

"HUB OF THE SOUTHWEST"

465 1st Avenue
P.O. Box 970
Holbrook, AZ 86025

OUR MISSION

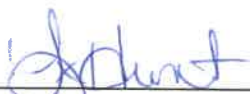
City of Holbrook Government exists to provide ethical and responsible local government.

AGENDA

Regular City Council Meeting
6:00 p.m. August 27, 2020

1. CALL TO ORDER:
2. ROLL CALL:
3. PLEDGE OF ALLEGIANCE/INVOCATION:
4. CONSENT AGENDA:
 - a. August 13, 2020 meeting minutes. Tab 1
5. CALL TO THE PUBLIC FOR AGENDA ITEMS:
*A five-minute time limit per individual is available at this time for Agenda items.
6. NEW BUSINESS:
 - a. Public Hearing – Application for a Series 11 Hotel/Motel Liquor License for Bienvenidos Restaurant located at 2600 Navajo Boulevard. Tab 2
7. CALL TO THE PUBLIC FOR NON-AGENDA ITEMS:
*A three-minute time limit per individual is available at this time for non-agenda items.
8. SUMMARY OF CURRENT EVENTS:
Mayor:
Council Members:
City Manager:
9. SUBMISSION OF WRITTEN PETITION FOR ITEMS NOT ON THE AGENDA:
**Requests to have an item discussed on the Agenda.
10. ADJOURNMENT

Posted the 24th day of August 2020.



Lisa Hunt, Deputy City Clerk

*Individuals must submit a "Request to Address City Council" form to the City Clerk prior to the start of the meeting.

Anyone may address the City Council on any issue within the jurisdiction of the Council. City Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01 (H), action taken as a result of public comment will be limited to directing City staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date. Items on the agenda will not be heard or discussed in Call to the Public. Video or audio tapes or other overhead visual aids are not allowed during these public appearances. All speakers should begin their remarks by stating their name and address for the record.

**Requests to have an item discussed on a future agenda should be presented on the "Request and Petition of citizens to City of Holbrook Council" form during the Submission of Written Petition for Items Not on the Agenda to the Council at a regular meeting. Once this form is submitted, the Council will consider the petition and a response will be given within 31 days per the Holbrook City Charter Article II, Section 2.18.

Members of the public shall refrain from making personal, impertinent or slanderous remarks and from becoming boisterous. Unauthorized remarks from the audience, clapping, stomping of feet, yelling or any similar demonstrations are also prohibited. Violations of these rules may result in removal from the meeting. Individual members of the public body may respond to criticism made by those who have addressed the public body.

Pursuant to ARS 38-431.02, notice is hereby given to the Holbrook City Council, and to the General public that a meeting, which is open to the public, will be held on above-mentioned date, in the City Council Chambers, at 465 First Avenue, Holbrook, Arizona. Members of the City Council may choose to participate in this meeting telephonically. The City Council may adjourn into executive session, which will not be open to the public, to discuss certain matters in accordance with ARS 38-431.03. Electronic versions of this agenda can be found at www.ci.holbrook.az.us.

MINUTES OF THE REGULAR MEETING
OF THE HOLBROOK CITY COUNCIL HELD ON
August 13, 2020

CALL TO ORDER: Mayor Young called the meeting to order at 6:00 p.m.

ROLL CALL: Mayor Merrill Young, Councilmembers Tim Dixon, Mark Jackson, Earl Kester, Adam Marsh and Mike Nilsson appeared in Council Chambers. Vice Mayor Francie Payne participated via conference call.

CITY STAFF: City Manager Ted Soltis, Fleet Manager John Gerwitz, Golf Course Superintendent Steve Rutherford, Director of Administration Pat Nichols and Deputy City Clerk Lisa Hunt.

PLEDGE OF ALLEGIANCE/INVOCATION: The Pledge of Allegiance was led by Councilmember Kester. The Invocation was given by Gloria Montoya from Day Star.

CONSENT AGENDA:

July 23, 2020 meeting minutes

MOTION: Councilmember Dixon

SECONDED: Councilmember Nilsson

MOTION CARRIED

CALL TO THE AUDIENCE FOR ITEMS ON THE AGENDA: None.

NEW BUSINESS:

- a. Public Hearing – Fiscal Year 2020- 2021 Final Budget. Mayor Young opened the Public Hearing at 6:02 p.m. A call to the audience for comments was made. After hearing no comments, the Public Hearing closed at 6:03 p.m.
- b. Resolution 20-12 – A Resolution adopting Fiscal Year 2020-2021 Final Budget. Mayor Young read Resolution 20-12 by heading.
MOTION: Councilmember Marsh
SECONDED: Councilmember Dixon
Clarifying comments were made by Councilmembers.
ROLL CALL VOTE: Councilmember Dixon “Aye”, Councilmember Jackson “Aye”, Councilmember Kester “Aye”, Councilmember Marsh “Aye”, Councilmember Nilsson “Aye”, Vice Mayor Payne “Aye” and Mayor Young “Aye”.
- c. Ordinance 20-01 – 2nd reading: An Ordinance levying a primary property tax upon the assessed valuation of property located within the City subject to taxation for the Fiscal Year ending June 30, 2021. Mayor Young read Ordinance 20-01 by heading.
MOTION: Councilmember Kester
SECONDED: Councilmember Nilsson
Clarifying comments were made by Councilmembers.
ROLL CALL VOTE: Councilmember Dixon “Aye”, Councilmember Jackson “Aye”, Councilmember Kester “Aye”, Councilmember Marsh “Aye”, Councilmember Nilsson “Aye”, Vice Mayor Payne “Aye” and Mayor Young “Aye”.
- d. Public Hearing: Sanitation Rate and Transfer Station Fee increases. Mayor Young opened the Public Hearing at 6:09 p.m. Pat Nichols, Director of Administration, spoke of his observations seeing the daily revenues and expenses. A call to the audience for comments was made. After hearing no further comments, the Public Hearing closed at 6:13 p.m.
- e. Resolution 20-13: A Resolution increasing Sanitation Rates. Mayor Young read Resolution 20-13 in its entirety.
MOTION: Councilmember Dixon
SECONDED: Councilmember Kester

Clarifying comments were made by Councilmembers.

ROLL CALL VOTE: Councilmember Dixon "Aye", Councilmember Jackson "Aye", Councilmember Kester "Aye", Councilmember Marsh "Aye", Councilmember Nilsson "Aye", Vice Mayor Payne "Aye" and Mayor Young "Aye".

- f. Resolution 20-14: A Resolution increasing Transfer Station Fees. Mayor Young read Resolution 20-14 in its entirety.

MOTION: Councilmember Kester

SECONDED: Councilmember Nilsson

Councilmember Dixon asked City Manager Soltis if the rates are posted on the City of Holbrook Website. City Manager Soltis responded "Yes".

ROLL CALL VOTE: Councilmember Dixon "Aye", Councilmember Jackson "Aye", Councilmember Kester "Aye", Councilmember Marsh "Aye", Councilmember Nilsson "Aye", Vice Mayor Payne "Aye" and Mayor Young "Aye".

- g. Golf Cart purchase approval – Steve Rutherford, Golf Course Superintendent, requested that the Council approve the purchase of 12 used Yamaha Golf Carts from Desert Golf Cars for a total amount of \$47,737.20. Councilmember Dixon ask Mr. Rutherford several questions about the Golf Carts. Steve answered all his questions.

MOTION: Councilmember Dixon

SECONDED: Councilmember Nilsson

MOTION CARRIED

- h. Parks Department mower purchase approval – Steve Rutherford spoke on behalf of Napo Baldonado in Parks requesting approval to purchase a Z Master Zero-Turn Rider – 7000 Diesel Series, 25 HP Kubota Diesel 72" Turbo Force Deck from Simpson Norton Corporation for the total cost of \$15,692.08.

MOTION: Councilmember Dixon

SECONDED: Councilmember Kester

Discussion was held

MOTION CARRIED

- i. Street Department back-hoe purchase approval – John Gerwitz requested the approval of the purchase of a 2020 Caterpillar 416 from Empire CAT in the amount of \$103,496.44. Mr. Gerwitz explained that of the five back hoes that the City of Holbrook owns, two are incapacitated, two are mid 90's models and one is a 2012 model. He explained keeping some of them running is more than they are worth.

MOTION: Councilmember Nilsson

SECONDED: Councilmember Dixon

Discussion was held.

MOTION CARRIED

CALL TO THE PUBLIC FOR NON-AGENDA ITEMS:

Michael Sample from the Navajo County Fair Board. Mr. Sample shared that the Annual Navajo County Fair has been cancelled because of health and safety reasons. He also shared that the Fair Board will still be hosting youth events at which they will implement CDC Guidelines. He encouraged everyone to show up and support the youth events.

SUMMARY OF CURRENT EVENTS-MAYOR:

Mayor Young said that he would like to offer his condolences to the family of Hardy Sulu, who passed away. He also wanted to commend the citizens of Holbrook for helping to bring the COVID 19 rates down. He encouraged everyone to continue what they are doing for the next few months.

SUMMARY OF CURRENT EVENTS-COUNCILMEMBERS:

*Councilmember Jackson offered his condolences to the family of Bunky Maestas.

*Councilmember Marsh is working from home and appreciates being in town during the work week to see all of the happenings. He thanked all of the City employees and Ted Soltis for all they do.

*Councilmember Dixon echoed Councilmember Marsh commending the City employees and Ted Soltis.

*Councilmember Nilsson did a shout out to the schools. He said that Dr. Koerperich and every member of the staff are doing an incredible job of getting kids involved.

*Councilmember Kester thanked City Employees including office staff for all their hard work. He also said that the old transfer site behind the American Legion is looking good.

*Vice Mayor Payne stated that City Staff are working hard through the COVID 19 pandemic. Staff have had to continue to respond to water breaks, Police calls, animal complaints, etc. She also stated that she has a complaint about how the City of Holbrook looks. She said that realizes that it has been hotter this year, but it is also because the citizens are not doing their part. Vice Mayor Payne stated that the transfer site behind the American Legion is clean as a whistle. Every Department helped with this project and came to together to help each other out. She wanted to encourage friends, neighbors, and herself to help clean up Holbrook.

SUMMARY OF CURRENT EVENTS-CITY MANAGER:

*Mr. Soltis shared that the City has two openings on the Planning and Zoning Commission. If anyone is interested, please send a letter of interest to City Hall.

*The new park signs have been installed at Gillespie Park, Heward Park, Hunt Park, Lewis Park, and Lisitzky. Thank you to Northland Pioneer College students for making the signs and to City crews for installing them.

*Thank you to Boy Scout Troop 7156 for painting the Police/Fire Department. The City of Holbrook certainly appreciates your help.

*Additional work needs to be completed at the Police Department. Staff will be repairing leaks and cracks, removing brush from around the building, and the gutters will be replaced. It was determined that the roof does not need to be replaced.

*Staff will be starting on the roof replacement at the golf course shop. The roof has leaked for several years. There will be a design modification to eliminate future leaks.

*The clean-up of the property between the cemetery and the hospital is complete. City crews did a great job. The remaining tractor trailer will soon be auctioned.

*The new truck turn-around at the golf course is complete.

*The pool and splash pad will close on August 22nd. At that time, our crews will begin work on repairing the water leak under the splash pad.

*Julie Harrison, who has worked in the Wastewater Department for 14+ years, has moved out of the area and resigned from her position. We thank her for her years of work for the City and wish her the best.

SUBMISSION OF WRITTEN PETITION FOR ITEMS NOT ON THE AGENDA: None

ADJOURNMENT:

MOTION: Councilmember Marsh

SECONDED: Councilmember Jackson

MOTION CARRIED

Meeting adjourned at 6:55 p.m.

I hereby certify that the forgoing minutes are a true and correct copy of the minutes of the Regular Meeting of the Holbrook City Council held on August 13, 2020. I further certify that the meeting was duly called and held and that a quorum was present.

Lisa Hunt, Deputy Clerk

PASSED, APPROVED AND ADOPTED this 27th day of August 2020.

J. Merrill Young, Mayor

State of Arizona
Department of Liquor Licenses and Control

Created 07/29/2020 @ 04:12:39 PM

Local Governing Body Report

LICENSE

Number:		Type:	011 HOTEL / MOTEL
Name:	BIENVENIDOS RESTAURANT		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	2600 NAVAJO BOULEVARD HOLBROOK, AZ 86025 USA		
Mailing Address:	PO BOX 291 HOLBROOK , AZ 86025 USA		
Phone:	(928)524-1600		
Alt. Phone:	(928)814-2372		
Email:	OFELIA0710@GMAIL.COM		

AGENT

Name:	OFELIA LANGE
Gender:	Female
Correspondence Address:	PO BOX 291 HOLBROOK , AZ 86025 USA
Phone:	(928)814-2372
Alt. Phone:	
Email:	OFELIA0710@GMAIL.COM

OWNER

Name:	LANGE & SONS INC	
Contact Name:	OFELIA LANGE	
Type:	CORPORATION	
AZ CC File Number:	17918577	State of Incorporation: AZ
Incorporation Date:	09/26/2012	
Correspondence Address:	PO BOX 291 HOLBROOK , AZ 86025 USA	
Phone:	(928)814-2372	
Alt. Phone:		
Email:	OFELIA0710@GMAIL.COM	

Officers / Stockholders

Name:	Title:	% Interest:
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OFELIA LANGE

President, Director, Shareholder

100.00

WILHELM KARL LANGE

CEO

**LANGE & SONS INC -
President, Director, Shareholder**

Name: OFELIA LANGE
Gender: Female
Correspondence Address: PO BOX 291
HOLBROOK , AZ 86025
USA
Phone: (928)814-2372
Alt. Phone:
Email: OFELIA0710@GMAIL.COM

LANGE & SONS INC - CEO

Name: WILHELM KARL LANGE
Gender: Male
Correspondence Address: PO BOX 291
HOLBROOK , AZ 86025
USA
Phone: (928)524-1407
Alt. Phone:
Email: MCLOV1N88@YAHOO.COM

MANAGERS

Name: KARL WILHELM JESUS LANGE
Gender: Male
Correspondence Address: PO BOX 291
HOLBROOK , AZ 86025
USA
Phone: (928)241-4830
Alt. Phone:
Email: KARLAN0807@GMAIL.COM

APPLICATION INFORMATION

Application Number: 115489
Application Type: New Application
Created Date: 07/29/2020

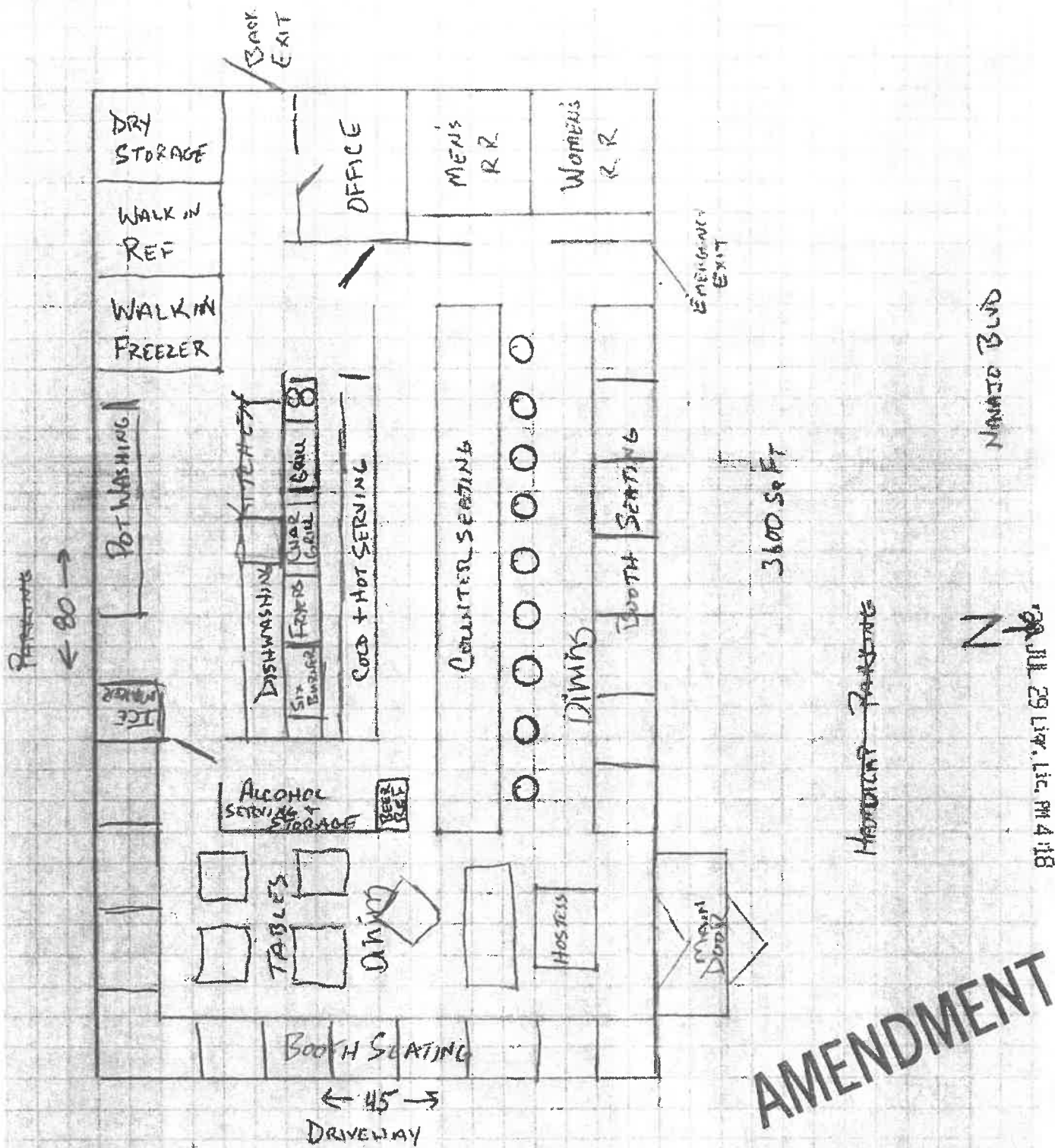
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QUESTIONS & ANSWERS

011 Hotel / Motel

- 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
OWNER
- 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.
\$0.00
- 6) Is there a drive through window on the premises?
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
NONE
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

20 JUL 15 Lic. Lic. PM 1:23



PARKING
← 80 →

BACK
EXIT

KITCHEN

MEN'S
R.R.

WOMEN'S
R.R.

EMERGENCY
EXIT

COUNTER SEATING

BOOTH SEATING

3600 SQ FT

ALCOHOL
SERVING &
STORAGE

TABLES

HOSTESS

MAIN
DOOR

BOOTH SEATING

← 45 →
DRIVEWAY

HANDICAP PARKING

20 JUL 29 1974
N ↓

NAVAJO BUILD



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

DLLC USE ONLY
 Job #: 115489

RESTAURANT OPERATION PLAN

- Name of restaurant (Please print): **Bienvenidos Restaurant**
- List equipment below by Make, Model, and Capacity : **(PROVIDE THE FOLLOWING ITEMS ONLY, NO ATTACHMENTS)**

Grill	Keating 48 inch, existing
Oven	Blodgett Convection, existing
Freezer	Walk in, no specific brand
Refrigerator	Walk in, no specific brand
Sink	3-comp pot sink, single food prep sink
Dish Washing Facilities	Jackson Conserver XL, new purchase
Food Preparation Counter (Dimensions)	2 prep tables, 6 ft and 5 ft
Other	Range, Wolf AHP848

20 JUL 29 11:41 AM '18

- Attach a copy of your full menu **including prices** (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
- List the **seating capacity** for:
 - Restaurant dining area of your premises: [130]
(Do not include patio seating)
 - Bar area of your premises: [+ 0]
 - Total dining and bar seating capacity of your premises: [= 130]
- What Type of dinnerware and utensils are utilized within your restaurant?
 Reusable Disposable Both
- 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?) _____%
- What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 100 %

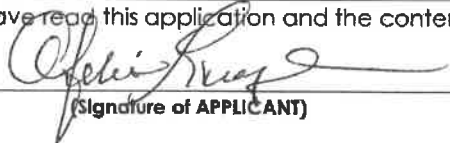
8. Does your restaurant contain any games, televisions, or any other entertainment? YES No
 (If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

9. Do you have live entertainment or dancing? YES No
 (If yes, what type and how often 8.5
 example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. Use space below to list how many employees for each position to fully staff your business.

Position	How many
Cooks	4
Bartenders	0
Hostesses	2
Managers	1
Servers	10
Other (Dishwashers)	3
Other ()	
Other ()	


I, Ofelia Lange, hereby declare that I am the APPLICANT filing this application.
 I have read this application and the contents and all statements true, correct and complete.

X 
 (Signature of APPLICANT)

NOTARY

State of Arizona County of Navajo

The foregoing instrument was acknowledged before me this 30 day of June 2020
Day Month Year

My Commission Expires on: November 7, 2021 
Date

Signature of Notary Public
 Sarah Scheuerman
 Notary Public
 Navajo County, Arizona
 My Comm. Expires 11-07-2021
 Commission No. 538481



Arizona Department of Liquor Licenses and
Control
800 W Washington 5th Floor
Phoenix, AZ 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 YOUR DLLC RECORDS

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:

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 used during the audit period
4. A price list for alcoholic beverages 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
10. 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
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

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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 off the license premises.
 - B. All documents which support purchases made for food to be sold off the licensed premises.
 - C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCAION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

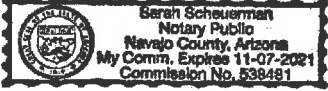
A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

NOTARY	
<p>I, (Print Full Name) <u>Ofelia Lange</u>, have read and understand all aspects of this statement</p>	
<p>X (Signature) <u><i>Ofelia Lange</i></u> Controlling Person / Agent</p>	<p>State of <u>Arizona</u> County of <u>Navajo</u> the foregoing instrument was acknowledged before me this</p>
<p>My commission expires on: <u>November 7, 2021</u></p>	<p><u>30</u> of <u>June</u> <u>2020</u> Day Month Year</p>
	<p><u><i>Sarah Scheuerman</i></u> Signature of NOTARY PUBLIC</p>

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



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

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with Black Ink

20 JUL 29 11:41 AM '18
 FP current
 4/23/19

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 115489

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager <small>(complete all questions except #12)</small>
---	---	---

2. Name: Lange Ofelia Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Tamazulita, Jalisco, Mexico Height: 5/03 Weight: 130 Eyes: Bro Hair: Blk
City State COUNTRY (not county)

5. Name of current/most recent spouse: Lange Karl Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: July 1, 1990

7. Daytime telephone number: 928-814-2372 E-mail address: ofelia0710@gmail.com

8. Business Name: Bienvenidos Restaurant Business Phone: 928, 524, 1601

9. Business Location Address: 2600 Navajo Blvd Holbrook AZ Navajo 86025
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2012	CURRENT	Owner	Lange and Son's, Inc. DBA Knife City Outlet

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/2008	CURRENT	7626 Rapture Road, Sun Valley, AZ 86029

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. 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 five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Ofelia Lange hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Ofelia Lange*

State of Arizona County of Navajo
The foregoing instrument was acknowledged before me this

My Commission Expires on: November 7, 2021

30 Day of June, 2020
Day Month Year



Sarah Scheuerman
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: _____ SIGNATURE: _____



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

**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), 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

INDIVIDUAL OWNER/AGENT NAME (Print or type) Ofelia Lange

2011 29 Lic. PM 4:19

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 Tamazulita State (or equivalent) Jalisco Country or Territory Mexico

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

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

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.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

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

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

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

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

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).

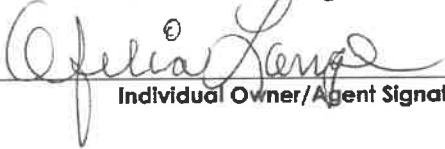
SECTION IV - DECLARATION

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.

Ofelia Lange

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

6/30/2020

Today's Date

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 January 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.

Arizona DRIVER LICENSE USA



Ofelia Lange

9 CLASS D
10 END NONE
12 REST NONE
14 DLN [REDACTED]

1 NAME LANGE
2 OFELIA
3 DOB [REDACTED]
4 7628 RAPTURE RD
5 SUN VALLEY, AZ 86029

16 SEX F
15 HGT 5-03"
17 WGT 130 lb
18 EYES BRO
19 HAIR BLK
20 ISS 03/27/2017



20 JUL 29 4:47 PM 4:19

Certificate # ON-LINE

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

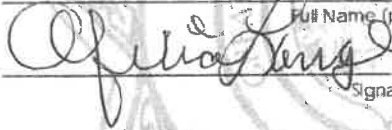
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Student Information

Ofelia Lange

Full Name (please print)



Signature

06/28/2020

Training Completion Date

06/28/2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

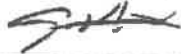
P.O. Box 6252, Chandler, Arizona 85246

Mailing Address

(480) 664-0389

Daytime Contact Phone Number

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

06 / 28 / 2020

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

20 JUL 29 11:41 AM '20

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

Ofelia Lange

Full Name (please print)

Ofelia Lange
Signature

06/29/2020

Training Completion Date

06/29/2023

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

Jared Repinski

I, Jared Repinski, certify that the above named individual did successfully complete

Instructor Name (please print)

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

Jared Repinski
Instructor Signature

06 / 29 / 2020
Day Mo Year

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

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

20 JUL 29 11:13 AM '13



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

20 JUL 21 PM 3:31 AZD LLC

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with **Black Ink**

FP current
 8/23/19

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. 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.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 115484

1. Check the Appropriate Box →

Controlling Person Agent Premises Manager
 (complete all questions except #12)

2. Name: Lange Karl Wilhelm Jesus Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Long Beach CA USA Height: 5-11 Weight: 250 Eyes: HAZ Hair: BR
City State COUNTRY (not county)

5. Name of current/most recent spouse: Lange Shannon Francisca Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: 928-524-1407 E-mail address: THELANGESKSAKS@GMAIL.COM

8. Business Name: Langes and Son's Inc. DBA Bienvenidos Restaurant Business Phone: 928 524 1600

9. Business Location Address: 2600 Navajo Blvd Holbrook AZ Navajo 86025
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2010	CURRENT	Manager	Knife City Outlet 7699 Sun Valley Road AZ 86029

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/2012	CURRENT	712 Coronado Holbrook AZ 86025

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. 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 five years? A.R.S. §4-202(D) Yes No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

NOTARY

I (Print Full Name) Karl Wilhelm Jesus Lange hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of Arizona County of Navajo
The foregoing instrument was acknowledged before me this

My Commission Expires on: 7/31/2023 16th Day of July, 2020
Date Day Month Year

[Signature]
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Ofelia Lange SIGNATURE: [Signature]



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

20 JUL 21 PM 3 31 AZDLLC

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804.907

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. 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.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 115484

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: Lange Wilhelm Karl Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Loma Linda CA USA Height: 6-00 Weight: 160 Eyes: HAZ Hair: BR
City State COUNTRY (not county)

5. Name of current/most recent spouse: Lange Elizabeth Julia Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: 928-524-1407 E-mail address: mclov1n88@yahoo.com

8. Business Name: Lange and Sons, Inc. DBA Bienvenidos Restaurant Business Phone: 928 / 524 / 1600

9. Business Location Address: 2600 Navajo Blvd Holbrook AZ Navajo 86025
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2007	CURRENT	Sales	Knife City Outlet 7699 Sun Valley Road AZ 86029

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
04/2014	CURRENT	714 Coronado St Holbrook AZ 86025


(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. 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 five years? A.R.S. §4-202(D) Yes No


**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

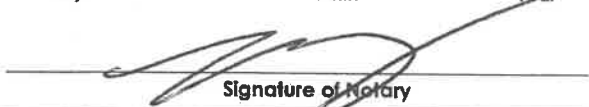
NOTARY

I (Print Full Name) Wilhelm Karl Lange hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Arizona County of Navajo
The foregoing instrument was acknowledged before me this 16th Day of July, 2020
Day Month Year

My Commission Expires on: 7/31/2023
Date




Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Ofelia Lange SIGNATURE: 

MENU FOR
BIENVENIDOS RESTAURANT
2600 NAVAJO BLVD
HOLBROOK, AZ 86025
928-524-1600

BREAKFAST FAVORITES
AVAILABLE ALL DAY

1. THREE EGG BREAKFAST.....\$7.99
THREE EGGS YOUR WAY, HASH BROWNS OR HOME FRIES, TOAST

2. THREE EGG BREAKFAST WITH YOUR CHOICE OF
BREAKFAST MEATS.....\$10.99
THREE EGGS YOUR WAY, CHOICE OF BACON, SAUSAGE OR HAM, HASH BROWNS OR
HOME FRIES, TOAST

3. THREE EGG BREAKFAST WITH SIRLOIN STEAK.....\$12.99
THREE EGGS YOUR WAY, 6 OZ SIRLOIN STEAK, HASH BROWNS OR HOME FRIES,
TOAST

4. COUNTRY FRIED STEAK AND THREE EGGS.....\$12.99
THREE EGGS YOUR WAY, COUNTRY FRIED STEAK, HASH BROWNS OR HOME FRIES,
TOAST

5. TWO EGG BREAKFAST WITH YOUR CHOICE OF BACON OR
SAUSAGE.....\$6.99
TWO EGGS YOUR WAY, BACON OR SAUSAGE, HASH BROWNS OR HOME FRIES, TOAST

6. FLUFFY THREE EGG OMELET WITH CHEESE.....\$6.99
HASH BROWNS OR HOME FRIES, TOAST
ADD BACON OR HAM.....\$1.99
ADD DICED VEGGIES.....\$1.49

20 JUL 29 11:41 AM '18

7. PANCAKES/FRENCH TOAST OR BELGIAN WAFFLE....\$4.99
ADD BACON OR SAUSAGE.....\$2.99

8. FRESH BUTTERMILK BISCUITS AND GRAVY.....\$5.49

9. HOT OATMEAL WITH RAISINS AND CINNAMON.....\$4.29

LUNCH MENU

1. BURGERS, 1/3 POUND, JUICY, COOKED TO ORDER.\$10.99

SERVED WITH LETTUCE, TOMATO AND YOUR CHOICE OF FRENCH FRIES OR TATER TOTS

ADD CHEESE.....\$1.29

ADD BACON.....\$1.99

ADD AVOCADO.....\$1.49

2. GRILLED CHICKEN BREAST SANDWICH.....\$9.99

SERVED WITH LETTUCE, TOMATO AND YOUR CHOICE OF FRENCH FRIES OR TATER TOTS

3. CLUB SANDWICH.....\$10.99

HAM, TURKEY AND BACON ON SOURDOUGH BREAD

SERVED WITH AND YOUR CHOICE OF FRENCH FRIES OR TATER TOTS

4. OPEN FACED SANDWICH.....\$11.99

YOUR CHOICE OF TURKEY OR ROAST BEEF ON WHEAT OR RYE BREAD AND TOPPED WITH A RICH GRAVY SERVED WITH LETTUCE, TOMATO AND YOUR CHOICE OF FRENCH FRIES OR TATER TOTS

5. FRENCH DIP SANDWICH.....\$11.99

THIN SLICED ROAST BEEF ON A FRENCH ROLL, SERVED WITH AU JUS

SERVED WITH YOUR CHOICE OF FRENCH FRIES OR TATER TOTS

6. CHEF SALAD.....\$10.99
FRESH LETTUCE MIX TOPPED WITH SLICED TURKEY AND HAM, CHEDDAR CHEESE,
TOMATOES, BOILED EGG, CROUTONS AND YOUR CHOICE OF DRESSING

7. GREEN SALAD WITH GRILLED CHICKEN BREAST....\$12.99
FRESH GREENS WITH TOMATOES, CUCUMBERS AND A GRILLED CHICKEN BREAST,
YOUR CHOICE OF DRESSING

DINNER FARE

ALL MEALS INCLUDE DINNER SALAD AND WARM ROLLS

1. COUNTRY FRIED STEAK.....\$13.99
SERVED WITH MASHED POTATOES, GRAVY AND VEGGIE OF THE DAY

2. GRILLED PORK CHOPS.....\$13.99
A PAIR OF JUICY CHOPS, GRILLED SERVED WITH MASHED POTATOES, GRAVY AND
VEGGIE OF THE DAY

3. FRIED CHICKEN BASKET.....\$12.99
SERVED WITH MASHED POTATOES, GRAVY AND VEGGIE OF THE DAY

4. CRISPY BATTERED FISH PLATE.....\$13.99
TENDER NORTHERN COD, HAND BATTERED SERVED WITH TARTER SAUCE, YOUR
CHOICE OF FRENCH FRIES OR TATER TOTS

5. BAKED TILAPIA PLATE.....\$13.99
JUICY TILAPIA FILETS, SEASONED AND BAKED TO ORDER SERVED WITH RICE PILAF
AND VEGGIE OF THE DAY

6. HAND CUT N Y STRIP STEAK.....\$16.99
12 OUNCE CUT OF CHOICE N Y STRIP SERVED WITH YOUR CHOICE OF POTATO AND
VEGGIE OF THE DAY

7. FAJITAS, BEEF, SHRIMP OR CHICKEN.....\$13.99

STRIPS OF SAUTEED BEEF, CHICKEN OR SHRIMP WITH PEPPERS, ONIONS AND TOMATOES. SERVED WITH SPANISH RICE AND BEANS

8. FISH TACOS.....\$10.99

THREE SOFT TORTILLAS FILLED WITH CRISPY FRIED COD, SHREDDED CABBAGE AND AVOCADO.

BEVERAGES

WE PROUDLY SERVE COCA-COLA PRODUCTS

SOFT DRINK.....\$2.89

ICED TEA.....\$2.69

COFFEE OR HOT TEA.....\$2.49

MILK OR JUICE.....\$2.69

