City of Benson
City Council Communication

Regular Meeting **May 12, 2012**

To: Mayor and Council Agenda Item # 4

From: Vicki L. Vivian, CMC, City Clerk

Subject:

Discussion and possible action on Resolution 10-2012 of the Mayor and Council of the City of Benson, Arizona, recommending approval of the issuance of a Series 12 (Restaurant) Liquor License at Galleano's, 601 W. 4th Street, Benson, Arizona

Discussion:

Galleano's (formerly Palatiano's) located at 601 W. 4th Street, has applied for a liquor license application. Procedures have been followed according to ARS §4-201, with no written arguments in favor of or opposed to the issuance of the license being received. We are now at the step where the "governing body of the City or Town shall then enter an order recommending approval or disapproval within sixty days after filing of the application".

Once Council makes a recommendation, the City Clerk will forward the proper documents to the Arizona Department of Liquor Licenses & Control.

Staff Recommendation:

Council pleasure

RESOLUTION 10-2014

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF BENSON, ARIZONA, RECOMMENDING APPROVAL OF THE ISSUANCE OF A SERIES 12 (RESTAURANT) LIQUOR LICENSE AT GALLEANO'S, 601 W. 4TH STREET, BENSON, ARIZONA

WHEREAS, the owner of Galleano's has applied for a Series 12 (Restaurant) liquor license at said business located in the City of Benson; and

WHEREAS, one copy of the application has been filed with the City Clerk; and

WHEREAS, one copy of the application has been posted in a conspicuous place on the front of the applicant's business, along with the notice required by A.R.S. §4-201 with no known objections being made or received by the City in response to this posting; and

WHEREAS, pursuant to A.R.S. §4-201, the Mayor and Council of the City of Benson considered the issuance of a Series 12 (Restaurant) liquor license, and considered any arguments in favor of or against the same, at the regular City Council Meeting on May 12, 2014; and

WHEREAS, the Mayor and Council of the City of Benson have determined that approval of the requested Series 12 (Restaurant) liquor license is acceptable and in the best interests of the City and its residents; and

WHEREAS, pursuant to A.R.S. §4-201, the Council is required to enter an order recommending either approval or disapproval of the liquor license application, and to file a certified copy of the order with the Department of Liquor Licenses and Control, and if disapproved, to include specific reasons for that recommendation and a summary of the evidence supporting that recommendation.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Benson, Arizona, that the City of Benson hereby recommends approval of the issuance of a Series 12 (Restaurant) liquor license at Galleano's, located in Benson, Arizona.

BE IT FURTHER RESOLVED by the Mayor and Council of the City of Benson, Arizona, that the City Clerk is hereby directed to file a certified copy of this Resolution with the director of the Department of Liquor Licenses and Control, and to transmit therewith all petitions submitted to the Council within the twenty-day period for filing protests.

PASSED AND ADOPTED BY THE MAYOR AND COUNCIL OF THE CITY OF BENSON, ARIZONA, this 12th day of May, 2014.

_____
TONEY D. KING, SR., Mayor

ATTEST:

_____
VICKI L. VIVIAN, CMC, City Clerk

APPROVED AS TO FORM:

_____
MESCH, CLARK & ROTHSCHILD
By GARY J. COHEN
City's Attorney

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

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SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☒ INTERIM PERMIT *Complete Section 5*
- ☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 12, 13, 15, 16*
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE *Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)
- ☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
- ☐ INDIVIDUAL *Complete Section 6*
- ☐ PARTNERSHIP *Complete Section 6*
- ☒ CORPORATION *Complete Section 7*
- ☐ LIMITED LIABILITY CO. *Complete Section 7*
- ☐ CLUB *Complete Section 8*
- ☐ GOVERNMENT *Complete Section 10*
- ☐ TRUST *Complete Section 6*
- ☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): ~~12023135~~ 12023183

1. Type of License(s): 12 Restaurant

2. Total fees attached: $ (Department Use Only)

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

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SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. ☐ Ms. GALLEANO (Last) Randall (First) Eugene (Middle) P1018416
(Insert one name ONLY to appear on license)

2. Corp./Partnership/L.L.C.: GALLEANO'S ~~INC~~ INC B1058046
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: GALLEANO'S B.1.24631
(Exactly as it appears on the exterior of premises)

4. Principal Street Location 601 W. 4th Street (Do not use PO Box Number) Benson (City) ~~AZ.~~ Cochise (County) 85602 (Zip)

5. Business Phone: 520-586-3523 Daytime Phone: 520-586-3523 Email: rgalleano@cox.net

6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO

7. Mailing Address: 246 ORR Ave (City) Benson (State) AZ. (Zip) 85602

8. Price paid for license only bar, beer and wine, or liquor store: Type 12 $_____ Type _____ $_____

DEPARTMENT USE ONLY

Fees:				
100	100	50	44.00	$ 294.00
Application	Interim Permit	Site Inspection	Finger Prints	TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: M.C Date: 3/27/14 Lic. # 12023183

1/7/2013 ***Disabled individuals requiring special accommodation, please call (602) 542-9027.**

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.

2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 12023135
4. Is the license currently in use? ☒ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, Michael Palatinas, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.
(Print full name)

X _____
(Signature)

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 10 day of February, 2014
Day Month Year

My commission expires on: 6/12/17

Jonathan Holmes
NOTARY PUBLIC-ARIZONA
COCHISE COUNTY
My Commission Expires
June 12, 2017

_____
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
☐ ☐						
☐ ☐						
☐ ☐						
☐ ☐						

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 PROCESSING FEE FOR EACH CARD.

☒ CORPORATION ***Complete questions 1, 2, 3, 5, 6, 7, and 8.***

☐ L.L.C. ***Complete 1, 2, 4, 5, 6, 7, and 8.***

1. Name of Corporation/L.L.C.: GALLEANO'S INC.
   (Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 4/26/2001 State where Incorporated/Organized: AZ.
3. AZ Corporation Commission File No.: 0987230-2 Date authorized to do business in AZ: April 26, 2001
4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: APRIL 26, 2001
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last First Middle	Title	Mailing Address City State Zip
GALLEANO Randall Eugene	President	246 ORR Ave. Benson, AZ. 85602
GALLEANO Alice Rae	Secretary	246 ORR Ave. Benson, AZ. 85602
1037402		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last First Middle	% Owned	Mailing Address City State Zip
Galleano Randall Eugene	50%	246 ORR Ave. Benson, AZ 85602
Galleano Alice Rae	50%	246 ORR Ave. Benson, AZ. 85602

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
   (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last First Middle	Title	Mailing Address City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle

2. Assignee's Name: _____
Last First Middle

3. License Type: _____ License Number: _____ Date of Last Renewal: _____

4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____

2. Person/designee: _____ _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)

2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)

3. Current Business Name: _____
(Exactly as it appears on license)

4. Physical Street Location of Business: Street _____
City, State, Zip _____

5. License Type: _____ License Number: _____

6. If more than one license to be transfered: License Type: _____ License Number: _____

7. Current Mailing Address: Street _____
(Other than business)
City, State, Zip _____

8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO

9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

_____ State of _____ County of _____
(Signature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me this

_____ _____
Day Month Year

My commission expires on: _____

_____
(Signature of NOTARY PUBLIC)

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SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: (Exactly as it appears on license) Name _____
   Address _____
2. New Business: (Physical Street Location) Name _____
   Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

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SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)
c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 1 mile ft. Name of school Benson Primary School
   Address Union St. Benson AZ. 85602
   City, State, Zip
2. Distance to nearest church: 100 yards ft. Name of church Assembly of God
   Address W 5th St. Benson AZ. 85602
   City, State, Zip
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name Michael Palatianos
   Address 728 N. Ironwood Rd Benson AZ. 85602
   City, State, Zip

4a. Monthly rental/lease rate $ 2,600 00 What is the remaining length of the lease 3 yrs. 0 mos.

4b. What is the penalty if the lease is not fulfilled? $_____ or other Term of lease
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? $ 0
   Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Full Service Food Establishment

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SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
   ☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☒ YES ☐ NO If yes, give license number and licensee's name:

License # 12023135 (exactly as it appears on license) Name Michael Palatianos ~~osame~~

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SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☒ YES ☐ NO
   If yes, give the name of licensee, Agent or a company name:
   PALATIANOS (Last) Michael (First) _____ (Middle) and license #: 12023135
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

   Randall C Gallons
   applicant's signature

   As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

   RG
   applicants initials

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SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check **ALL** boxes that apply to your business:
   ☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous
   ☒ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
   If yes, what is your estimated opening date? _____ month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows,or increase or decrease to the square footage after submitting this initial drawing.

RG
applicants initials

SECTION 15 **Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

diagram attached

Beer & wine stored in dry storage closet also kept in refrigerated case in Dining area. Beer and wine will be served in both dining rooms.

Servers get beer and wine from refrigerated case and serve to customers at their tables. Red wines are served in same manner. They are stored at the end of the counter on shelves underneath.

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SECTION 16 **Signature Block**

I, Randall Eugene Gallano, hereby declare that I am the OWNER/AGENT filing this
(print full name of applicant)
application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X Randall Eugene Gallano
(signature of applicant listed in Section 4, Question 1)

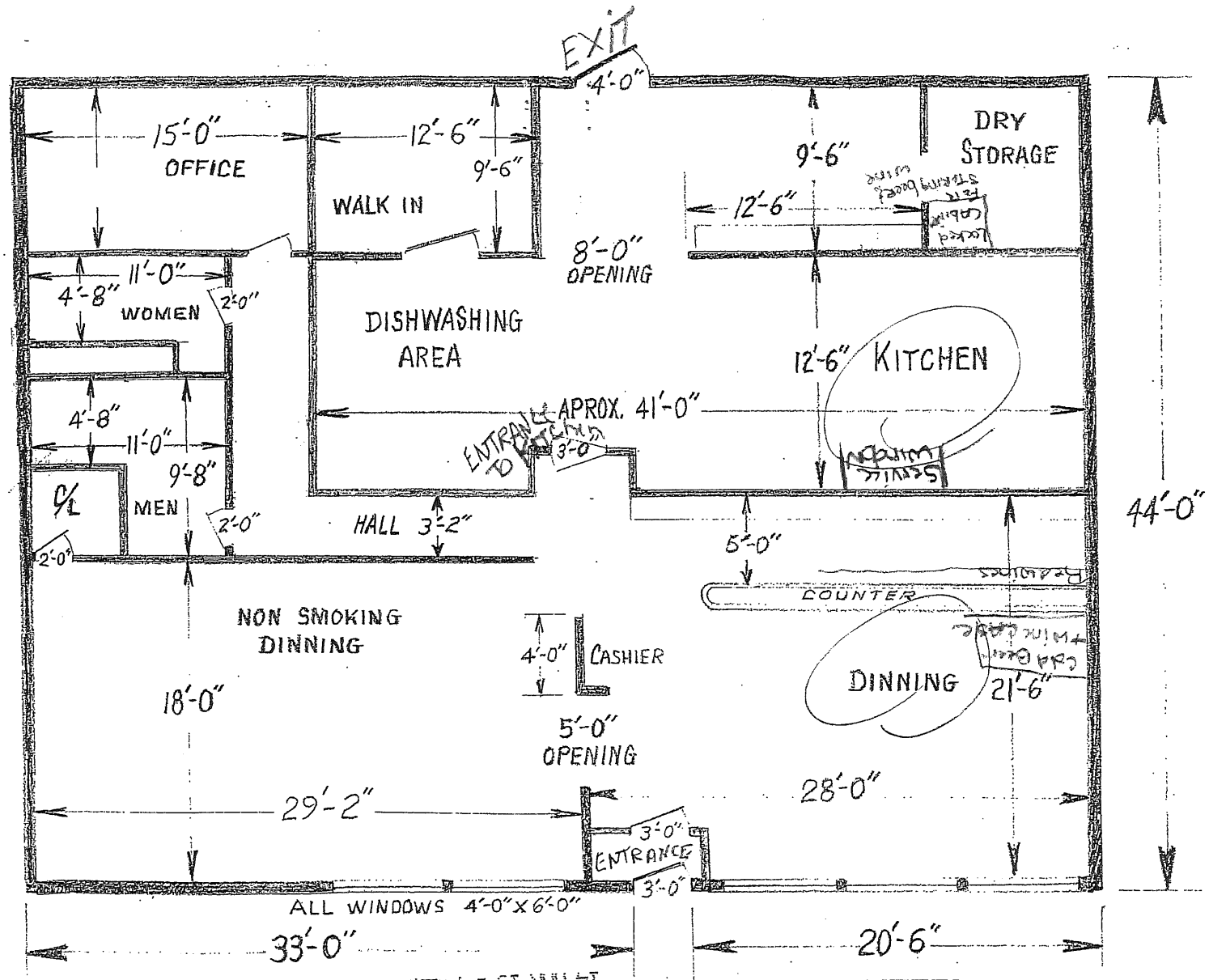
MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 14 of Feb, 2014
Day Month Year

Mary A Weber
signature of NOTARY PUBLIC

My commission expires on : 25 March 2017
Day Month Year



GALLEANO'S
RESTURANT
BENSON, ARIZONA

SCALE 3/16"=1'

DRAWN BY RPB
10-15-99

'14 MAR 3 Liq. Dept AM 1 54

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES AND CONTROL

ALCOHOLIC BEVERAGE LICENSE

License 12023135

Issue Date: 5/8/2009

Expiration Date: 6/30/2014

Restaurant

Issued To:
MICHAEL PALATIANOS, Owner

Location:
PALATIANO'S FAMILY RESTAURANT
601 W 4TH ST
BENSON, AZ 85602

Mailing Address:
MICHAEL PALATIANOS
PALATIANO'S FAMILY RESTAURANT
601 W 4TH ST
BENSON, AZ 85602

EXP 6/30/2014

POST THIS LICENSE IN A CONSPICUOUS PLACE

Print Form

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

RESTAURANT OPERATION PLAN

LICENSE # 12023183

1. List by Make, Model and Capacity of your:

Grill	AMERICAN RANGE 6'
Oven	SOUTH BEND w/6 BURNERS
Freezer	MAX COLD 3 DOOR / FRIDGIDAIRE SINGLE DOOR
Refrigerator	KELVINATOR SINGLE DOOR / JORDON 2 DOOR
Sink	3 COMP DISHES + PREP SINK SINGLE
Dish Washing Facilities	AUTO CHLOR LOW TEMP MACHINE
Food Preparation Counter (Dimensions)	(4) 5' x 30" SS TABLES + 1 30" x 30" SS TABLE
Other: 5 HOLE STEAM TABLE (EAGLE GROUP)	ALTO SHAMM COOK + HOLD OVEN PITCO DEEP FRYER

2. Print the name of your restaurant: GALLEAND'S ~~INC~~.

3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).

4. List the seating capacity for:

a. Restaurant area of your premises (do not include patio seating) [80]

b. Bar area of your premises [+ 0]

c. Total area of your premises [80]

5. What type of dinnerware and utensils are utilized within your restaurant?
☒ Reusable ☐ Disposable

6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). ☐ Yes _____ % ☒ No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 66 %

*Disabled individuals requiring special accommodations, please call (602) 542-9027

12/17/2013

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8. Does your restaurant contain any games or television? ☐ Yes ☒ No
If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).

9. Do you have live entertainment or dancing? ☐ Yes ☒ No
(If yes, what type and how often?)

10. Use space below or attach a list of employee positions and their duties to fully staff your business.

6 full time cooks - prepare food, prep food, cook food
2 parttime bussers - Clean and reset tables
1 parttime hostess - greet people, seat them, attend registar
4 parttime servers - take customers orders, Keep restaurant clean, do side work
4 full time servers - take customers orders, Keep restaurant clean, do side work
2 parttime prep cooks - work needed to be done to make sure cooks have everything they need to prepare customer orders

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I, Randall Eugene Galleano, hereby declare that I am the APPLICANT filing this application. I have
(Print full name)
read this application and the contents and all statements true, correct and complete.

x Randall Eugene Galleano
(Signature of APPLICANT)

State of Arizona County of Cochise
The foregoing instrument was acknowledged before me this
14 day of Feb, 2014.
Day of Month Month Year

My commission expires on:: 25 March 2017

Mary A Weber
(Signature of NOTARY PUBLIC)

MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

'14 MAR 19 Liq. Dept AM11:27

State of Arizona
Department of Liquor Licenses and Control
800 W. Washington, 5th Floor
Phoenix, Arizona 85007-2934
www.azliquor.gov
(602)542-5141

RECORDS REQUIRED FOR AUDIT

Applies to Series 11 (Hotel/Motel W/Restaurant) & Series 12 (Restaurant) Only

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

In the event that your business is audited by the Department of Liquor, you will be asked to provide documentation of compliance with A.R.S. §4-205.02(H). Other documents that may be required for audit include and are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.

2. A list of ***all*** food and liquor vendors.

3. The restaurant menu reflecting prices during the audit period.

4. A price list for alcoholic beverages on menu during the audit period.

5. Mark-up figures on food and alcoholic products during the audit period.

6. A recent, ***accurate*** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)

7. Monthly Inventory Figures - beginning and ending figures for food and liquor.

8. Chart of accounts (copy).

9. Financial Statements (Income Statements, Balance Sheets, etc).

10. General Ledger
    - A. Sales Journals/Monthly Sales Schedules
        - 1) Daily Sales Reports (to include the name of wait staff, 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

11. 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

12. Payroll Records
    - A. Copies of all reports required by the State and Federal Government
    - B. Employee Log (A.R.S. §4-119)
    - C. Employee time cards (actual document used to sign-in and –out each work day)
    - D. Payroll records for all employees showing hours worked each week and hourly wages

13. Off-Site Catering records (must be complete and separate from restaurant records)
    - A. All documents which support the income derived from the sale of food to be consumed off of the licensed premises
    - B. All documents which support purchases made for food to be consumed off of the licensed premises
    - C. All coupons/specials/discounts

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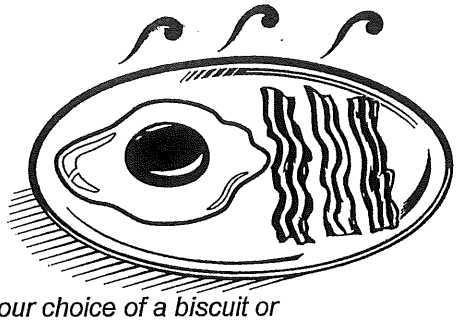

Morning Favorites

served with hash browns, fried chunky potatoes or dollar size pancakes and your choice of a biscuit or toast. eggs are cooked to order

Reminder: ordering eggs and meats under cooked may increase your risk of food bourne illness

Bacon and two eggs ***$6.95***

Linguica and two eggs ***$7.50***

8oz burger pattie and two eggs ***$6.95***

Ham and two eggs ***$6.95***

Sausage Patties and two eggs ***$6.95***

Steak and two eggs - *6oz top sirloin* ***$9.95***

Chicken Fried Steak with cream gravy and two eggs ***$9.95***

Two eggs any style ***$4.25***

Chorizo Scramble - *tortilla, toast or biscuit* ***$6.95***

The Campfire Breakfast - *crumbled sausage and three scrambled eggs on top of hash browns and a hot biscuit, all covered with cream gravy* ***$7.50***

Three Egg Omelettes

omelettes are served with hash browns, fried chunky potatoes or dollar size pancakes and your choice of biscuit or toast

Cheddar Cheese ***$5.50***

Denver - *bell pepper, onion, tomato, ham and cheddar* ... ***$6.50***

Italian Spinach and Provolone ***$6.95***

Ham and Cheese ***$6.50***

Fresh Mushroom and Swiss ***$6.50***

Roasted Peppers, Onion and Provolone - *topped with our homemade marinara sauce* ***$6.95***

Ham, Cheese and Green Chili ***$6.95***

Green Chili and Cheese ***$6.50***

Beverages

Coffee or Tea ***$1.75***

Iced Tea or Raspberry Iced Tea ***$1.75***

Milk or Chocolate Milk .... ***$1.25 sm 1.75 lg***

Soda ***$1.75***

Herbal Tea - *ask your server for available flavors* ***$1.75***

Juice - *ask your server for our selection* ***$1.25 sm 1.95 lg***

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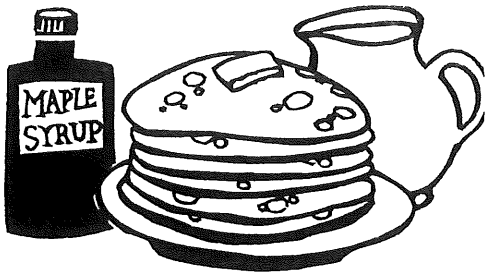


Pancakes and More

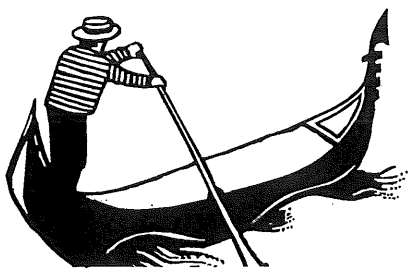
Reminder: ordering eggs and meats under cooked may increase your risk of food bourne illness

Buttermilk Short Stack (2)	*$4.25*
Blueberry Short Stack (2)	*$5.25*
Blueberry Dollar Cakes	*$3.50*
Biscuits and Gravy with Sausage or Bacon	*$5.50*
French Toast (3)	*$5.25*
Short Stack with two eggs	*$5.50*
Buttermilk Full Stack (3)	*$4.95*
Blueberry Full Stack (3)	*$5.95*
Biscuits and Gravy	*$4.25*
French Toast (2) with Ham, Bacon or Sausage	*$6.50*
Short Stack with Ham, Bacon or Sausage	*$6.50*

Cereal, Sides and Extras

Two Eggs	*$1.95*
Sausage Patties (2)	*$3.00*
0ne Egg	*$1.25*
Breakfast Ham	*$3.50*
Linguica (Portuguese Sausage)	*$3.75*
Hash Browns	*$2.50*
Dollar Size Pancakes	*$2.50*
Buttermilk Biscuit	*$1.50*
Cottage Cheese with Peaches	*$3.50*
Chorizo (Mexican Sausage)	*$3.00*
Toast	*$1.50*
One Biscuit with Gravy	*$2.25*
Bacon (4 strips)	*$2.95*
Old Fashioned Oats	*3,95*
Fresh Fruit	*Large 4.25 small 2.95*
Grilled Redskin Potatoes	*$2.50*
English Muffin	*$1.50*
Cream Gravy	*$1.25*
Cottage Cheese	*$2.25*
Cold Cereal	*$2.75*

Thank You For Choosing To Have Breakfast At Galleano's.
We Hope You Enjoy Your Meal And Come Again.



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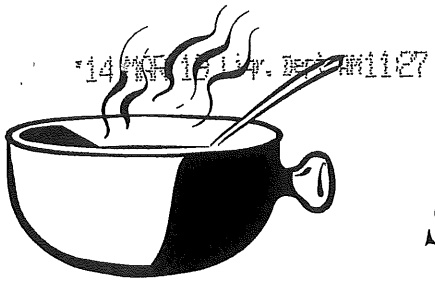


Soups, Salads And Chili

served with crackers or warm bread

Spinach Salad *- fresh baby spinach. tomatoes. black olives, red onions, bacon and pine nuts tossed with our tasty warm dressing. add chicken $3.00 steak $4.00* **$6.95**

Our Soups *- All of our soups are made fresh in house and are never canned or frozen. Your server will inform you of the daily choices* . **$3.25 cup $4.50 bowl**

Bowl of Soup, Salad and Warm Bread *- Your server will inform you of the daily choices* **$7.95**

Caesar Salad *- add chicken $3.00 steak $4.00* **$6.95**

Galleano's Mediterranean Salad *- Mixed greens tossed with fresh sautéed zucchini, roasted red peppers. Greek olives cucumber and tomato tossed in our own vinaigrette. add chicken $3.00 steak $4.00* **$7.50**

Homemade Chili with Beans *- served with chopped onion and melted cheddar cheese on request* ..... **$3.25 cup $4.50 bowl**

Fresh Half Pound Burgers

Our burgers are cooked to order an come with your choice of french fries, potato chips, cottage cheese or fresh fruit

Hamburger **$6.95**

Cheeseburger **$7.25**

Italian Cheeseburger *- roasted bell peppers and provolone cheese* **$7.95**

Mushroom Swiss Burger **$7.50**

Lighter Burger *- half pound pattie with cottage cheese and sliced tomatoes (no bun)* ... **$6.50**

Green Chili Cheeseburger **$7.50**

Big Bad BBQ Burger *- lots of grilled onions and BBQ sauce* **$7.95**

Bacon Cheeseburger **$7.95**

Can't Decide Burger *- can't decide on a grilled cheese or a burger? have them both with this one. A half pound burger between 2 grilled cheese sandwiches* . **$8.95**

Beverages

Soda **$1.75**

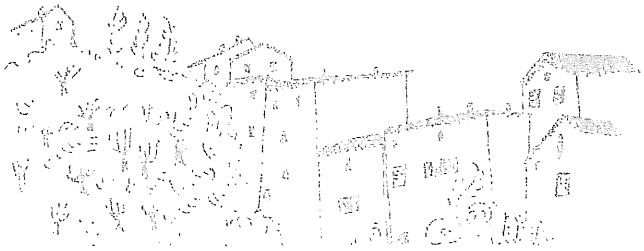
Iced Tea or Raspberry Iced Tea **$1.75**

Coffee or Hot Tea **$1.75**

Milk or Ch. Milk ..... **$1.25 sm. $1.75 lg.**

Herbal Tea *- ask server for available flavors* **$1.95**

consuming raw or under cooked meats, poultry, shellfish or eggs may increase your risk of food bourne illness



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Sandwiches That Satisfy

Served with your choice of french fries, potato chips, cottage cheese or fresh fruit. Please choose one of these items if you do not want mashed potatoes with the Hot beef or hot burger

Chicken Parmesan Sandwich *- Hand breaded breast of chicken with marinara sauce and melted provolone cheese on grilled Texas toast* . **$8.50**

Ham And Provolone *- shaved ham and provolone on a sub roll with lettuce, tomato, red onion and a touch of Italian dressing* .. **$8.50**

Pattie Melt *- half pound burger pattie with grilled onions, Swiss and American cheese on grilled rye* **$8.50**

Tuna Salad Sandwich **$6.95**

Grilled Pesto Sandwich *- roast beef, turkey, or grilled chicken breast with basil pesto, provolone and sliced tomatoes on grilled Italian bread* **$8.50**

Scrambled Egg and Roasted Peppers *- with Provolone on grilled Texas toast* - **$6.95**

French Dip *- a generous portion of roast beef with grilled onions, mushrooms and provolone cheese on a sub roll. served with au 'jus for dipping* .. **$8.50**

Grilled Cheese Sandwich *- your choice of bread and cheese* **$4.50**

Reuben Sandwich *- slow roasted corned beef, Swiss cheese, sauerkraut. and thousand island dressing on grilled rye* . **$8.50**

Hot Beef or Hot Burger *- served open faced with mashed potatoes and gravy* .. **$7.95**

Triple Decker Club *- choose Tuna, roast beef, turkey, ham or chicken breast* **$8.50**

Open Faced NY Strip *- with grilled onions, peppers and mushrooms* **$10.95**

Greek Gyro *- with Tzatziki sauce* **$8.50**

Sides

Baked Potato (after 4 PM) **$3.00**

French Fries **$2.50**

Meatballs or Sausage **$4.50**

Sautéed Seasonal Vegetables **$3.00**

Cottage Cheese **$2.50**

Mashed Potatoes **$2.50**

Rice Pilaf **$2.50**

House Salad **$4.25**

Pasta with Marinara **$4.50**

Fresh Fruit **$3.00**

Dessert

Please check with your server for today's Dessert choices

Dedicated in loving memory of Esther Sylvia Galleano (Ma)
We still make your bread pudding!
We miss you!

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Some Old Favorites

Served with your choice of potato or rice pilaf, soup or salad, vegetable and warm bread.
(baked potato after 4:00 PM)

Chicken Fried Chicken Breast - ***$10.95***
coated with seasoned flour and grilled golden brown served on a bed of cream gravy

Breaded Pork Cutlet - *boneless pork* ... ***$10.95***
loin pounded thin, lightly breaded and smothered with onions, peppers and mushrooms, and topped with brown gravy

Ground Beef Steak - *12,oz. of lean* ***$10.95***
ground beef with lots of grilled onions

Grilled Chicken Breast Dinner - ***$10.95***
seasoned grilled boneless breast of chicken

Chicken Fried Steak - *Hand pounded* .. ***$12.95***
sirloin coated with seasoned flour grilled golden brown and served on a bed or cream gravy

Liver And Onions - *tender beef liver* ***$10.95***
topped with plenty of grilled onions
(add bacon $2.50)

Roast Beef Dinner - *slow roasted sliced* ***$11.95***
beef with brown gravy

Boneless Pork Chops - *Two boneless* .. ***$11.95***
hand cut loin chops served with applesauce

Steaks And More

Served with your choice of potato or rice pilaf, vegetable, soup or salad and warm bread.
(Baked potato after 4 PM)

Steak and Chicken - *A grilled boneless* ***$14.50***
chicken breast with a 6 ounce sirloin steak

12 ounce New York Strip Steak - ***$15.95***
Seasoned lightly and grilled to your liking

Steak and Shrimp - *A 6 ounce sirloin* ... ***$14.95***
steak with four golden deep-fried shrimp

Steak with Grilled Cod Italian Style - ***$14.95***
Grilled Alaskan cod topped with marinara sauce and served with a 6 ounce sirloin steak

Seafood

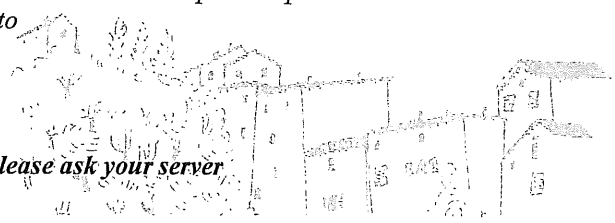
Served with your choice of potato or rice pilaf, vegetable, soup or salad and warm bread
(baked potato after 4:00 PM)

Seafood Diavolo - *Shrimp, Cod,* ***$16.95***
Mussels and scallops sautéed in a spicy marinara with a splash of red wine served over your choice of pasta.(no potato choice)

Fettuccini with Shrimp and ***$15.95***
Scallops - *Sautéed shrimp and scallops in a creamy garlic Alfredo sauce served over fettuccini (no potato choice)*

Deep Fried Shrimp or Shrimp ***$14.95***
Scampi - *scampi can be served over your choice of pasta*

Grilled Cod Italian Style - *Grilled* ***$13.50***
Alaskan cod topped with marinara sauce. can be served with pasta in place of potato



Imported and domestic beer and wines are available. Please ask your server

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Appetizers

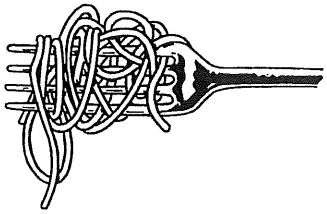
Antipasto Platter *- Italian salame, marinated fresh mozzarella, provolone, roasted red peppers, black olives, sliced tomato and red onion on a bed of fresh greens and drizzled with garlic infused olive oil (enough for two)* ***$10.95***

Stuffed Mushrooms *- baby portabella mushrooms stuffed with our mixture of Italian sausage, spinach, onions, garlic and parmesan* ***$7.95***

Deep Fried Mozzarella *- breaded in house and served with marinara sauce* ***$6.95***

Fresh Breaded Zucchini *- served with ranch dressing* .. ***$6.95***

Spinach Artichoke Dip *- a creamy blend of spinach, artichokes, fresh roasted garlic and parmesan cheese. served with crispy bread for dipping* ***$8.95***



Pasta Dishes

served with soup or salad and a choice of warm bread or garlic toast

Pasta with Fresh Vegetables *- a variety of sautéed fresh vegetables with marinara served over your choice of pasta (with Alfredo sauce add $2.00)* ***$10.50***

Chicken Parmesan *- boneless chicken breast breaded and sautéed with a splash of white wine, topped with marinara and mozzarella and served with your choice of pasta* .. ***$12.95***

Warm Penne with Chicken *- enjoy the flavor of fresh garlic, tomatoes, Feta cheese, grilled chicken breast, fresh basil and extra virgin olive oil* ***$10.95***

Fettuccine with Chicken and Broccoli *- boneless chicken breast medallions and broccoli florets in a creamy Alfredo sauce served over fettuccine* ***$12.95***

Baked Lasagne *- layers of pasta and meat sauce with Mozzarella, Riccota, Parmesan and Romano cheese* ***$12.50***

Pasta with Marinara Sauce Or Garlic And Oil *- your choice of pasta topped with marinara sauce or sautéed garlic and Olive oil* ***$9.95***

Cheese Ravioli *- creamy cheese filled ravioli topped with marinara sauce (add meatballs or sausage for 2.00)* ***$10.95***

Seafood Diavolo *- shrimp, cod, mussels and scallops sauteed in a spicy marinara with a splash of red wine served over your choice of pasta* . ***$15.95***

Pasta with Meatballs or Sausage *- 2 meatballs or 2 sausage with marinara sauce served over your choice of pasta* ***$11.95***

Chicken Marsala *- chicken breast medallions and fresh mushrooms sautéed in a Marsala wine sauce served over pasta or rice* ***$12.95***

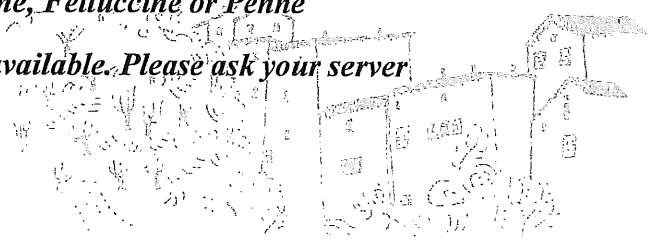
Chicken Galleano *- sautéed boneless chicken breast in a Marsala mushroom cream sauce topped with artichokes and melted Mozzarella* ... ***$12.95***

Broccolini *- (pork cutlet parmesan) Marinara sauce, melted Mozzarella and serve with your choice of pasta* ***$11.95***

Alfredo Pasta *- creamy Alfredo sauce served on your choice of pasta* ***$10.95***

Pasta Choices: Angel Hair, Linguine, Fettuccine or Penne

Imported and domestic beer and wines are available. Please ask your server



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A $13 FEE.

In addition to other fingerprint fees, a $22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License # 1018446, 12023183
(If the location is currently licensed)

1. Check appropriate box → ✓ Controlling Person / Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager | Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21

2. Name: GALLEANO (Last) Randall (First) Eugene (Middle) Date of Birth [redacted] (NOT a Public Record)

3. Social Security Number: [redacted] (NOT a public record) Drivers License [redacted] (NOT a public record) State: AZ.

4. Place of Birth: Bronx (City) New York (State) USA (Country) (not county) Height: 6'2" Weight: 210 Eyes: Brown Hair: grey/brown

5. Marital Status Single (Married) Divorced Widowed

6. Name of Current or Most Recent Spouse: GALLEANO (Last) Alice (First) Rae (Middle) Walker (Maiden) Date of Birth [redacted] (NOT a public record)
(List all for last 5 years - Use additional sheet if necessary)

7. You are a bona fide resident of what state? AZ. If Arizona, date of residency: 1977

8 Telephone number to contact you during business hours for any questions regarding this document. 520-221-0431

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: GAlleano's Inc. Premises Phone: 520-586-3523

11. Physical Location of Licensed Premises Address: 601 W. 4th St. (Street Address (Do not use PO Box #)) Benson (City) Cochise (County) 85602 (Zip)

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
12/10	CURRENT	Head Cook	City of Benson E 6th St. Benson, AZ. 85602
5/10	11/10	Chef	Gracie's Station Restaurant Highway 90 Benson, AZ 85602
7/09	5/10	Head Cook	Benson Head Start Union St. Benson, AZ. 85602

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
3/1988	CURRENT	Own	246 ORR Ave.	Benson	AZ.	85602

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

If you checked the Manager box on the front of this form skip to # 15

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14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? 12 hrs, and **answer #14a below**. If NO, skip to #15.	(YES) NO
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) **If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.**	YES (NO)

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years? In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related. YES (NO)

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES (NO)

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES (NO)

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES (NO)

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? (YES) NO

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If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Randall Eugene Galleano, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Randall Eugene Galleano
(Signature of Applicant)

State of Arizona County of Cochise

MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

The foregoing instrument was acknowledged before me this 14 day of Feb, 2014
Month Year

My commission expires on: 25 March 2017
Day Month Year

Mary A Weber
(Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

x Randall Eugene Galleano
Signature of Controlling Person or Agent (circle one)

Randall Eugene Galleano
Print Name

My commission expires on: 25 March 2017
Day Month Year

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 14 day of Feb, 2014
Month Year

Mary A Weber
(Signature of NOTARY PUBLIC)

MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

#19

'14 MAR 19 Liq. Dept AM11:27

March 18, 2014

To whom it may Concern,

I Randall Eugene Galleano
had a liquor license from 2000-2009
from the State of Arizona

Randall Eugene Galleano
RANDALL EUGENE GALLEANO

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ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

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), nonimmigrants, 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'S NAME (Print or type) RANDALL Eugene GALLEAND

TYPE OF APPLICATION (Check one) ☒ INITIAL APPLICATION ☐ RENEWAL

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☒ Yes ☐ No

If **Yes**, indicate place of birth:

City Bronx State (or equivalent) New York Country or Territory USA.

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.
Name of document Drivers License/ Birth certificate/marriage License
2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

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SECTION III – ALIEN STATUS DECLARATION

To be completed by 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.

OVER

'14 MAR 3 Liq. Dept PM 1 55

☐ 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.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or

☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];

■ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

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SECTION IV - DECLARATION

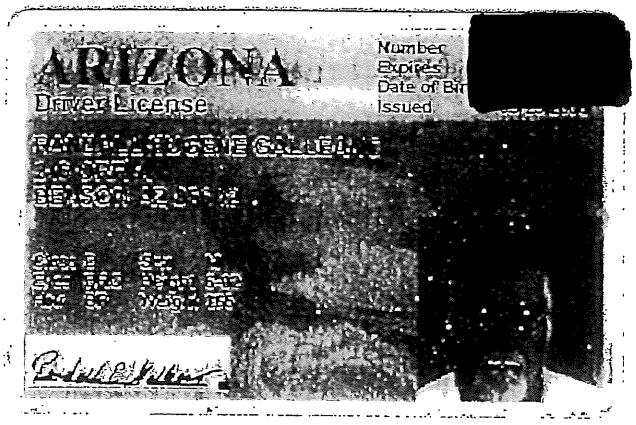
All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Randall E. Walters
APPLICANT'S SIGNATURE

2/5/2014
TODAY'S DATE

'14 MAR 3 Liq. Dept PM 1 55



VR 115 (Rev. 3/92) 250m

DOCUMENT NO. F 470419

THE CITY OF NEW YORK

DEPARTMENT OF HEALTH

VITAL RECORDS

CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York.

DATE OF BIRTH [redacted] CERTIFICATE NO. 156-53-211644

BOROUGH BRONX DATE FILED 07-29-53 DATE ISSUED 08-13-93

NAME RANDALL EUGENE GALLEANO ***

SEX MALE

MOTHER'S MAIDEN NAME ESTHER SYLVIA

FATHER'S NAME EUGENE ABEL GALLEANO

Earlene Price

EARLENE PRICE
CITY REGISTRAR

DEPARTMENT OF HEALTH * THE CITY OF NEW YORK *

Do not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this certification is prohibited by Section 3.21 of the New York City Health Code.

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ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A $13 FEE.

AMENDMENT

In addition to other fingerprint fees, a $22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License # 12023183
(If the location is currently licensed)

1. Check appropriate box →

Controlling Person / Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21

2. Name: Galleano (Last) Alice (First) Rae (Middle) Date of Birth: ___/___/___ **(NOT a Public Record)**

3. Social Security Number: _____ **(NOT a public record)** Drivers License #: _____ **(NOT a public record)** State: _____

4. Place of Birth: _____ (City / State / Country (not county)) Height: _____ Weight: _____ Eyes: _____ Hair: _____

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ (Last / First / Middle / Maiden) Date of Birth: ___/___/___ **(NOT a public record)**
(List all for last 5 years - Use additional sheet if necessary)

7. You are a bona fide resident of what state? _____ If Arizona, date of residency: _____

8 Telephone number to contact you during business hours for any questions regarding this document. _____

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: _____ Premises Phone: _____

11. Physical Location of Licensed Premises Address: _____
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. **List most recent 1st.**

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		
		unemployed	246 Orr Ave Benson AZ 85602

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
	CURRENT					

14 MAR 2014 Liq. Ms 08

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

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ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

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Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A $13 FEE.

In addition to other fingerprint fees, a $22 DPS background check fee will be charged for each fingerprint card.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License # 1037402 / 12023183
(If the location is currently licensed)

1. Check appropriate box →

Controlling Person / Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21
	✓

2. Name: GALLEANO (Last) Alice (First) Rae (Middle) Date of Birth: [redacted] (NOT a Public Record)

3. Social Security Number: [redacted] (NOT a public record) Drivers License #: [redacted] (NOT a public record) State: AZ.

4. Place of Birth: Clinton (City) Mass. (State) USA (Country) (not county) Height: 5' 4" Weight: 152 Eyes: Hazel Hair: Brown

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: GALLEANO Randall Eugene (Last First Middle Maiden) Date of Birth: [redacted] (NOT a public record)
(List all for last 5 years - Use additional sheet if necessary)

7. You are a bona fide resident of what state? AZ. If Arizona, date of residency: 1977

8 Telephone number to contact you during business hours for any questions regarding this document. 520-221-0432

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: GALLEANO'S ~~Inc.~~ Premises Phone: 520-586-3523

11. Physical Location of Licensed Premises Address: 601 W. 4th St. (Street Address (Do not use PO Box #)) Benson (City) Cochise (County) 85602 (Zip)

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. **List most recent 1st.**

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
Aug 2011	CURRENT	Certified Nursing assistant	Good Samaritan Auburn Mission Nursing Home 850 S. Highway 80 Benson, AZ. 85602
Oct. 2009	May 2011	Custodian & crossing guard	Benson Unified School District Patagonia St. Benson AZ. 85602
JAN 2009	Sept. 2009	Unemployed	- unemployed

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
3/1988	CURRENT	Own	246 ORR Ave.	Benson	AZ.	85602

Disabled individuals requiring special accommodations, please call the Department. (602) 542-9027

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If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? YES NO
If you answered YES, how many hrs/day? 12hrs, and **answer #14a below**. If NO, skip to #15.

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) YES NO
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years? In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related. YES NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. YES NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

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20. I, ALICE Rae GALLEANO, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Alice Rae Galleano
(Signature of Applicant)

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 14 day of Feb, 2014
Month Year

My commission expires on: 25 March 2017
Day Month Year

Mary A. Weber
(Signature of NOTARY PUBLIC)

MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 18 day of March, 2014
Month Year

x Randall Eugene Galleano
Signature of Controlling Person or Agent (circle one)

RANDALL Eugene GALleano
Print Name

My commission expires on: 25 March 2017
Day Month Year

Mary A. Weber
(Signature of NOTARY PUBLIC)

MARY A. WEBER
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 25, 2017

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#19

March 18, 2014

To whom it may Concern,

I, Alice Galleano answered yes to question 19 on my questionnaire. We had a liquor license while doing business as Galleano's Inc at this same location from 2000 - 2009. from the state of Arizona.

Alice Rae Galleano

ALice Rae Galleano

'14 MAR 19 Liq. Dept AM11:27

Certificate # ON-LINE

☐ On-sale
☐ 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. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

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

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

Student Information

Alice Galleano
Full Name (please print)

Alice Galleano
Signature

03/17/2014
Training Completion Date

03/17/2017
Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness
Company Name

P.O. Box 6252, Chandler, Arizona 85246
Mailing Address

(480) 664-0389
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. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Instructor Signature

17 / 03 / 2014
Day Mo Year

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

In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	Liquor Store (series 9)	Private Club (series 14)	Hotel/Motel w/restaurant (series 11)
Restaurant (series 12)	In-state Farm Winery (series 13)		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

'14 MAR 19 Liq. Dept AM11:27

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

Alice Galleano

Full Name (please print)

Alice Galleano

Signature

03/17/2014

Training Completion Date

03/17/2017

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

Mailing Address

(480) 664-0389

Daytime Contact Phone Number

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Instructor Signature

17 / 03 / 2014
Day Mo Year

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