

State of Arizona
Department of Liquor Licenses and Control

Created 07/11/2025 @ 04:23:38 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	WILD PINE COFFEE CO		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	20340 N LAKE PLEASANT ROAD SUITE 110 PEORIA, AZ 85382 USA		
Mailing Address:	20340 N LAKE PLEASANT ROAD SUITE 110 PEORIA, AZ 85382 USA		
Phone:	(480)625-3827		
Alt. Phone:	(971)322-4144		
Email:	TREND@WILDPINECOFFEECO.COM		

AGENT

Name:	TRENDA SHALEEN ANDERSON
Gender:	Female
Correspondence Address:	20340 N LAKE PLEASANT ROAD SUITE 110 PEORIA, AZ 85382 USA
Phone:	(971)322-4144
Alt. Phone:	
Email:	TRENDA@WILDPINECOFFEECO.COM

OWNER



Name: WILD PINE COFFEE COMPANY LLC
Contact Name: TREND A SHALEEN ANDERSON
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23318713 State of Incorporation: AZ
Incorporation Date: 01/11/2022
Correspondence Address: 20340 N LAKE PLEASANT ROAD
SUITE 110
PEORIA, AZ 85382
USA
Phone: (971)322-4144
Alt. Phone:
Email: TREND A@WILDPINECOFFEECO.COM

Officers / Stockholders

Name:	Title:	% Interest:
TREND A SHALEEN ANDERSON	Mgr-Member	100.00

WILD PINE COFFEE COMPANY LLC - Mgr-Member

Name: TREND A SHALEEN ANDERSON
Gender: Female
Correspondence Address: 20340 N LAKE PLEASANT ROAD
SUITE 110
PEORIA, AZ 85382
USA
Phone: (971)322-4144
Alt. Phone:
Email: TREND A@WILDPINECOFFEECO.COM

MANAGERS

Name: ERIK JAMES ANDERSON
Gender: Male
Correspondence Address: 20340 N LAKE PLEASANT ROAD
SUITE 110
PEORIA, AZ 85382
USA
Phone: (623)332-0197
Alt. Phone:
Email: ERIKJA245@GMAIL.COM

APPLICATION INFORMATION

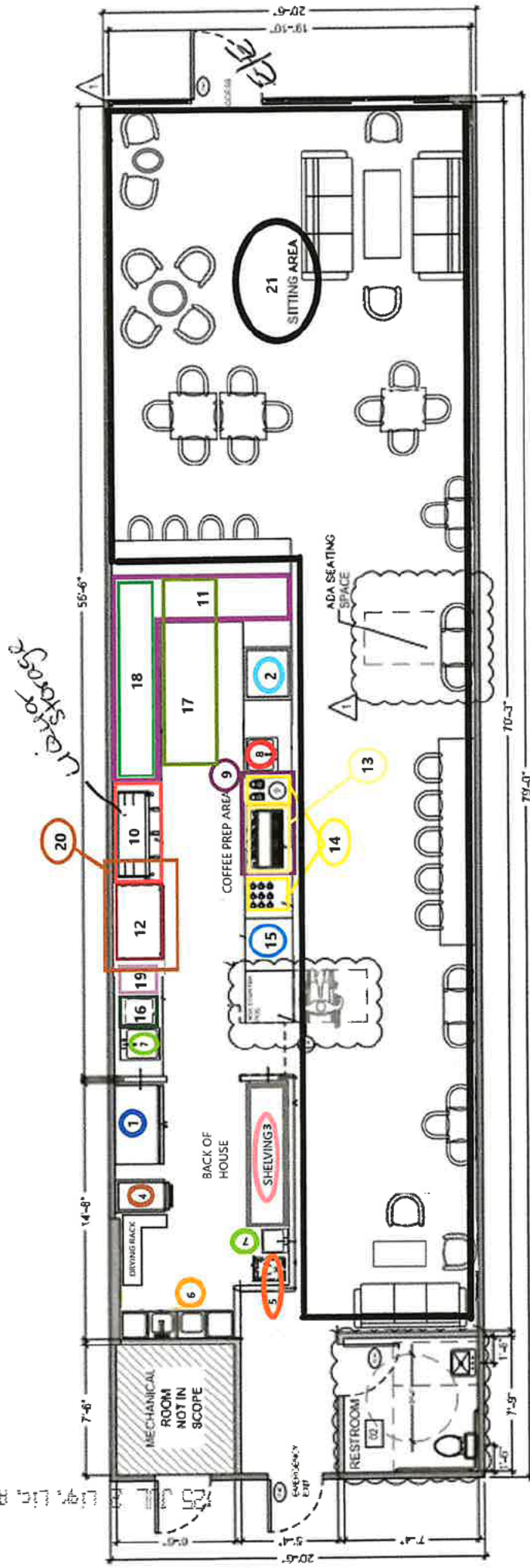
Application Number: 352569
Application Type: New Application
Created Date: 07/02/2025

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY TENANT
- 3) Is there a penalty if lease is not fulfilled?
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
ZERO
- 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?
No
- 9) What type of business will this license be used for?
COFFEE AND COCKTAIL LOUNGE

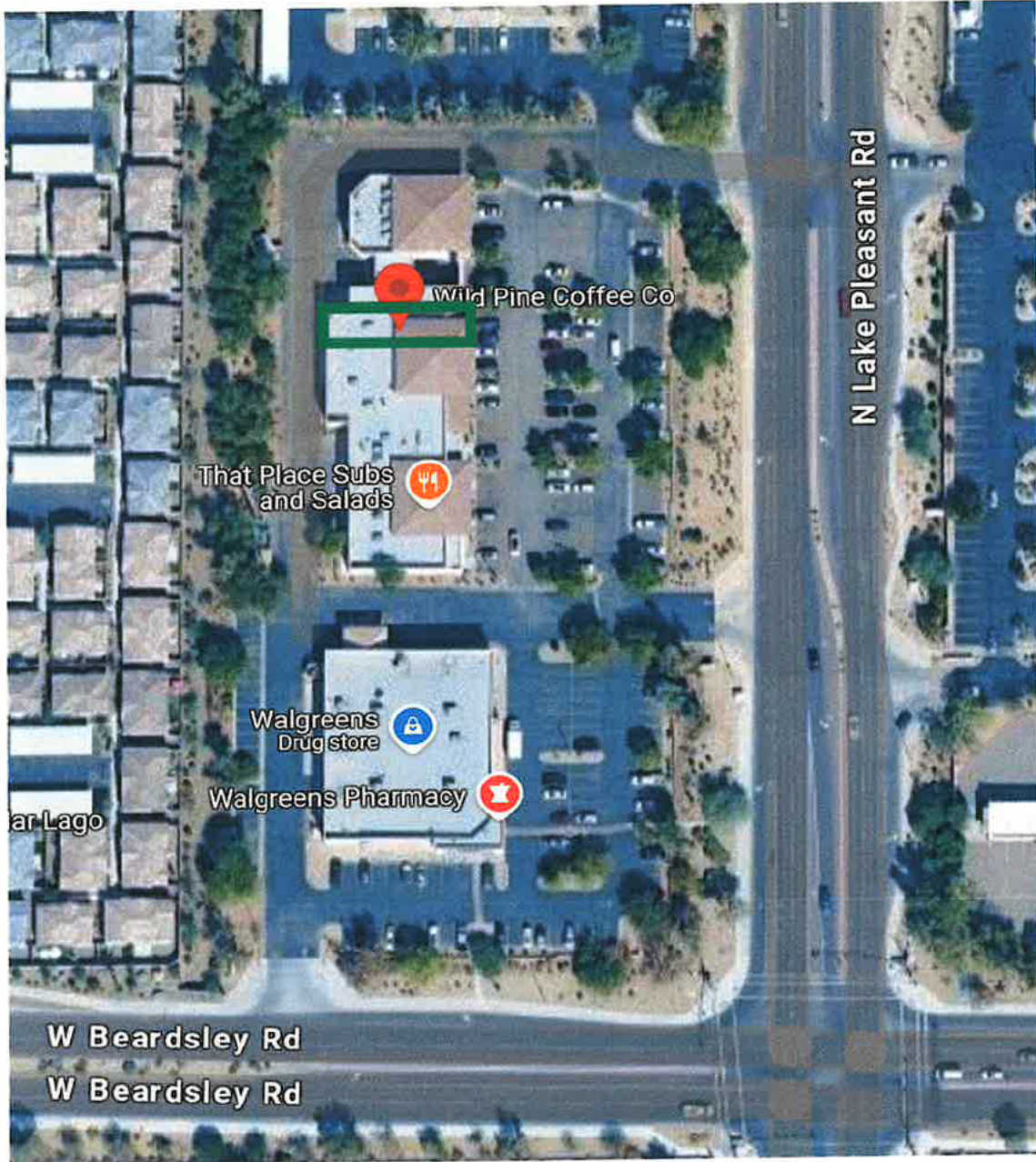
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- KEY -**
- 1 - BACK OF HOUSE REFRIGERATOR
 - 2 - CASH REGISTER
 - 3 - BACK OF HOUSE STORAGE (DRY GOODS)
 - 4 - ICE MACHINE
 - 5 - MOP SINK
 - 6 - 3 COMPARTMENT SINK
 - 7 - HANDWAHSING SINK
 - 8 - PREP SINK
 - 9 - UNDERCOUNTER REFRIGERATOR
 - 10 - KEGORATOR FOR BEER AND COLD BREW
 - 11 - SPIRIT AND SYRUP STORAGE
 - 12 - UNDERCOUNTER FREEZER
 - 13 - ESPRESSO MACHINE
 - 14 - SYRUPS AND FLAVORING
 - 15 - DRINK PICKUP LOCATION
 - 16 - BUNN TEA AND DRIP BREWER
 - 17 - ALCOHOL PREP LOCATION
 - 18 - COUNTERTOP LIQUOR DISPLAY AND STORAGE
 - 19 - SPEED OVEN
 - 20 - FOOD PREP LOCATION
 - 21 - SEATING AND DINING AREA

WILD PINE COFFEE CO. LAYOUT







25 JUL 2 199. Lic. #18119

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
Wild Pine Coffee Co.

1. Name of restaurant (Please print): _____

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS	
Grill	N/A none
Oven	Merry Chef Eikon High Speed oven E2S 15"
Freezer	Fagor FUF-48 16.7 cu.ft.
Refrigerator	Kutano KUTR2SS 49 cu.ft. , Fagor FUR-60 20.6 cu. ft. , Peakcold 4 Tap Kegerator IM60NDD2 15 cu. ft.
Sink	(2) Hally Handwashing sinks HL-HS-17-SP , Prep Sink FRANIC 13"x15"x9"
Dish Washing Facilities	Regency 16 Gauge Stainless Steel 3 Compartment Commercial Sink 24"x18"x14"
Food Preparation Counter (Dimensions)	24" x 8'
Other	Nuova Simonelli 3 Group Volumetric Espresso Machine MAPP19VOL03ND0001, Scottsman MCO330SA-1 30" , Bunn Coffee/Tea Brewer 52500.0100

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.) 65 %

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?) N/A %

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

a) Restaurant dining area of your premises: [**43**]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [**+ 4**]

TOTAL [= 47]

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.)

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	0
Bartenders	3
Hostesses	0
Managers	2
Servers	0
Other ()	
Other ()	
Other ()	

I, (Print Full Name) Trenda Shaleen Anderson, 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: 

Specialty Lattez

16 oz 5.75

24 oz 7.00

Goddess Energy

WHITE CHOCOLATE, VANILLA,
BROWN SUGAR CINNAMON

It's Fiiine

WHITE CHOCOLATE, HAZELNUT,
CARAMEL DRIZZLE

Cannon Beach

CHOCOLATE, SALTED CARAMEL & SOFT TOP

Joe Dirt

DIRTY CHAI

Campfire

CHOCOLATE, CARAMEL, BROWN SUGAR
CINNAMON

Carpe Diem

RASPBERRY RUM

Island Time

LIBE

Hope Dealer

HONEY, LAVENDER



Tea'z

\$5.25 - \$6.00

Matcha Libre

CEREMONIAL GRADE

Chai Tea

LOCALLY MADE

\$4.75 - \$5.75

Oregon Summer

BLACK TEA, RASPBERRY, BLACKBERRY

Living Aloha

GREEN TEA, PINEAPPLE, GUAVA, PEACH

Liquid Sunshine

GREEN TEA, RASPBERRY, ORANGE

Energy Drinkz

24 oz 6.95

Dragon Eye

PINEAPPLE, MANGO, RASPBERRY

Godzilla Melee

BLACKBERRY, RASPBERRY, GUAVA

Treebeard

STRAWBERRY, PEACH, KIWI

Phoenix Lights

CHERRY, ORANGE, VANILLA, OJ

Wonder Woman

STRAWBERRY, BLACKBERRY

Alien Invasion

RASPBERRY RUM, COCONUT,
STRAWBERRY

Princess Bride

PEACH, ORANGE, GUAVA

Snackiez

The Breakfast Club \$4.50

Bagel & Cream Cheeze

DAIRY FREE CREAM CHEEZE +\$1.50

GLUTEN FREE + \$1.50

The Sammy Lot \$6.75

Egg & Cheeze

Bacon, Egg & Cheeze

Sausage, Egg & Cheeze

Chicken, Egg & Cheeze \$7.75

SWAP FOR BAGEL +\$1.25

Marty McFly \$8.95

CHICKEN, BACON, PESTO, CHEDDAR ON A
BAGEL

William Wallace \$8.95

CHICKEN, CUCUMBER, BOURSIN CHEEZE
ON APPLE STRUDEL BREAD

Cocktailz

Velvet Dagger \$14

Gin, Lychee Liqueur, Lime & Ginger Juice

Kill Bill Vol. 1 \$16

Lavender, Lemon, Coconut Cream, White Rum

Road to Eldorado \$15

Jalapeño Guava Margarita

Block Buster \$14

Raspberry, Passionfruit, Vodka, Curaçao & Lime Juice

Pulp Fiction \$17

House made Vanilla Bean, Bourbon, Orange & Cardamom
Bitters

Blood Moon \$15

Blood Orange Juice, Maraschino Liqueur
& Empress Gin

Three Sword Style \$16

Dark Rum, Cointreau, St. Germaine, Chamboard &
Lemonade

Space Bound \$16

Elderflower Lotus, Absinthe, St. Germaine &
Empress Gin

The Outsiders \$16

Tequila Espresso Martini



**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:

WILD PINE COFFEE CO.

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 JUL 2 11:47 Lic. # 819

- 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

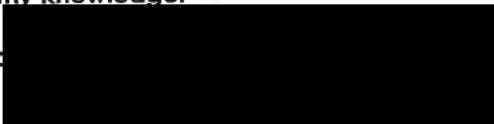
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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

DLCC USE ONLY

Fee:
Job #: 352569
Date Accepted: 07-11-2025
CSR: [Redacted]

Personal Information Questionnaire

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.
A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Anderson Trenda Shaleen
Last: Anderson First: Trenda Middle: Shaleen
- 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: 02 / 24 / 2017
- Email address: Trenda@wildpinecoffeeco.com
- Home Address: [Redacted]
- Daytime phone #: 971-322-4144 Alternative phone #: 623-332-0197

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Wild Pine Coffee Co.
- Business Address: 20340 N. Lake Pleasant Rd. Suite 110 Peoria, Az 85382

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS JUL 2 Lic. Lic. #1816

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: Trenda Anderson
Erik Anderson

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) Trenda Shaleen Anderson 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: 6/30/25



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) Trenda Shaleen Anderson

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 Klamath Falls State Oregon COUNTRY United States

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

2) Name of document: Arizona Driver 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.

2025 JUL 2 14:44:14 AM B-105

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 et seq.];
- 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. §

Trenda Shaleen Anderson

Print Name

4/30/25
Date



FINGERPRINT VERIFICATION FORM

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

DLIC USE ONLY

Job #:	352569
Date Accepted:	07-11-2025
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.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:	
06/30/2025	TRENDA SHALEEN ANDERSON	
Name of Fingerprint Technician:		
Angela Strauglar		
Fingerprint technician's Signature:		
[REDACTED]		
Fingerprint technician's Agency/company Name:	Phone Number:	
FINGERPRINT PHOENIX	602-493-5542	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



Fee:
Job #: 352569
Date Accepted: 07-11-2025
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.

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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: Anderson Erik James
Last: Anderson First: Erik Middle: James
- 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: 02 / 06 / 1992
- Email address: Erikja245@gmail.com
- Home Address: [REDACTED]
- Daytime phone #: 623-332-0197 Alternative phone #: 971-322-4144

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Wild Pine Coffee Co.
- Business Address: 20340 N Lake Pleasant Rd. Suite 110 Peoria, Az 85382

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS '25 JUL 2 Lic. Lic. #18:17

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: Erik James Anderson

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) Erik James Anderson 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: 06/20/2025



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 #:	352569
Date Accepted:	07-11-2025
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.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date 06/30/2025	Name of Applicant: ERIK JAMES ANDERSON	
Name of Fingerprint Technician: Angela Straughan		
Fingerprint technician's Signature: [Redacted]		
Fingerprint technician's Agency/company Name: FINGERPRINT PHOENIX		Phone Number: 602-493-5542
Type of Photo ID Provided (check one): <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		