

State of Arizona
Department of Liquor Licenses and Control

Created 12/03/2025 @ 09:41:59 AM

Local Governing Body Report

LICENSE

Number: _____ Type: 012 RESTAURANT
Name: CALDWELL COUNTY BBQ
State: Pending
Issue Date: _____ Expiration Date: _____
Original Issue Date: _____
Location: 8315 W WASHINGTON STREET
PEORIA, AZ 85345
USA
Mailing Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone: _____
Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

AGENT

Name: TRAVIS CADE TAYLOR
Gender: Male
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone: (480)892-0512
Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

OWNER

Name: CALDWELL COUNTY BBQ AT PEORIA LLC
Contact Name: TRAVIS CADE TAYLOR
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23660812 State of Incorporation: AZ
Incorporation Date: 03/27/2024
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone: (480)892-0512
Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

Officers / Stockholders

Name:	Title:	% Interest:
T & Y HOLDINGS LLC	Member	40.00
CALDWELL LIFE LLC	Member	30.00
WAYNE M HOLDINGS LLC	Member	15.00
JAMES M HOLDINGS LLC	Member	15.00

**SAC FAMILY TRUST DATED SEPTEMBER 1, 2020 -
TRUSTEE
SAC FAMILY TRUST DATED SEPTEMBER 1, 2020 -
TRUSTEE**

Name: ALISA MICHELLE CALDWELL
 Gender: Female
 Correspondence Address: 18324 E NUNNELEY ROAD
 GILBERT, AZ 85296
 USA
 Phone: (480)238-2178
 Alt. Phone: (480)892-0512
 Email: ALISACALDWELL17@GMAIL.COM

T & Y HOLDINGS LLC - Managing Partner

Name: TRAVIS CADE TAYLOR
 Gender: Male
 Correspondence Address: 18324 E NUNNELEY ROAD
 GILBERT, AZ 85296
 USA
 Phone: (623)276-9583
 Alt. Phone: (480)892-0512
 Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

**CALDWELL COUNTY BBQ AT PEORIA LLC -
Member**

Name: JAMES M HOLDINGS LLC
 Contact Name: TRAVIS CADE TAYLOR
 Type: LIMITED LIABILITY COMPANY
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: 18324 E NUNNELEY ROAD
 GILBERT, AZ 85296
 USA
 Phone: (623)276-9583
 Alt. Phone:
 Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

CALDWELL LIFE LLC - Member

Name: SUSAN LEE CALDWELL
Gender: Female
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (480)251-2283
Alt. Phone: (480)892-0512
Email: SCALDWELL1217@GMAIL.COM

**CALDWELL COUNTY BBQ AT PEORIA LLC -
Member**

Name: WAYNE M HOLDINGS LLC
Contact Name: TRAVIS CADE TAYLOR
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone:
Email: OFFICE@CALDWELLCOUNTYBBQ.COM

**SAC FAMILY TRUST DATED SEPTEMBER 1, 2020 -
TRUSTEE
SAC FAMILY TRUST DATED SEPTEMBER 1, 2020 -
TRUSTEE**

Name: SPENCER CLAY CALDWELL
Gender: Male
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (480)283-4425
Alt. Phone: (480)892-0512
Email: SPENCERCALDWELL@GENTRYAZ.COM

CALDWELL LIFE LLC - Member

Name: JAMES CLAY CALDWELL
Gender: Male
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (480)201-4891
Alt. Phone: (480)892-0512
Email: CCALDWELL777@GMAIL.COM

**CALDWELL COUNTY BBQ AT PEORIA LLC -
Member**

Name: T & Y HOLDINGS LLC
Contact Name: TRAVIS CADE TAYLOR
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone: (480)892-0512
Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

**CALDWELL COUNTY BBQ AT PEORIA LLC -
Member**

Name: CALDWELL LIFE LLC
Contact Name: TRAVIS CADE TAYLOR
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone: (480)892-0512
Email: TRAVISTAYLOR@CALDWELLCOUNTYBBQ.COM

**JAMES M HOLDINGS LLC - MEMBER
WAYNE M HOLDINGS LLC - MEMBER**

Name: SAC FAMILY TRUST DATED SEPTEMBER 1, 2020
Contact Name: TRAVIS CADE TAYLOR
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (623)276-9583
Alt. Phone:
Email: OFFICE@CALDWELLCOUNTYBBQ.COM

T & Y HOLDINGS LLC - Member

Name: YESENIA TAYLOR REYES
Gender: Female
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (801)310-1324
Alt. Phone: (623)276-9583
Email: TAYLORYESENIA@GMAIL.COM

MANAGERS

Name: MOSES MIGUEL PEREZ
Gender: Male
Correspondence Address: 18324 E NUNNELEY ROAD
GILBERT, AZ 85296
USA
Phone: (909)549-0881
Alt. Phone: (480)892-0512
Email: MPEREZST2005@ICLOUD.COM

APPLICATION INFORMATION

Application Number: 365552
Application Type: New Application
Created Date: 10/21/2025

QUESTIONS & ANSWERS

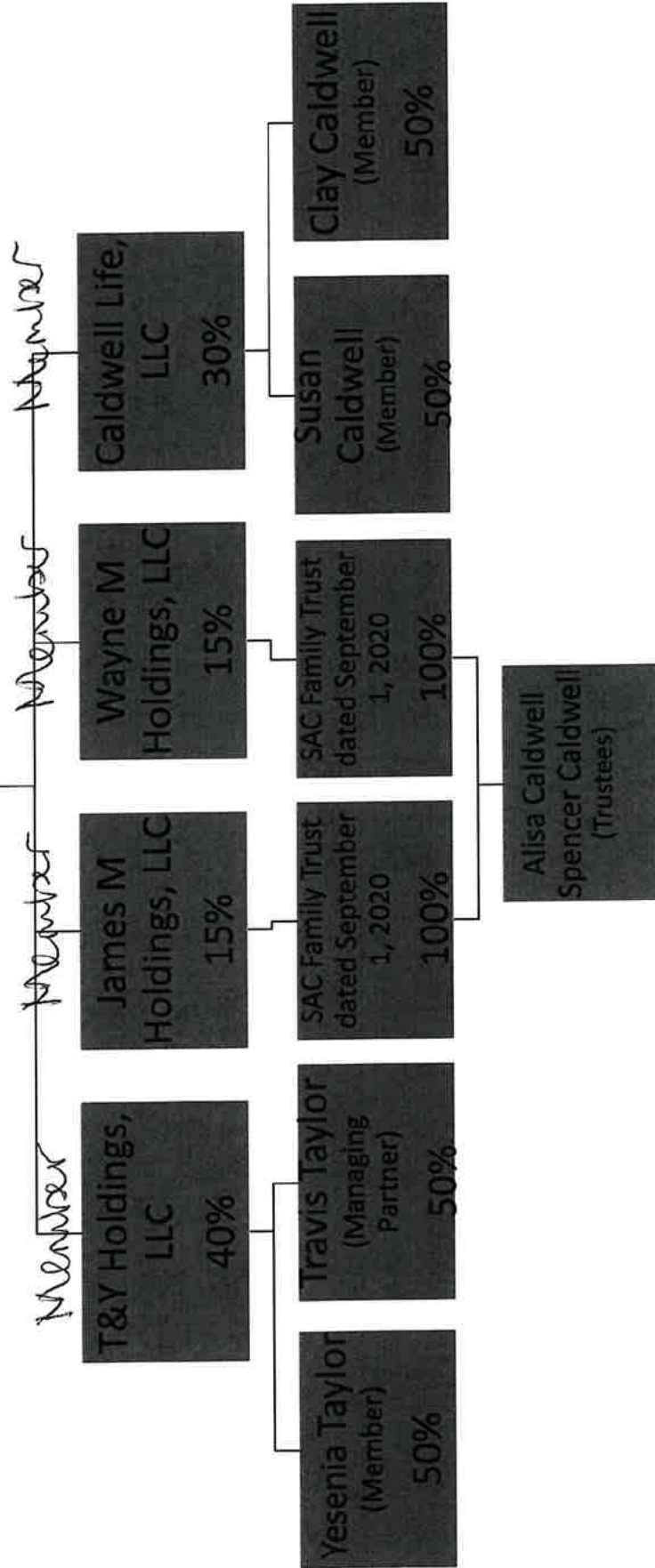
012 Restaurant

- 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.
\$0
- 6) Are there walk-up or drive-through windows on the premises?
Yes
- 7) Does the establishment have a patio?
Yes
Is the patio contiguous or non-contiguous (within 30 feet)?
contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
December 25, 2025
- 9) What type of business will this license be used for?
Restaurant operations with a full-service bar on premises

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	BBQPeoria Licenses Liquor Alien_Status Travis.pdf	10/23/2025
RECORDS REQUIRED FOR AUDIT	BBQPeoria Licenses Liquor Audit_Records.pdf	10/23/2025
QUESTIONNAIRE	BBQPeoria Licenses Liquor Personal_Info_Question.pdf	10/23/2025
RESTAURANT OPERATION PLAN	BBQPeoria Licenses Liquor Restaurant_Ops_Plan.pdf	10/23/2025
DIAGRAM/FLOOR PLAN	BBQPeoria Floor Plan Liquor License Application.pdf	10/23/2025
MENU	BBQPeoria Licenses Liquor application MENU.png	10/23/2025
	Organization Chart BBQPeoria.docx - Google Docs.pdf	11/06/2025
	BBQPeoria Licenses Liquor Series 12 Alcohol Permit Statement Travis.pdf	11/06/2025

**Caldwell County BBQ
at Peoria, LLC**
1065 Tax Return



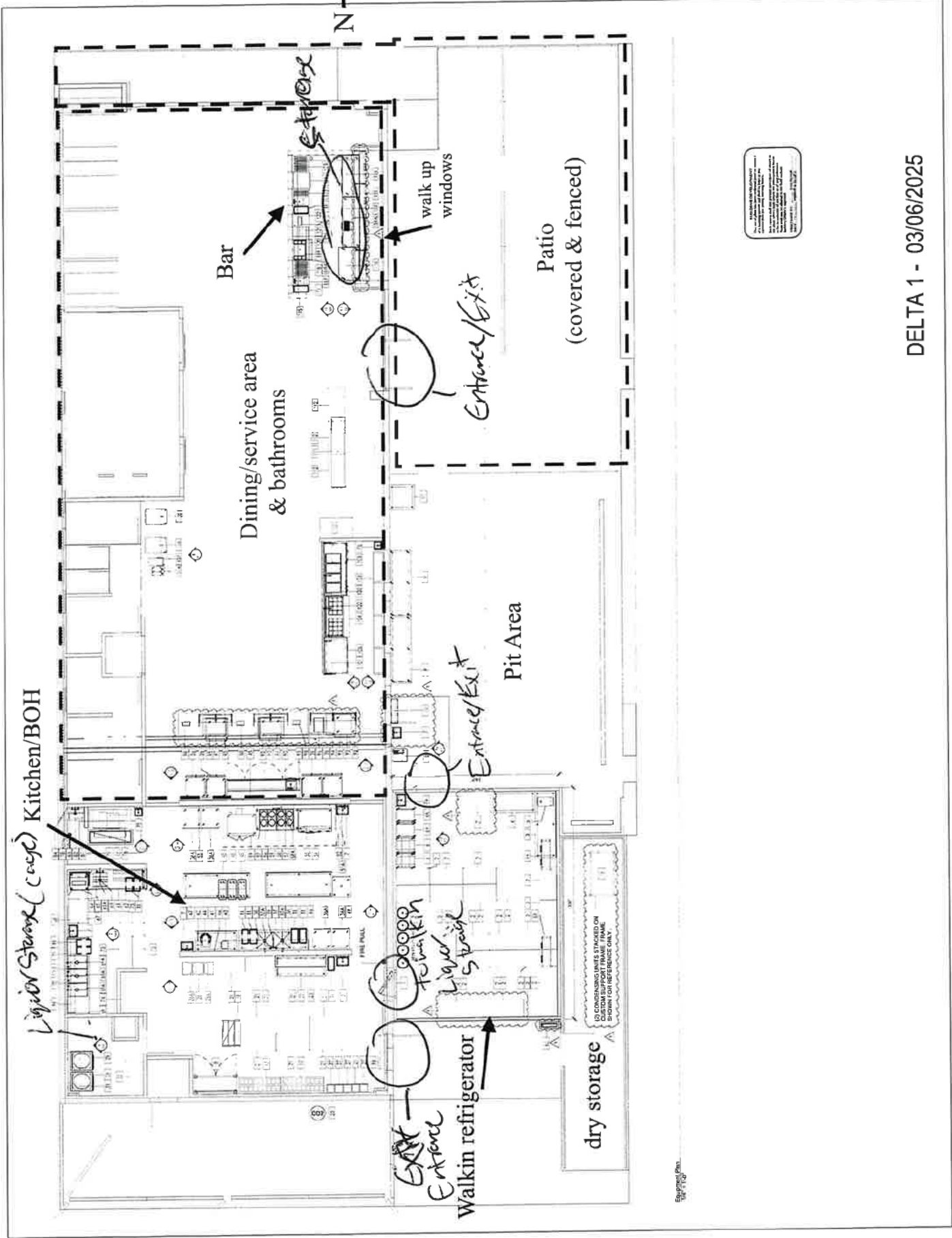
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Peoria Tenant
Operated Restaurant
 Caldwell County BBO
 8315 Washington St
 Peoria, AZ 85381

Craig Anderson
 Craig Anderson
 Craig Anderson
 E1 size 630 (227)
 10/14/2025

Equipment Plan

FS1.0



ALL DIMENSIONS ARE IN FEET AND INCHES. DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED. DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED. DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.

DELTA 1 - 03/06/2025

Equipment Plan



DLIC USE ONLY

Job #:	365552
Date Accepted:	3/20/25
License #:	[REDACTED]

RESTAURANT OPERATION PLAN
 RESTAURANT SERIES 12 AND
 HOTEL/MOTEL SERIES 11 ONLY

Caldwell County BBQ

- Name of restaurant (Please print): _____
- Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS	
Grill	Vulcan MSA48 Heavy Duty Gas Griddle 48"x24"
Oven	Vulcan VC44GD gas, double-deck
Freezer	Continental 2FN Freezer; True TUC-48F-HC under counter freezer
Refrigerator	Continental D48GN; Continental SW60N24M-HGL-FB-D; Continental SW48N
Sink	John Boos PBHS-W-1410-P-SSLR-X; John Boos 2PB244-2D24; John Boos
Dish Washing Facilities	Auto-chlor A5T; Auto-chlor U34
Food Preparation Counter (Dimensions)	John Boos ST4R1.5-3096SSK; John Boos ST4R1.5-3060SSK; John Boos S
Other	Hobart 4732A+BUILDUP

- Attach a copy of your FULL menu with pricing **INCLUDING NON-ALCOHOLIC BEVERAGES**
- What percentage of your public premises is used primarily for restaurant dining?
 (Do not include kitchen, bar, hi-top tables, or game area.) 85 %

- 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?) 15 %

- List the **seating capacity** for:

a) Restaurant dining area of your premises: (DO NOT INCLUDE PATIO SEATING)	[114]
b) Bar area	[+ 10]
TOTAL	[= 124]

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.)

2-TV's

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

10. List number of employees for each position:

Position	How many
Cooks	6
Bartenders	3
Hostesses	0
Managers	4
Servers	0
Other (FOH Crew)	20
Other (Pit Crew)	6
Other ()	

I, (Print Full Name) Travis Taylor, 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: _____

MEATS

*BY THE WEIGHT

PRIME BRISKET	\$37/lb	
AZ BURNT ENDS	\$30/lb	
PULLED PORK	\$24/lb	
TURKEY	\$26/lb	
SAUSAGE	\$9/LINK	
PORK RIBS	\$32/full	
	\$19/half	
PRICKLY PEAR PORK BELLY		
	\$28/lb	

FAMILY MEALS

FAMILY OF 4	\$65
FAMILY OF 8	\$125

SALADS & MORE

BBQ SALAD	\$14
BAKED POTATO	\$14
BRISKET BIRRIA TACOS	\$7

SANDWICHES

EL GENERAL PATTON	\$19
DIXIE "V"	\$15
PAVO	\$13
EAST SIDE PIG	\$12
SLIDERS	
	\$6.25
	\$4.50
	\$4.25

DESSERTS

CESAR'S BANANA PUDDING	\$4.99
INDIVIDUAL PECAN PIE	\$6
HOMEMADE COOKIES	\$3
AUNT DIANE'S TEXAS SHEET CAKE	\$6

COCKTAILS

PECAN SMOKED MAPLE OLD FASHIONED	\$14
CALDWELL COUNTY COLADA	\$10
TEXAS IN OUR BLOOD	\$12
RACHAEL'S COLD BREW	\$12
BLUEBERRY BLISS	\$10
BERRY GOOD THYME	\$10
PRICKLY PEAR MARG	\$10

DRINKS

FOUNTAIN DRINKS/ICED TEA	\$3
BOTTLED SODAS	\$4
BOTTLED WATER	\$2
BEERS	\$6-8



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

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

DLLC USE ONLY	
Job #:	3105552
Date Accepted:	10-23-2025
License #:	[REDACTED]

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:

Caldwell County BBQ

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 10 24 Liq. Dept #7:45

- 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 workday)
- 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 that 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(M)

For the purpose of this section:

Restaurant: an establishment that derives **at least forty percent (40%)** of its gross revenue from the sale of food

Gross revenue: 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.

Declaration:

I, (Print Name) Travis Taylor, declare under penalty of perjury that I am authorized to submit this application. I have read the contents and to the best of my knowledge believe all statements made on this application to be true, correct, and complete.

Signature: _____



MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE



25 10 24 2025 Dept # 7 45

DLLC USE ONLY

Personal Information Questionnaire

Job #:	365552
Date Accepted:	10-23-2025
License #:	805-772

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: Taylor Travis Cade
Last

2. Social Security #: [REDACTED] (NOT a public record)

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

5. Are you a resident of Arizona? Yes No Date of residency: [REDACTED]

6. Email address: travistaylor@caldwellcountybbq.com

7. Home Address: [REDACTED]

8. Daytime phone #: 623-276-9583 Alternative phone #: 480-892-0512

SECTION 2 – LICENSED BUSINESS INFORMATION

1. License Number: _____

2. Business Name (doing business as): Caldwell County BBQ

3. Business Address: 8315 W Washington Street, 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: Moses Perez


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) Travis Taylor 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: 10/23/2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,



Travis Taylor
Managing Partner



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

125 11 6 Lic. Dept AM1127

FINGERPRINT VERIFICATION

DLLC USE ONLY

Job #: 36,5552

Date Accepted: 10-23-2025

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 11/03/2025	Name of Applicant: Travis Cade Taylor	
Name of Fingerprint Technician: Caleb Skolrad		
Fingerprint technician's Signature: [Redacted]		
Fingerprint technician's Agency/company Name: The UPS Store 4930		Phone Number: 480-603-1130
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		

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Arizona Department of Liquor Licenses and Control
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(602) 542-5141

DLLC USE ONLY

Job #:	365552
Date Accepted:	10-23-2025
	[REDACTED]
License #:	1

ALIEN STATUS

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) Travis Taylor

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 Los Angeles State California COUNTRY USA

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.

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. §

Travis Taylor



10/23/25

Print Name

Date



DLLC USE ONLY

Fee:
Job #: 365552
Date Accepted: 10-23-2025
CS: [REDACTED]

Personal Information Questionnaire

805-972

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: Caldwell Spencer Clay
Last First Middle
- Social Security # [REDACTED] (NOT a public record) [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: [REDACTED]
- Email address: spencercaldwell@gentryaz.com
- Home Address: [REDACTED]
- Daytime phone #: 480-283-4425 Alternative phone #: 480-892-0512

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Caldwell County BBQ
- Business Address: 8315 W Washington Street, 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: Moses Perez

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) Spencer Clay Caldwell 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: 11-05-2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,



Spencer Caldwell
Owner

25 11 13 14. Dept RM1008



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

*25 11 13 Licr. Dept AM1009
 DLIC USE ONLY

Job #:	305552
Date Accepted:	11-23-2025
[Redacted]	

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:	
11/10/25	Spencer C. Caldwell	
Name of Fingerprint Technician:		
Norma Wilson 461		
Fingerprint technician's Signature:		
[Redacted]		
Fingerprint technician's Agency/company Name:		Phone Number:
CWSOA/ Fingerprint Tech 1757 E Baseline Rd, #104, Gilbert, AZ 85233		480 892-4295
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 Dept. of Liquor Licenses and Control
 https://www.azliquor.gov
 (602) 542-5141

DLCC USE ONLY

Fee:
Job #: 305552
Date Accepted: 10-23-2025

Personal Information Questionnaire



805-772

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: Caldwell Alisa Michelle
Last First Middle

2. Social Security #: [REDACTED] [REDACTED]
(NOT a public record) (NOT a public record)

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

5. Are you a resident of Arizona? Yes No Date of residency: [REDACTED]

6. Email address: alisacaldwell17@gmail.com

7. Home Address: [REDACTED]

8. Daytime phone #: 480-238-2178 Alternative phone #: 480-892-0512

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: _____

2. Business Name (doing business as): Caldwell County BBQ

3. Business Address: 8315 W Washington Street, 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: Moses Perez

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) Alisa Michelle Caldwell 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: 11-05-2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,



Alisa Caldwell
Owner

25 11 13 Liqueur Dept RM1008



Arizona Department of Liquor Licenses and Control

https://www.azliquor.gov

(602) 542-5141

April 13 Liq. Dept #1009

DLLC USE ONLY

Job #:	305552
Date Accepted:	10-23-2025
LC #:	[Redacted]
License #:	[Redacted]

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:	
11/10/25	Alisa M. Caldwell	
Name of Fingerprint Technician:		
Norma Wilson 461		
Fingerprint technician's Signature:		
[Redacted Signature]		
Fingerprint technician's Agency/company Name:		Phone Number:
CWSOA/ Fingerprint Tech 1757 E Baseline Rd, #104, Gilbert, AZ 85233		480 892-4295
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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: Moses Perez

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) Susan Lee Caldwell 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: 11-05-2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,

A large black rectangular redaction box covering the signature of Susan Caldwell.

Susan Caldwell
Owner

25 11 13 1:49 PM Dept #1008



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 #: 305552

Date Accepted: 10-23-2025

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 11/10/25	Name of Applicant: Susan Caldwell
Name of Fingerprint Technician: Zack Kautman	
Fingerprint technician's Signature: [Redacted]	
Fingerprint technician's Agency/company Name: The UPS Store	Phone Number: 480-603-1130
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)	



DLIC USE ONLY

Fee:
Job #: 365552
Date Accepted: 10-23-2025

Personal Information Questionnaire

805-772

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: Caldwell James Clay
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: [REDACTED]
- Email address: ccaldwell777@gmail.com
- Home Address: [REDACTED]
- Daytime phone #: 480-201-4891 Alternative phone #: 480-892-0512

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Caldwell County BBQ
- Business Address: 8315 W Washington Street, 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

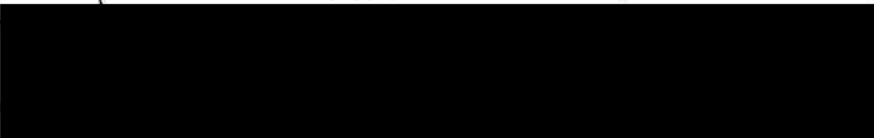
Name of persons who will be handling the day to day operations: Moses Perez

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) James Clay Caldwell 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 provided is true and correct to the best of my knowledge.

Signature:  11-05-2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

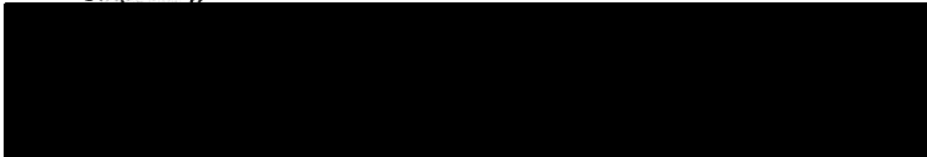
Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,



Owner

25 11 13 139. Dept 1811008



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

25 11 13 Lic. Dept AM10:09
 DLLC USE ONLY

FINGERPRINT VERIFICATION

Job #:	3105552
Date Accepted:	10-23-2025
License #:	[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.
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:	
11/10/25	James Clay Caldwell	
Name of Fingerprint Technician:		
Norma Wilson & Co		
Fingerprint technician's Signature:		
[REDACTED]		
Fingerprint technician's Agency/company Name:		Phone Number:
CWSOA/ Fingerprint Tech 1757 E Baseline Rd, #104, Gilbert, AZ 85233		480 892 4295
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



DLIC USE ONLY

Job #: 365552
Date Accepted: 10-23-2025
[Redacted]
License # 1

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

1. Name: Taylor Perez Yesenia
Last First Middle

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

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

5. Are you a resident of Arizona? Yes No Date of residency: [Redacted]

6. Email address: tayloryesenia@gmail.com

7. Home Address: [Redacted]

8. Daytime phone #: 801-310-1324 Alternative phone #: 623-276-9583

SECTION 2 – LICENSED BUSINESS INFORMATION

1. License Number: _____

2. Business Name (doing business as): Caldwell County BBQ

3. Business Address: 8315 W Washington street 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: Moses Perez


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) Yesenia Taylor 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: 10/23/2025

CTMG, LLC
Corporate Office
18324 E Nunneley Rd
Gilbert, AZ 85296



DLLC,

Please accept this signed statement to confirm that I have owned and/or controlled businesses with the following liquor licenses over the past 5 years:

Caldwell County BBQ, LLC
License# 1207B212

Caldwell County BBQ at Pecan Lake, LLC
License# 012070024756

Clay Dawgs, LLC (DBA Caldwell County Mexi-Q)
License# 012070024423

Feel free to contact me at 623-276-9583 with any questions you may have.

Sincerely,



Yesenia Taylor

25 11 21 144 Dept 881144



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#:	365552
Date Accepted:	10-23-2025
CS#:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date	Name of Applicant:	
11-17-25	Yesenia Taylor	
Name of Fingerprint Technician:		
John Salas		
Fingerprint technician's Signature:		
[REDACTED]		
Fingerprint technician's Agency/company Name:		Phone Number:
The UPS Store		480-660-7373
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 Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

Fee:
Job #: 365552
Date Accepted: 10-23-2025
[Redacted]

Personal Information Questionnaire

805-772

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.

25 11 13 14. Per #1008

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: Perez Moses Miguel
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: [Redacted]
- Email address: mperezst2005@icloud.com
- Home Address: [Redacted]
- Daytime phone #: 909-549-0881 Alternative phone #: 480-892-0512

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): Caldwell County BBQ
- Business Address: 8315 W Washington Street, 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: Moses Perez


25111319149 Dept 401003

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) Moses Miguel Perez 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: 11-05-2025



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#:	365552
Date Accepted:	11-23-2025
Officer:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

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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 11/10/2025	Name of Applicant: Moses Perez	
Name of Fingerprint Technician: Joel Skolrud		
Fingerprint technician's Signature: [REDACTED]		
Fingerprint technician's Agency/company Name: The UPS Store		Phone Number: 480 603 1130
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)		