basil, red chiles

Bianca 17.95 | 21.95 | 25.95 | 29.95

olive oil, mozzarella, bacon, fresh garlic, ricotta, arugula (no sauce)

Bada-Bing 15.95 | 19.95 | 23.95 | 27.95

olive oil, mozzarella, gorgonzola, and fontina cheese, Italian sausage, marinated tomatoes, fresh basil

MEAT TOPPINGS

- Anchovy
- Bacon
- Capicola Ham
- Chicken
- Ham
- Meatball
- Pepperoni
- Pepperoni (Cup)
- Salami (Genoa)
- Spicy Sopressata
- Sausage (Italian)
- Shrimp*
- Premium Topping

VEGGIE/OTHER TOPPINGS

- Artichoke Hearts
- Arugula
- Banana Peppers
- Basil
- Bell Pepper
- Garlic (Fresh)
- Garlic (Roasted)
- Gorgonzola
- Hot Honey
- Jalapeño (Fresh)
- Jalapeño (Pickled)
- Mushrooms
- Olives (Black)
- Olives (Kalamata)
- Onion (Red)
- Onion (White)
- Pepperoncini
- Pineapple
- Ricotta
- Roasted Peppers
- Tomatoes

Calzone

Served with Side of Marinara

CYO Calzone 14.95

ricotta, mozzarella, choice of two toppings.

Traditional Calzone 14.95

ricotta, spicy sopressata salami, capicola ham, mozzarella

Panini/Subs

Caprese 12.95

fresh mozzarella, sliced tomatoes, fresh arugula, basil-walnut pesto, balsamic drizzle, focaccia

Italian Cold Cut 12.95

assorted Italian cold cuts, provolone, lettuce, tomato, red onion, pepperoncini, oil & vinegar, Italian roll

Meatball & Mozzarella 12.95

housemade meatballs, mozzarella, marinara sauce, basil, Italian roll

Italian Sausage & Peppers 12.95

hot Italian pork sausage, peppers, onions, lite marinara, Italian roll *add mozzarella +.95*

Chicken Milanese 13.95

parmesan-crusted chicken, fontina cheese, Calabrian pepper aioli, tomato, arugula, parmesan, lemon-shallot vinaigrette, focaccia

Italian Philly 14.95

thinly sliced beef, fontina cheese, onions, peppers, mushrooms, Calabrian pepper aioli, Italian roll



**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:

- 1. Name of restaurant (Please print): Modo Mio Italian Kitchen
- 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.

**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

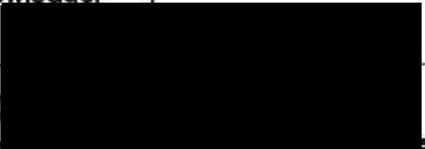
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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



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

DLIC USE ONLY
Fee:
Job #: 334458
Date Accepted: 03-06-2025
CSR: [Redacted]

Personal Information Questionnaire

805-653

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: Inchese EDWARD Joseph
Last Middle
- Social Security # [Redacted] Birth Date: [Redacted]
(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: 3/28/2024
- Email address: Eddeb64@verizon.net
- Home Address: [Redacted]
- Daytime phone #: 909-238-7152 Alternative phone #: 909-238-7152

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: ~~PBL 24 000 7956~~
- Business Name (doing business as): MODO MIO Italian Kitchen
- Business Address: 9815 W Happy Valley Rd Peoria AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS REF 558 25 Lqr. Lic. #1846

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: Joseph Inglese

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) EDWARD J. Inglese 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: 2/3/25



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) EDWARD JOSEPH INGLESE

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 Whittier State California COUNTRY USA

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

2) Name of document: PASSPORT / AZ Drivers license

If you answered **No**, you must complete Sections III.

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS Ariz. Lic. #1847

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

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. § 1621(c)(2)(A).

EDWARD JOSEPH Inglese
Print Name



2/10/25
Date



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 #:	334458
Date Accepted:	03-06-2025
CS#	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date 2/5/2025	Name of Applicant: Edward Joseph Inglese		
Name of Fingerprint Technician: Alissia Fernandez			
Fingerprint Technician's Signature: [REDACTED]			
Fingerprint technician's Agency/company Name: The UPS Store 4320		Phone Number: 423.376.8810	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

25 FEB 25 Lic. # 18 146

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: Joseph Inglese

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) Joseph Inglese 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: 02-10-25



ID Number: da5de9c1-82ed-47ef-8a9b-4247beac14c0

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

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

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

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 trainign or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Joseph Inglese



12/18/2024

Training Completion Date

12/18/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC – Arizona Business Council for Alcohol Education

Company Name


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

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

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

Title 4 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 na  d by A.A.C. R19-1-103(E) and (F).

18 / 12 / 2024

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 Training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

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

Bar (series 6)
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.



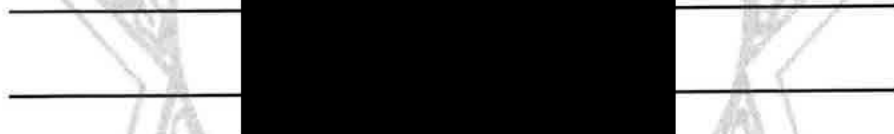
Certificate of Completion For Title 4 **MANAGEMENT** Liquor Law Training

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
Joseph Inglese



12/18/2024

Training Completion Date

12/18/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC – Arizona Business Council for Alcohol Education

Company Name

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

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

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

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



18 / 12 / 2024

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 Training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

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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 #:	334458
Date Accepted:	03-06-2025
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.

PRINT the following information:

Date	Name of Applicant:	
2/5/25	Joseph Edward Inglese	
Name of Fingerprint Technician:		
Alissia Fernandez		
Fingerprints taken at:	Fingerprint Technician Name:	
[REDACTED]	Theraps Store 4320	
Fingerprint Technician Phone Number:		Phone Number:
[REDACTED]		1023.376.8810
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)

X