

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

Created 05/22/2025 @ 04:35:57 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	012 RESTAURANT
Name:	FOUR CORNERS TAPHOUSE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	24762 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@WESTSIDECONCEPTS.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@WESTSIDECONCEPTS.US

**OWNER**

Name: SB16 LLC  
Contact Name: JOSEPH PAUL LUCIDI  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23523811 State of Incorporation: AZ  
Incorporation Date: 09/26/2023  
Correspondence Address: 8765 W KELTON LANE  
BLDG C3 STE 101  
PEORIA, AZ 85382  
USA  
Phone: (623)889-1452  
Alt. Phone:  
Email: JOE@WESTSIDECONCEPTS.US

**Officers / Stockholders**

Name:	Title:	% Interest:
GIO FAMILY TRUST	Member	100.00

**SB16 LLC - 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@WESTSIDECONCEPTS.US

**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: 347310  
Application Type: New Application  
Created Date: 05/02/2025

**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.  
Started Buld out Feb 1. We plan to Open June 1
- 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?  
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
May 10, 2025
- 9) What type of business will this license be used for?  
Restaurant

**DOCUMENTS**

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MENU	FC TAPHOUSE Menu Q2 2025 (1).pdf	05/06/2025
GROWLER APPLICATION	Four Corners Signed Growler Application.pdf	05/06/2025
DIAGRAM/FLOOR PLAN	Four Corners Taphouse Diagram-Floor Plan.pdf	05/06/2025
MISCELLANEOUS	Joe Lucidi Alien Status Form.pdf	05/06/2025
ORGANIZATIONAL DOCUMENTS	SB16 Flow Chart.pdf	05/06/2025
RESTAURANT OPERATION PLAN	SB16 Operational Plan - SIGNED.pdf	05/06/2025
RECORDS REQUIRED FOR AUDIT	SB16 Records Required for Audit.pdf	05/06/2025
QUESTIONNAIRE	SB16 Questionnaire.pdf	05/06/2025
INTERIM PERMIT NOTARY PAGE	SB16 Interim Permit Notary Page.pdf	05/06/2025
	Four Corners Taphouse SIGNED Growler Application.pdf	05/13/2025
	SB16 Questionnaire.pdf	05/13/2025
	Four Corners Taphouse Diagram-Floor Plan.pdf	05/13/2025

Joey Lucidi Letter.pdf	05/13/2025
FC TAPHOUSE Menu Q2 2025.pdf	05/13/2025
Joe Lucidi Drivers License.pdf	05/13/2025

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

Created 05/22/2025 @ 04:37:48 PM

Local Governing Body Report

**LICENSE**

Number:	INP070033514	Type:	INP INTERIM PERMIT
Name:	FOUR CORNERS TAPHOUSE		
State:	Closed		
Issue Date:	05/22/2025	Expiration Date:	09/04/2025
Original Issue Date:	05/22/2025		
Location:	24762 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@WESTSIDECONCEPTS.US		

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

## APPLICATION INFORMATION

Application Number: 347533  
Application Type: New Application  
Created Date: 05/06/2025

## QUESTIONS & ANSWERS

### INP Interim Permit

- 1) Enter License Number currently at location 12079474
- 2) Is the license currently in use? No
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page? Yes



Interim Permit (INP) Notary Page

FOR DLLC USE ONLY

INP number: 12079474
Date Approved: 5-22-2025
Expiration: 9-4-2025

SECTION 5 page 2 of the license application

For approval of an interim permit:

- There must be a valid license of the same series issued to the current location you are applying for, OR
A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01(A)

1. Enter license number currently at the location: 12079474

2. Is the license currently in use? [ ] Yes [x] No If no, how long has it been out of use? Feb 1

I, (Print Full Name) Joseph Lucidi hereby declare that I am the Individual, Owner, [redacted] and location.

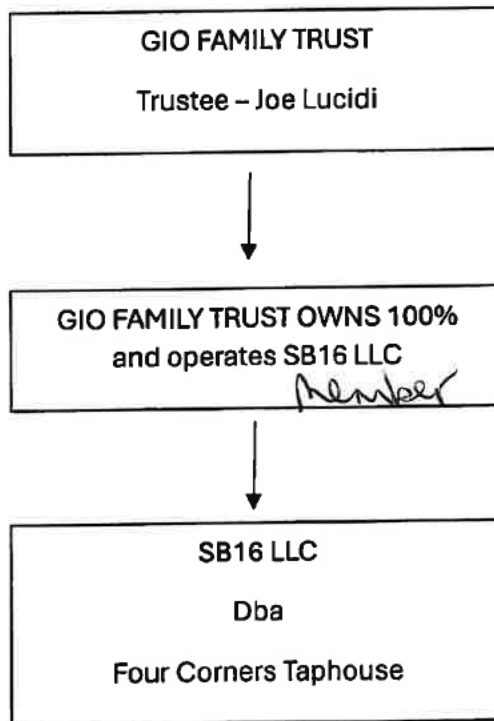
Signature [redacted]

State of ARIZONA
County of MARICOPA
Signed before me on this 6th day of May, 2025.
Notary Signature [redacted]
My commission expires on 3/14/2028
DENNIS STAMPER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 684877
Expires March 14, 2026
Notary Seal

To Whom It may concern,

In reference to SB16 LLC and its liquor license. Joseph Lucidi is the sole trustee for GIO FAMILY TRUST. GIO FAMILY TRUST is listed as the member manager of SB16 LLC. Joseph Lucidi is the operator for the liquor license.

SB16 LLC Operations Plan

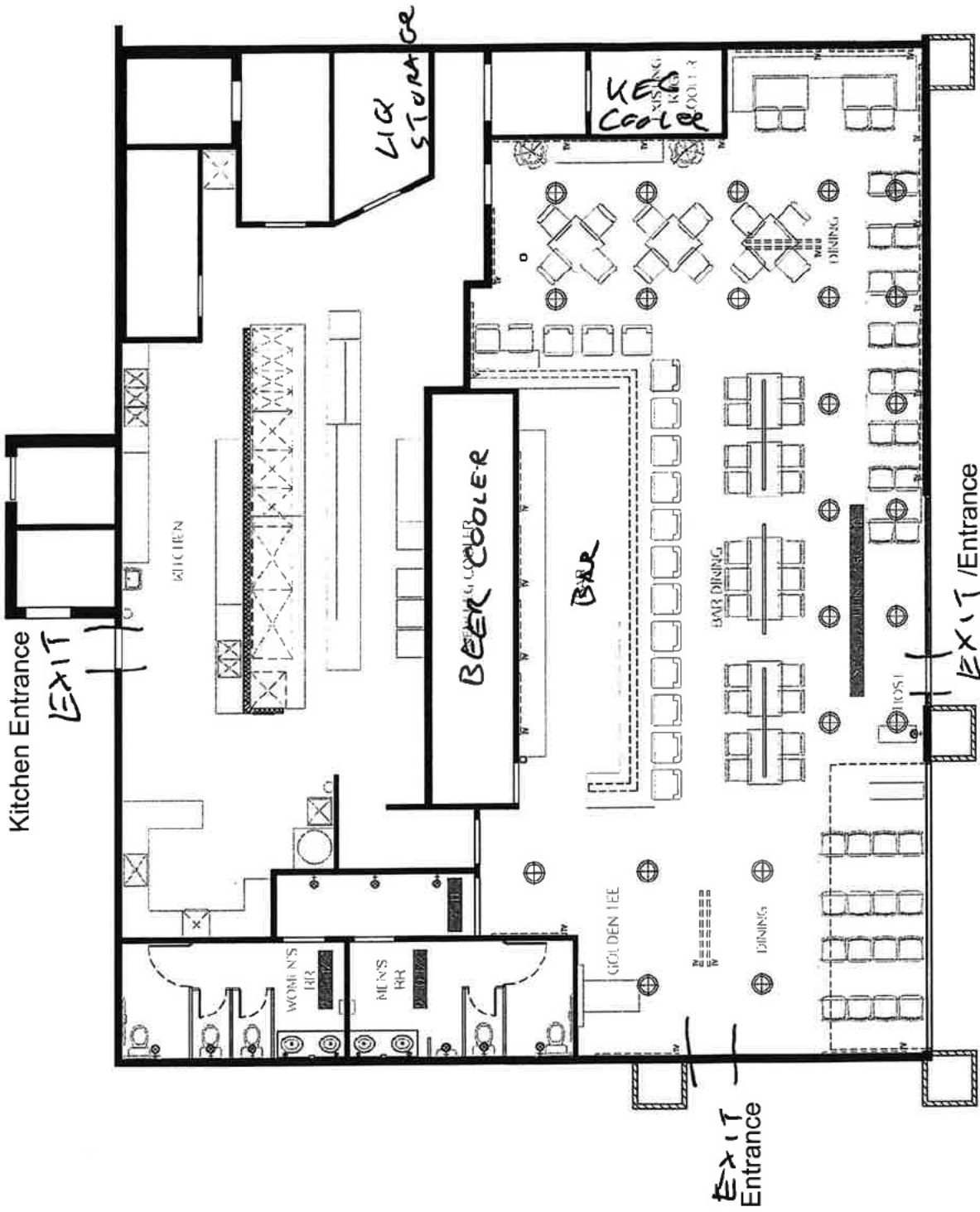


Sincerely,

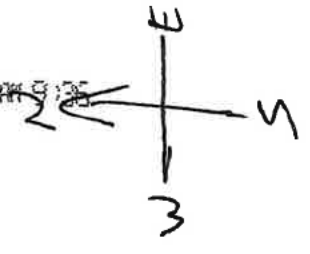


Four Corners Tap House

4400 SF



25 5 15 Liq. Dept #15:35



FOUR CORNERS TAP HOUSE I reflected ceiling plan (suggested)



# RESTAURANT/HOTEL/MOTEL OPERATION PLAN

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

**Type or Print with Black Ink**

1. Name of restaurant (Please print): ~~SB16 LLC dba~~ Four Corners Tapahouse

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

**LIST ONLY THE FOLLOWING - NO ATTACHMENTS**

Grill	Stratus 60" flat top
Oven	Duke single Oven
Freezer	American Walk In Cooler
Refrigerator	American Walk In Cooler plus Everest Chef Bases
Sink	3 compartment sink, bar dump sinks, & hand washing sinks
Dish Washing Facilities	Ecolab Dish washer at bar and kitchen
Food Preparation Counter (Dimensions)	Stainless Steel Tables (2) 72"
Other	

3. Attach a copy of your FULL menu with pricing **INCLUDING NON-ALCOHOLIC BEVERAGES**

4. What percentage of your public premises is used primarily for restaurant dining?

**(Do not include kitchen, bar, hi-top tables, or game area.)** 60 %

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?)** 40 %

6. List the **seating capacity** for:

a) Restaurant dining area of your premises: [ 52 ]

**(DO NOT INCLUDE PATIO SEATING)**

b) Bar area [ + 39 ]

TOTAL [ = 91 ]

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.)

(21) TVs

(1) NBA Jams Video Game

(1) Golden Tee Video Game

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	8
Bartenders	6
Hostesses	3
Managers	2
Servers	20
Other ( busser )	3
Other ( )	
Other ( )	

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.

Applicant Signature 

# FOUR CORNERS

• BREWS • *Taphouse* • BITES •

HAPPY VALLEY • LAKE PLEASANT

**MOZZARELLA STICKS** \$11  
CRISPY BREADED MOZZARELLA STICKS | MARINARA

**LAYERED NACHOS** \$13  
CORN TORTILLA CHIPS | WHITE NACHO CHEESE SAUCE | SHREDDED JACK & CHEDDAR | PICO | PICKLED JALAPENO | SMASHED AVOCADO ADD CHICKEN +4

**BONELESS WINGS** \$14  
ONE DOZEN BONELESS CHICKEN BITES CHOICE OF SAUCE BUFFALO | HOT BUFFALO | HORSERADDISH BUFFALO CAROLINA BBQ | ASIAN ZING | LEMON PEPPER SERVED WITH CHOICE OF RANCH OR BLUE CHEESE

**BONE IN WINGS** \$16  
SERVED WITH RANCH OR BLUE CHEESE AND CHOICE OF SAUCE BUFFALO | HOT BUFFALO | HORSERADDISH BUFFALO CAROLINA BBQ | ASIAN ZING | LEMON PEPPER

**GARLIC BREAD BITES** \$10  
SERVED WITH MARINARA

## STARTERS

**POTATO SKINS** \$13  
BACON | CHEDDAR | CHIVES  
SERVED WITH SOUR CREAM AND RANCH

**BAVARIAN PRETZEL** \$10  
BEER CHEESE | BEER MUSTARD

**BUFFALO CAULIFLOWER** \$10  
BREADED AND FRIED CAULIFLOWER | TOSSED IN BUFFALO SAUCE | SERVED WITH RANCH

**ONION RINGS** \$10  
BREADED AND FRIED | SERVED WITH RANCH

**BACON & BEER CHEESE FRIES** \$13  
BACON CRUMBLES | BEER CHEESE | CARAMELIZED ONIONS

**HOT ITALIAN BEEF LOADED FRIES** \$14  
ITALIAN BEEF | HOT GIARDINIERA | PROVOLONE

**LOADED SWEET POTATO TOTS** \$12  
CURRY???

**JALAPENO POPPERS** \$12  
BREADED AND FRIED JALAPENOS | STUFFED WITH CREAM CHEESE | SERVED WITH RANCH

## BOWLS

**HOUSE SALAD** \$12  
CHOPPED ROMAINE | SHREDDED CARROTS | CROUTONS DRESSINGS RANCH | ASIAN

**CHICKEN CESAR SALAD** \$15  
CHOPPED ROMAINE | CROUTON | PARMESAN | CAESAR DRESSING

**SOUTHWEST CHICKEN SALAD** \$15  
CHOPPED ROMAINE  
X

**ITALIAN SALAD** \$15  
PEPPERONI | PEPPERONCINI | TOMATO | RED ONION | BLACK OLIVE | MOZZARELLA

## SOFT DRINKS

**COKE PRODUCTS** \$4  
Coke, Diet Coke, Coke Zero, Sprite, Barqs RB, Dr Pepper  
**LEMONADE** \$4  
**FLAVORED LEMONADE** \$4 Strawberry, Blackberry  
**SHIRLEY TEMPLE & CHERRY COKE** \$4

## SIDES

**SEASONED CRINKLE FRIES** \$6 | **SIDE SALAD** \$7  
**SWEET POTATOT TOTS** \$7 | **GARLIC BREAD** \$4  
**SPICY SLAW** \$3 | **CHPIS N SALSA** \$6

## HOAGIES

**ITALIAN BEEF** \$14  
THINKLY SHAVED BEEF | GIARDINIERA | AU JUS  
ADD ON PROVOLONE +2 | HOT OR SWEET PEPPERS +2

**CHICKEN PHILLY** \$14  
THINKLY SHAVED CHICKEN | PROVOLONE | SAUTEED ONIONS

**STEAK PHILLY** \$14  
THINKLY SHAVED STEAK | PROVOLONE | SAUTEED ONIONS

**MEATBALL SUB** \$12  
PORK & BEEF MEATBALL | MARINARA | MOZZARELLA

**BUFFALO CHICKEN PHILLY** \$14  
THINKLY SHAVED CHICKEN | PROVOLONE | SAUTEED ONIONS | RANCH

## KIDS MENU \$6

**CORN DOG & FRIES**  
**CHICKEN TENDERS & FRIES**  
**CHEESEBURGER & FRIES**  
**MAC & CHEESE**

**Kids Eat Free Monday Nights**  
AFTER 3 PM, on e free meal with paid adult meal

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

# HANDHELDS

<b>HOT HONEY PULLED PORK</b> SERVED WITH SPICY SLAW	\$14	<b>SOUTHWESTERN CHICKEN WRAP</b> X	\$13
<b>FRIED FISH TACOS</b> X	\$14	<b>BACKYARD BURGER*</b>	\$14
<b>CHICKEN TENDERS</b> 4 BREADED TENDERS   FRIES   RANCH	\$14	ALL BEEF PATTY   LETTUCE   TOMATO   ONION PICKLE CHIP   GARLIC & PARMESAN AIOLI ADD CHEDDAR   MOZZARELLA   JACK   SWISS +1 EA	
<b>CRISPY CHICKEN SANDWICH</b>	\$15	<b>TAPHOUSE BURGER</b>	\$16
BREADED CHICKEN BREAST   LETTUCE   TOMATO   PICKLES CHIPOTLE AIOLI TOSSED IN BUFFALO   NASHVILLE   BBQ +1		ALL BEEF PATTY   BEER SAUTEED MUSHROOMS   BACON JAM SWISS CHEES   ARUGULA   GARLIC * PARMESAN AIOLI	
<b>BLT</b>	\$12	<b>MAC DADDY BURGER</b>	\$18
BACON   LETTUCE   TOMATO   GARLIC & PAMESAN AIOLI		ALL BEEF PATTY   TOPPED WITH MAC N CHEESE	

# MAC N CHEESE

<b>HOUSE MAC</b>	TOPPED WITH BREADCRUMBS & CHEDDAR CHEESE	\$11
<b>BUFFALO MAC</b>	BREADED CHICKEN TENDERS TOSSED IN BUFAFLO SAUCE TOPPED WITH BREADCRUMBS & CHEDDAR CHEESE	\$13
<b>BACON &amp; JALAPENO</b>	TOSSED WITH BACON & PICKLED JALPENOS TOPPED WITH BREADCRUMBS & CHEDDAR CHEESE	\$13

# 14" PIZZAS

CHEESE \$16

**CRUST OPTIONS - HAND TOSSED | CAULIFLOWER CRUST +4 | GLUTEN FREE CRUST +4**

**SAUCE OPTIONS - RED TOMATO SAUCE | PESTO | OLIVE OIL & GARLIC | ALREDO WHITE SAUCE | BUFFALO**

ADDITIONAL TOPPINGS +2

**MEATS: PEPPERONI | SAUSAGE | BACON | CHICKEN | HAM**  
**VEGGIES: MUSHROOMS | ONIONS | BLACK OLIVES | ARUGULA**  
**BELL PEPPERS | JALAPENOS | BASIL**

## SPECIALTY PIZZAS

<b>SUPREME</b>	PEPPERONI   SAUSAGE   MUSHROOMS   ONIONS   PEPPERS	\$21
<b>BBQ CHICKEN</b>	BBQ SAUCE   ONIONS   BELL PEPPERS   MOZZERELLA   CILANTRO	\$20
<b>MARGHERITA</b>	TOMATO SAUCE   MOZZARELLA   FRESH BASIL   OLIVE OIL	\$18
<b>VEGETARIAN</b>	FRESH TOMATOS   MUSHROOMS   ONIONS   BELL PEPPERS   BLACK OLIVES	\$21

## LUNCH SPECIALS

MON - FRI 11AM - 3PM

<b>HOT HONEY PORK SANDWICH</b>	\$12
<b>FISH TACOS</b>	
<b>CHICKEN TENDERS</b>	
<b>BACKYARD BURGER</b>	
<b>CHEESE OR PEPPERONI PIZZA</b>	\$14

## WEEKDAY SPECIALS

AFTER 3PM

<b>MONDAY</b>	KIDS EAT FREE
<b>TUESDAY</b>	UNLIMITED TOPPINGS ON PIZZA
<b>WEDNESDAY</b>	BACKYARD BURGER \$10
<b>THURSDAY</b>	\$5 COSMO LADIES NIGHT
<b>FRIDAY</b>	FISH & CHIPS \$18

## HAPPY HOUR

**DRINKS** 11AM - 6PM MON - FRI

\$4 DOMESTIC DRAFTS | \$5 CRAFT DRAFTS

\$5 CANS/BOTTLES | \$6 WELLS

\$1 OFF WINES

**EATS** 3PM - 6PM MON - FRI

\$10 EA

BAVARIAN PRETZEL | POTATO SKINS

BACON & BEER CHEESE FRIES | NACHOS

JALAPENO POPPERS | MOZZARELLA STICKS

\*CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY.



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

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> 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:

~~SB16 LLC~~ dba Four Corners Taphouse

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

25 5 7 Liqueur Dept FM 2:26

- 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**

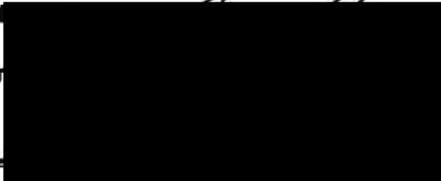
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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

Applicant Sign 

**\*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

'25 5 15 Liq. Dept #19:35  
 DLLC USE ONLY

Fee:
Job #: 347310
Date Accepted: 5-3-2024

## Personal Information Questionnaire

FP correct  
5-3-2024

**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

1. Name: Lucidi, Joseph, Paul  
Last      First      Middle
2. Social Security #: [REDACTED]      Birth Date: [REDACTED]  
(NOT a public record)      (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: 05 / 01 / 2006
6. Email address: joe@westsideconcepts.us
7. Home Address: [REDACTED]
8. Daytime phone #: 623-889-1452      Alternative phone #: \_\_\_\_\_

### SECTION 2 -- LICENSED BUSINESS INFORMATION

1. Liquor License #: \_\_\_\_\_
2. Business Name (doing business as): ~~SB16 LLC~~ dba Four Corners Taphouse
3. Business Address: 24762 N Lake Pleasant Pkwy, Ste 101, Peoria, AZ 85383

### 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: 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. 54-202(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. 54-202, 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) 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: 5/3/2025

25 5 15 Liqueur Dept AM 9:35

My Name is Joey Lucidi,

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

- 012070029349 – BMGY11 LLC
- 1207A038 – JTLZ LLC
- 01270031476 – BM9 LLC
- 01270030948 – LUCY DEES LLC (current location)
- 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



# 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) Joe Paul Lucidi

## 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 [REDACTED] State [REDACTED] COUNTRY USA

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

2) Name of document: [REDACTED]

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

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

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

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

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

**SECTION III – QUALIFIED ALIEN DECLARATION**

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).

Joe Lucidi

\_\_\_\_\_  
Print Name



5/3/25  
\_\_\_\_\_  
Date

Certificate # 803800

<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. 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 prerequisite for MANAGEMENT Title 4 training 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

DITAT DEUS

Joe Lucidi



05-21-2025

Training Completion Date

05-20-2028

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

**Professional Server Certification Corporation (PSCC)**

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, 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 named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

21 / 05 / 2025

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 #803235

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

Joe Lucidi

Full Name (please print)

05-19-2025

Training Completion Date

05-18-2028

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

**Professional Server Certification Corporation (PSCC)**

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, 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).

Instructor Signature

19 / 05 / 2025  
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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