



Name:	Title:	% Interest:
PRABJOT KAUR DULKU	President	32.75
SUKHWINDER SINGH	Director	32.75
KAUR B LLC	Officer	19.50

### **KAUR B LLC - Member**

Name: BHUPINDER KAUR  
 Gender: Female  
 Correspondence Address: PO BOX 6252  
 CHANDLER, AZ 85246  
 USA  
 Phone: (602)405-2369  
 Alt. Phone:  
 Email: BHKAUR1331@GMAIL.COM

### **FIREHOUSE EVENT CENTER & BAR INC - Director**

Name: SUKHWINDER SINGH  
 Gender: Male  
 Correspondence Address: PO BOX 6252  
 CHANDLER, AZ 85246  
 USA  
 Phone: (623)313-8572  
 Alt. Phone:  
 Email: FIREHOUSE1EVENTCENTER@GMAIL.COM

### **FIREHOUSE EVENT CENTER & BAR INC - President**

Name: PRABJOT KAUR DULKU  
 Gender: Female  
 Correspondence Address: PO BOX 6252  
 CHANDLER, AZ 85246  
 USA  
 Phone: (209)628-1134  
 Alt. Phone:  
 Email: FIREHOUSE1EVENTCENTER@GMAIL.COM

### **FIREHOUSE EVENT CENTER & BAR INC - Officer**

Name: KAUR B LLC  
 Contact Name: MICHAEL RAYMOND KAFFER JR  
 Type: LIMITED LIABILITY COMPANY  
 AZ CC File Number: State of Incorporation:  
 Incorporation Date:  
 Correspondence Address: PO BOX 6252  
 CHANDLER, AZ 85246  
 USA  
 Phone: (928)581-9038  
 Alt. Phone:  
 Email: ADMIN@AATF-AZ.COM

## APPLICATION INFORMATION

Application Number: 365437  
Application Type: Owner Transfer  
Created Date: 10/20/2025

## QUESTIONS & ANSWERS

### 006 Bar

- 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.
- 8) Did the Premises phone number change?  
Yes  
What is the new phone number?  
IT IS PENDING
- 11) Will there be an agent on this license?  
Yes  
A Document of type QUESTIONNAIRE is required.
- 12) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)  
PEORIA HIGH SCHOOL 11200 N 83RD AVE PEORIA AZ 85345  
2,316 FEET
- 13) Are you one of the following? Please indicate below.  
Property Tenant  
Sub-tenant  
Property Owner  
Property Purchaser  
Property Management Company  
TENANT
- 14) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
LENGTH OF THE LEASE
- 15) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
0
- 16) Is there a drive through window on the premises?  
No
- 17) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NONE
- 18) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No
- 19) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)

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

Created 10/24/2025 @ 09:30:34 AM

Local Governing Body Report

**LICENSE**

Number:	INP070035561	Type:	INP INTERIM PERMIT
Name:	FIRE HOUSE EVENT CENTER & BAR		
State:	Active		
Issue Date:	10/24/2025	Expiration Date:	02/02/2026
Original Issue Date:	10/24/2025		
Location:	8307 W WASHINGTON STREET PEORIA, AZ 85345 USA		
Mailing Address:	PO BOX 6252 CHANDLER, AZ 85246 USA		
Phone:	(928)581-9038		
Alt. Phone:			
Email:	ADMIN@AATF-AZ.COM		

**AGENT**

Name:	MICHAEL RAYMOND KAFFER JR
Gender:	Male
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85246 USA
Phone:	(928)581-9038
Alt. Phone:	
Email:	ADMIN@AATF-AZ.COM

**OWNER**

Name:	FIREHOUSE EVENT CENTER & BAR INC		
Contact Name:	MICHAEL RAYMOND KAFFER JR		
Type:	CORPORATION		
AZ CC File Number:	23882026	State of Incorporation:	AZ
Incorporation Date:	09/12/2025		
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85246 USA		
Phone:	(928)581-9038		
Alt. Phone:			
Email:	ADMIN@AATF-AZ.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
PRABJOT KAUR DULKU	President	32.75
SUKHWINDER SINGH	Director	32.75
KAUR B LLC	Officer	19.50

**KAUR B LLC - Member**

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## APPLICATION INFORMATION

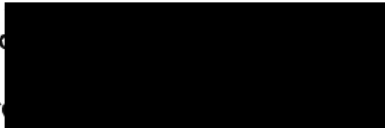
Application Number: 365439  
Application Type: New Application  
Created Date: 10/20/2025

## QUESTIONS & ANSWERS

### INP Interim Permit

- 1) Enter License Number currently at location  
06070343
- 2) Is the license currently in use?  
Yes
- 3) Submit the interim permit section of the license series application you are applying for when you reach the upload page.  
Yes  
A Document of type INTERIM NOTARY PAGE is required.

**SECTION 5 - Person to Person Transfer**  
ARS§4-203(C), (D), (G) (Current owner information)

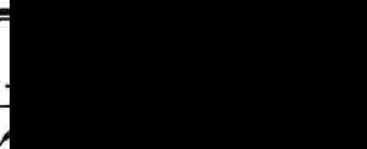

1. License #: 06070343  
2. Agent Name: Joseph Lucidi  
3. Entity Name: B23 LLC  
4. Business Name: FIRE HOUSE EVENT CENTER  
5. Business Address: 8307 W WASHINGTON Street, PEORIA, AZ 85345  
6. Does current licenses intend to operate the business while this application is pending?  Yes  No  
Print Licensee Name: Joseph Lucidi Signature: 

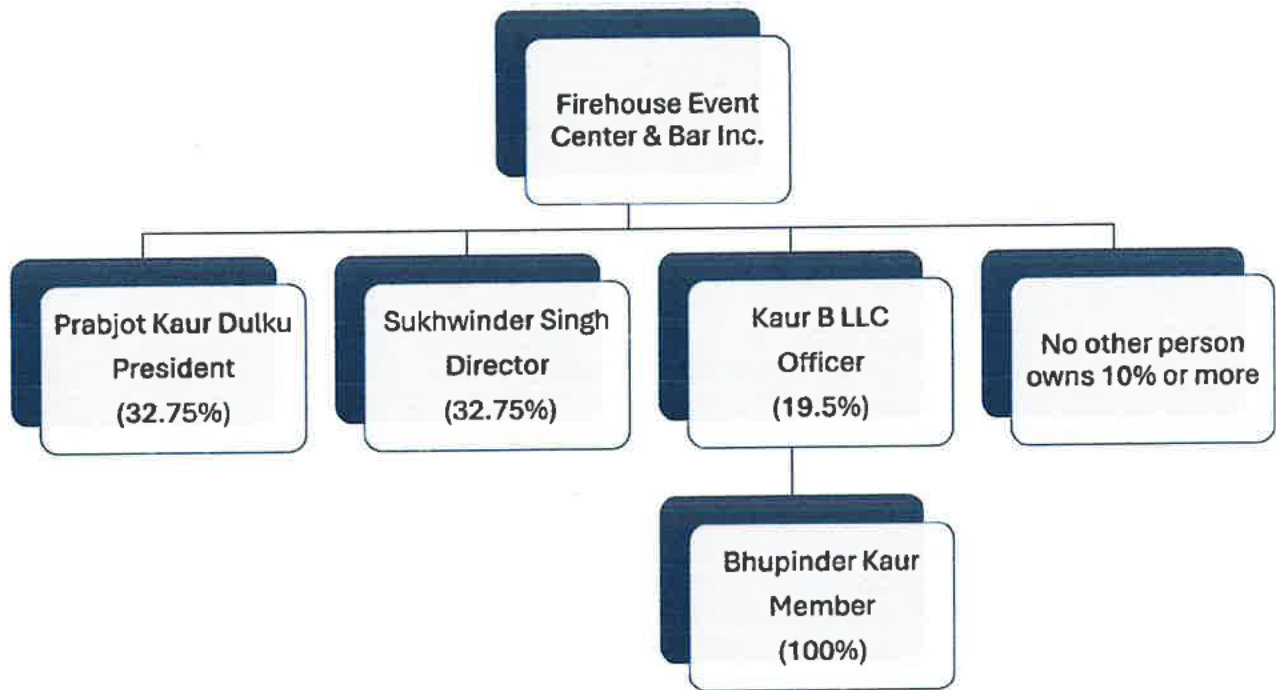
**SECTION 6 - Location Transfer**  
ARS§4-203(C), (D), (G) (Current owner information)

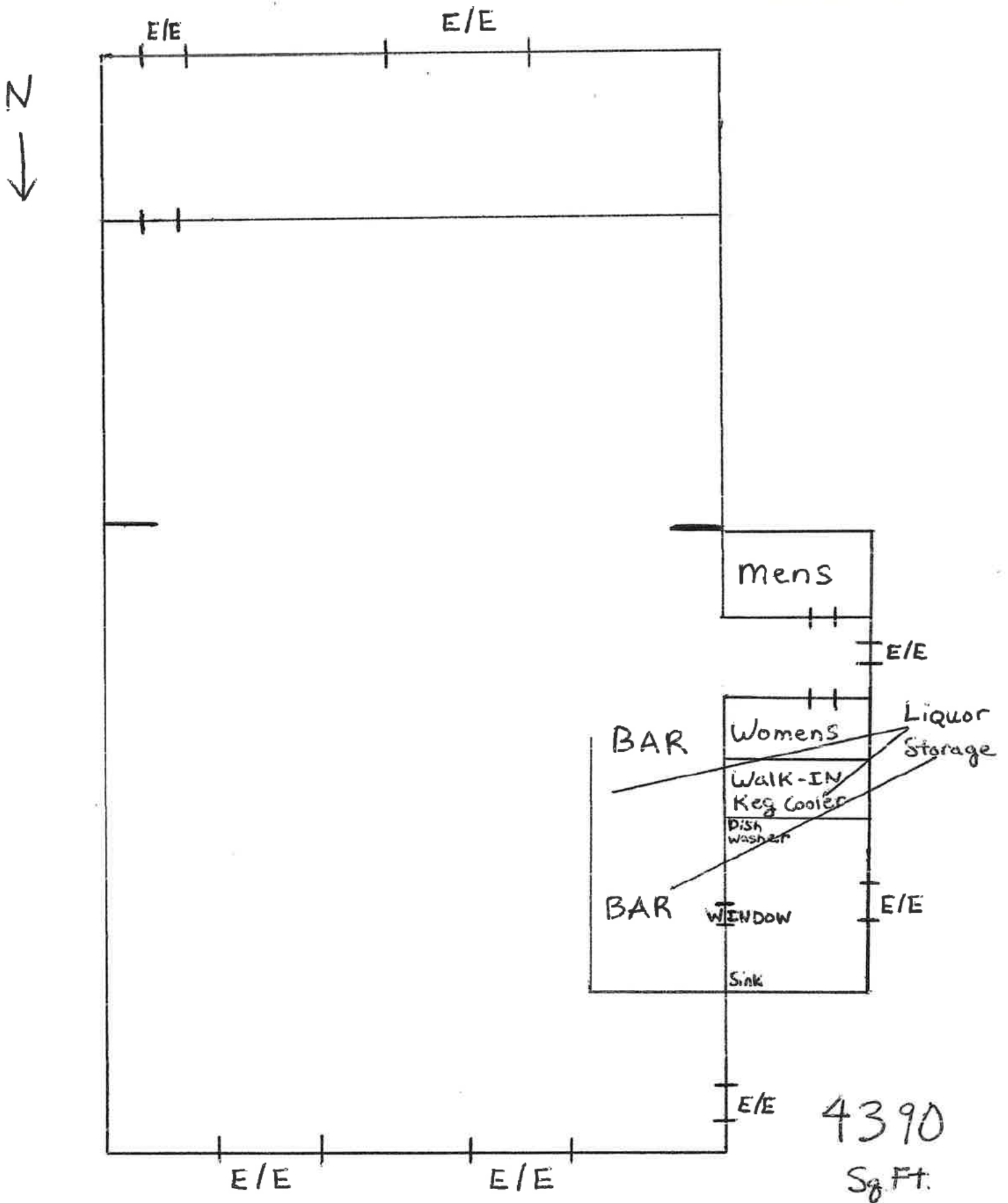
1. License #: \_\_\_\_\_  
2. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
3. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**SECTION 7 - Interim Permit**

1. Current license number at the location: 06070343 2. Is the license currently in use?  Yes  No  
2. If NOT currently in use, how long has it been since the license was last used at this location? \_\_\_\_\_

Current Licensee Name: Joseph Lucidi Signature:   
State of Arizona  
County of Maricopa  
Signed before me \_\_\_\_\_  
Notary Signature \_\_\_\_\_  
My commission expires \_\_\_\_\_  
 AMY BOEHNKE  
Notary Public - State of Arizona  
MARICOPA COUNTY  
Commission # 668868  
Expires: July 30, 2028  
Notary Seal







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

DLLC USE ONLY

Job #: 365439  
Date Accepted: 10/20/25

# Personal Information Questionnaire



8-27

**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: Kaffer Jr.      Michael      Raymond  
Last      First      Middle

2. Social Security #: [REDACTED]      [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 residence: [REDACTED]

6. Email address: admin@aatf-az.com

7. Home Address: [REDACTED]

8. Daytime phone #: 928-581-9038      Alternative phone #: \_\_\_\_\_

## SECTION 2 – LICENSED BUSINESS INFORMATION

1. License Number: 06070343

2. Business Name (doing business as): Fire House Event Center & Bar

3. Business Address: 8307 W Washington Street, Peoria, AZ 85345

**SECTION 3 – DAY TO DAY OPERATION OF BUSINESS**

\*25 OCT 20 PM 2:05 AZDILLC

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: Prabjot Kaur Dulku


**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

**SIGNATURE**

I, (Print Full Name) Michael Raymond Kaffer Jr. 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: 10/16/25



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

**ALIEN STATUS**

DLLC USE ONLY	
Job #:	3105439
Date Accepted:	10-20-2025
[Redacted]	

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) Michael Raymond Kaffer Jr.

**SECTION II – CITIZENSHIP OR NATIONAL STATUS**

Are you a citizen or national of the United States?  Yes  No - If **yes**, indicate place of birth:  
City Tucson State Arizona COUNTRY United States

If you answered **Yes, 1)** Attach a legible copy of a document from the list below.  
2) Name of document: Driver's License

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

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. §**

Michael Raymond Kaffer Jr.

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

\_\_\_\_\_  
Date

10/16/25



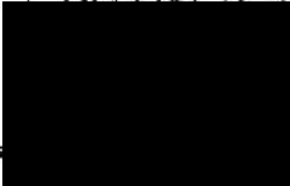
Arizona Department of Liquor Licenses and Control  
https://www.azliquor.gov  
(602) 542-5141

25 OCT 20 PM 2:07 AZDLLC

DLLC USE ONLY

Job #: 365439  
Date Accepted: 10-20-2025

# Personal Information Questionnaire



3

**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).

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

## SECTION - 1 INDIVIDUAL INFORMATION

AGENT       CONTROLLING PERSON       MANAGER

- Name: Singh Sukhwinder  
Last First Middle
- Social Security #: [REDACTED]  
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: [REDACTED]  
(NOT a public record)
- Are you a resident of Arizona?  Yes  No Date of residency: 10 / 05 / 1995
- Email address: firehouse1eventcenter@gmail.com
- Home Address: [REDACTED]
- Daytime phone #: 623-313-8572 Alternative phone #: [REDACTED]

## SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: 06070343
- Business Name (doing business as): Fire House Event Center & Bar
- Business Address: 8307 W Washington St Peoria AZ 85345

### SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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

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

Name of persons who will be handling the day to day operations: Prabjot Dulku  
Kaur


### 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
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\*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

### SIGNATURE

I, (Print Full Name) Sukhwinder Singh 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: 10/16/2025

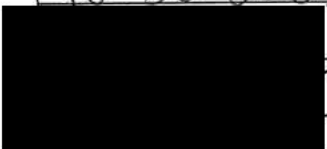


Arizona Department of Liquor Licenses and Control  
https://www.azliquor.gov  
(602) 542-5141

DLLC USE ONLY

Job #:	365437
Date Accepted:	10-20-2025
	3

**FINGERPRINT VERIFICATION**



**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.
5. Write applicants name on front of sealed envelope.

**Do not give the applicant the fingerprint card without first sealing it inside the envelope.**

**DO NOT FOLD FINGERPRINT CARDS**

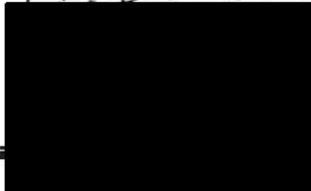
Please print in the following fields:

Date	Name of Applicant:	
10/16/25	Sukhwinder Singh	
Name of Fingerprint Technician:		
Michael Raymond Kaffter Jr.		
Fingerprint technician's Signature:		
Fingerprint technician's Title:	Phone Number:	
AATF	(480) 664-0389	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		



Job #: 375437
Date Accepted: 10-20-2025

Personal Information Questionnaire



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

SECTION - 1 INDIVIDUAL INFORMATION

[ ] AGENT [x] CONTROLLING PERSON [ ] MANAGER

- 1. Name: Kaur, Bhupinder
2. Social Security: [REDACTED] (NOT a public record)
3. Driver's License #: [REDACTED] (NOT a public record)
5. Are you a resident of Arizona? [x] Yes [ ] No Date of residency: 07 / 01 / 2004
6. Email address: Bhkaur1331@gmail.com
7. Home Address: [REDACTED]
8. Daytime phone #: 602-405-2369 Alternative phone #: [REDACTED]

SECTION 2 - LICENSED BUSINESS INFORMATION

- 1. License Number: 06070343
2. Business Name (doing business as): Fire house event center \$ Bar
3. Business Address: 8307 W Washington st Peoria AZ 85345

### SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

25 OCT 20 PM 2:08 AZDLLC

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

Prabjot Dulku

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

### 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

### SIGNATURE

Bhupinder Kaur

I, (Print Full Name) \_\_\_\_\_ 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: 10-16-2025

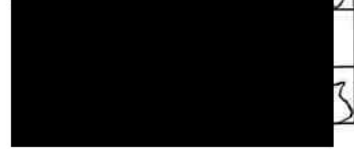


Arizona Department of Liquor Licenses and Control  
https://www.azliquor.gov  
(602) 542-5141

DLLC USE ONLY

Job #: 365437  
Date Accepted: 10-20-2025

**FINGERPRINT VERIFICATION**



**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.
5. **Write applicants name on front of sealed envelope.**

**Do not give the applicant the fingerprint card without first sealing it inside the envelope.**

**DO NOT FOLD FINGERPRINT CARDS**

Please print in the following fields:

Date	Name of Applicant:	
10/16/25	Bhupinder Kaur	
Name of Fingerprint Technician:		
Michael Raymond Kaffer Jr.		
Fingerprint technician's Signature:		
[Redacted Signature]		
Fingerprint technician's Agency/Company Name:		Phone Number:
AATF		(480) 664-0389
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		



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

DLLC USE ONLY

Job #: 3105437  
Date Accepted: 10-20-2025

# 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: Dulku Prabjot Kaur  
Last First Middle
- Social Security #: [REDACTED] (NOT a public record)
- Driver's License #: [REDACTED] (NOT a public record)
- Are you a resident of Arizona?  Yes  No Date of residency: 10 / 30 / 2020
- Email address: firehouse1eventcenter@gmail.com
- Home Address: [REDACTED]
- Daytime phone #: 209-628-1134 Alternative phone #: \_\_\_\_\_

## SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: 06070343
- Business Name (doing business as): Fire House Event Center & Bar
- Business Address: 8307 W Washington St Peoria AZ 85345

### SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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

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

Name of persons who will be handling the day to day operations: Prabjot Kaur Dulku


### 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

### SIGNATURE

I, (Print Full Name) Prabjot K Dulku 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 herein are true and correct to the best of my knowledge.

 Date: 10/16/2025



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

\*25 OCT 20 PM 2:08 AZDLLC

DLLC USE ONLY

Job #: 365439  
Date Accepted: 10-20-2025

**FINGERPRINT VERIFICATION**



**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.
5. **Write applicants name on front of sealed envelope.**

**Do not give the applicant the fingerprint card without first sealing it inside the envelope.**

**DO NOT FOLD FINGERPRINT CARDS**

Please print in the following fields:

Date	Name of Applicant:	
10/16/25	Prabjot Kaur Dalku	
Name of Fingerprint Technician:		
Michael Raymond Kaffer Jr.		
Fingerprint technician's Signature:		
[Redacted Signature]		
Fingerprint technician's Agency/company Name:	Phone Number:	
AATF	(480) 664-0389	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)

Certificate # ONLINE

On-sale \*25 OCT 20 PM 2 08 AZDLLC  
 Off-sale  
 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 Licenses and Control. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.  
This 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

**Prahlot Dulku**

[Redacted Signature]

10/17/2025

Training Completion Date

10/17/2028

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

### US Liquor Laws

Company Name

P.O. Box 6965, Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

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

Title 4 BASIC Training in accordance with A.R.S. 54-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Redacted Signature]

Instructor Signature

10 / 17 / 2025

Mo Date 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.

July 11, 2013

Certificate # ON-LINE

### 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

**Prabjot Dulku**



10/17/2025

Training Completion Date

10/17/2028

Certificate Expiration Date  
(three years from completion date)

#### Training Provider Information

##### US Liquor Laws

Company Name

P.O. Box 6965 Chandler, Arizona 85246

Mailing Address

(480) 709-8900

Daytime Contact Phone Number

Jared Repinski

I, \_\_\_\_\_, certify that the above named individual did successfully complete

Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. 54-112(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

10 / 17 / 2025

Mo    Day    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)  
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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.

July 11, 2013

## BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

\*\*\*TEN DOLLARS AND NO CENTS\*\*\*lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged.

This BILL OF SALE (this "Agreement"), dated as of October 3, 2025 is by and among B23 LLC, an Arizona Limited Liability Company (Seller), and Firehouse Event Center & Bar, Inc., an Arizona Corporation (Buyer).

### RECITALS

A. Seller and Buyer are parties to an Asset Purchase Agreement executed July 31, 2025 (the "Purchase Agreement"), pursuant to which, among other things, Buyer has agreed to purchase certain assets of Seller upon the terms and conditions specified therein.

B. This Agreement is being executed and delivered in order to affect the transfer to Buyer of such assets as set forth in the Purchase Agreement.

### AGREEMENTS

In consideration of the premises and the mutual covenants and agreements set forth in the Purchase Agreement, the parties hereby agree as follows:

- 1. Definitions.** Capitalized terms used in this Agreement and not otherwise defined herein shall have the meaning ascribed thereto in the Purchase Agreement.
- 2. Sale of Assets.** Seller, in accordance with and subject to the terms of the Purchase Agreement, hereby sells, conveys, assigns, transfers and delivers to Buyer, and Buyer, in accordance with and subject to the Purchase Agreement, hereby purchases and acquires from Seller, all of Seller's right, title and interest of every kind and nature, that certain business known as **Fire House Event Center, presently located at 8307 W. Washington Street, Peoria, AZ 85345, including State of Arizona Liquor License #06070343, and that certain equipment per the attached Exhibit "A", which exhibit is incorporated herein by reference.** FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said personal property and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.
- 3. Counterparts.** This Agreement is executed pursuant to the Purchase Agreement and may be executed in two counterparts, each of which as so executed shall be deemed to be an original but both of which together shall constitute one and the same instrument. A facsimile signature shall be acceptable as an original for all purposes.
- 4. Binding Effect.** This Agreement shall inure to the benefit of and be binding upon Buyer and Seller, and their respective successors and assigns, but shall not create any right of subrogation or other right on the part of any other person.
- 5. Amendment, Waiver or Termination.** This Agreement cannot be amended, waived or terminated except by a writing signed by the parties hereto.
- 6. Governing Law.** THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF ARIZONA.

IN WITNESS WHEREOF, Buyer and Seller have caused this Bill of Sale to be executed individually or in their respective corporate names by their respective proper officers thereunto duly authorized, as of the date first written above.

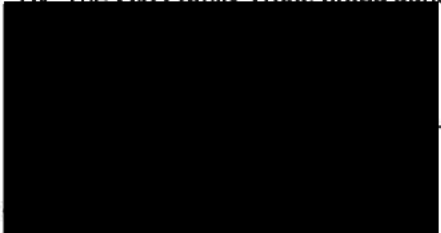
Dated: October 3, 2025

**SELLER:**

**BUYER:**

B23 LLC, an Arizona Limited Liability Company  
By: The Gio Family Trust, dated June 30,

Firehouse Event Center & Bar, Inc., an  
Arizona Corporation



\_\_\_\_\_  
Prabjot Dulku, President

IN WITNESS WHEREOF, Buyer and Seller have caused this Bill of Sale to be executed individually or in their respective corporate names by their respective proper officers thereunto duly authorized, as of the date first written above.

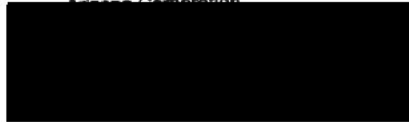
Dated: October 3, 2025

SELLER:

BUYER:

B23 LLC, an Arizona Limited Liability Company  
By: The Gio Family Trust, dated June 30,  
2014, Manager

Firehouse Event Center & Bar, Inc., an  
Arizona Corporation



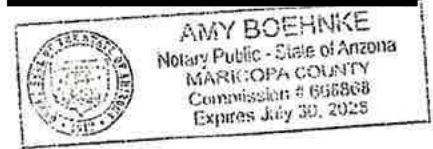
\_\_\_\_\_  
Joseph P. Lucidi, Trustee

State of Arizona )  
 )  
County of Maricopa )

On 3rd day of October, 2025, before me, the undersigned Notary Public, personally appeared Joseph P. Lucidi, Trustee of The Gio Family Trust, dated June 30, 2014, Manager of B23 LLC, an Arizona Limited Liability Company personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: 7/30/2028



State of Arizona )  
 )  
County of Maricopa )

On \_\_\_\_\_ day of October, 2025, before me, the undersigned Notary Public, personally appeared Prabjot Dulku, President of Firehouse Event Center & Bar, Inc., an Arizona Corporation personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

State of Arizona )  
 )  
County of Maricopa )

On 3rd day of October, 2025, before me, the undersigned Notary Public, personally appeared Joseph P. Lucidi, Trustee of The Gio Family Trust, dated June 30, 2014, Manager of B23 LLC, an Arizona Limited Liability Company personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

State of Arizona )  
 )  
County of Maricopa )

On 12<sup>th</sup> day of October, 2025, before me, the undersigned Notary Public, personally appeared Prabjot Duiku, President of Firehouse Event Center & Bar, Inc., an Arizona Corporation personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: July 18<sup>th</sup> 2027

