

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.

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): 12113221

1. Type of License(s): SERIES 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.

SECTION 4 Applicant

- Owner/Agent's Name: Mr. FOSTER LUISA JIUMING Ms. (Insert one name ONLY to appear on license) Last First Middle
Corp./Partnership/L.L.C.: MLD SUNRISE, LLC (Exactly as it appears on Articles of Inc. or Articles of Org.)
Business Name: SUNRISE CAFE (Exactly as it appears on the exterior of premises)
Principal Street Location: 20917 N John Wayne Pkwy A103-104 MARICOPA PINAL 85238 (Do not use PO Box Number) City County Zip
Business Phone: 520-568-8098 Daytime Contact: 520-568-9542
Is the business located within the incorporated limits of the above city or town? YES NO
Mailing Address: 20917 N John Wayne Pkwy A103-104 MARICOPA ARIZONA 85238 City State Zip
Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00 Application 22.00 Interim Permit Agent Change Club Finger Prints \$ 122.00 TOTAL OF ALL FEES

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

Accepted by: [Signature] Date: 7/2/12 Lic. # 12113221

SECTION 5 Interim Permit:

- 12 JUL 2 Liq. Lic. AM10:45
- 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.
 - There **MUST** be a valid license of the same type you are applying for currently issued to the location.
 - Enter the license number currently at the location. _____
 - 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, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

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

My commission expires on: _____ Day _____ day of _____ Month _____ Year

(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
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

) Y R A S S E C E N F I T

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.: MLD SUNRISE, LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 11/13/2008 State where Incorporated/Organized: ARIZONA
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L1488640-8 Date authorized to do business in AZ: 12/1/2008
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
FOSTER	LUISA	JUIMING	MEMBER	20917 N John Wayne Pkwy A103-104 Maricopa AZ	85238

(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
FOSTER	LUISA	JUIMING	100	20917 N John Wayne Pkwy A103-104 Maricopa AZ	85238

(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
12 III 2 Liq. Lic. AM1045
- 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 transferred: 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.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

My commission expires on: _____

Day Month Year

(Signature of NOTARY PUBLIC)

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: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) 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? _____

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) horizontal 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: _____ ft. Name of school _____
Address _____
City, State, Zip _____

2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name BARCLAY GROUP
Address 2390 E CAMELBACK RD. #200 PHOENIX ARIZONA 85016
City, State, Zip _____

4a. Monthly rental/lease rate \$ 4,800 What is the remaining length of the lease 5 yrs. _____ mos.

4b. What is the penalty if the lease is not fulfilled? \$ Eviction or other Landlord remedies
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 75K
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
CHASE BANK	(Remodel of additional suite A-103)		75K	21650 N JOHN WAYNE PKWY	MARICOPA	AZ	85139
	Existing Suite A-104 open - no remodel						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT

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? 12 JUL 2 Lic. Lic. RM1045
 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 # _____ (exactly as it appears on license) Name _____

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:

_____ and license #: _____
 Last First Middle

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.

Felisa Janine Fortes
 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.

CB
 applicants initials

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 spirituous 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.

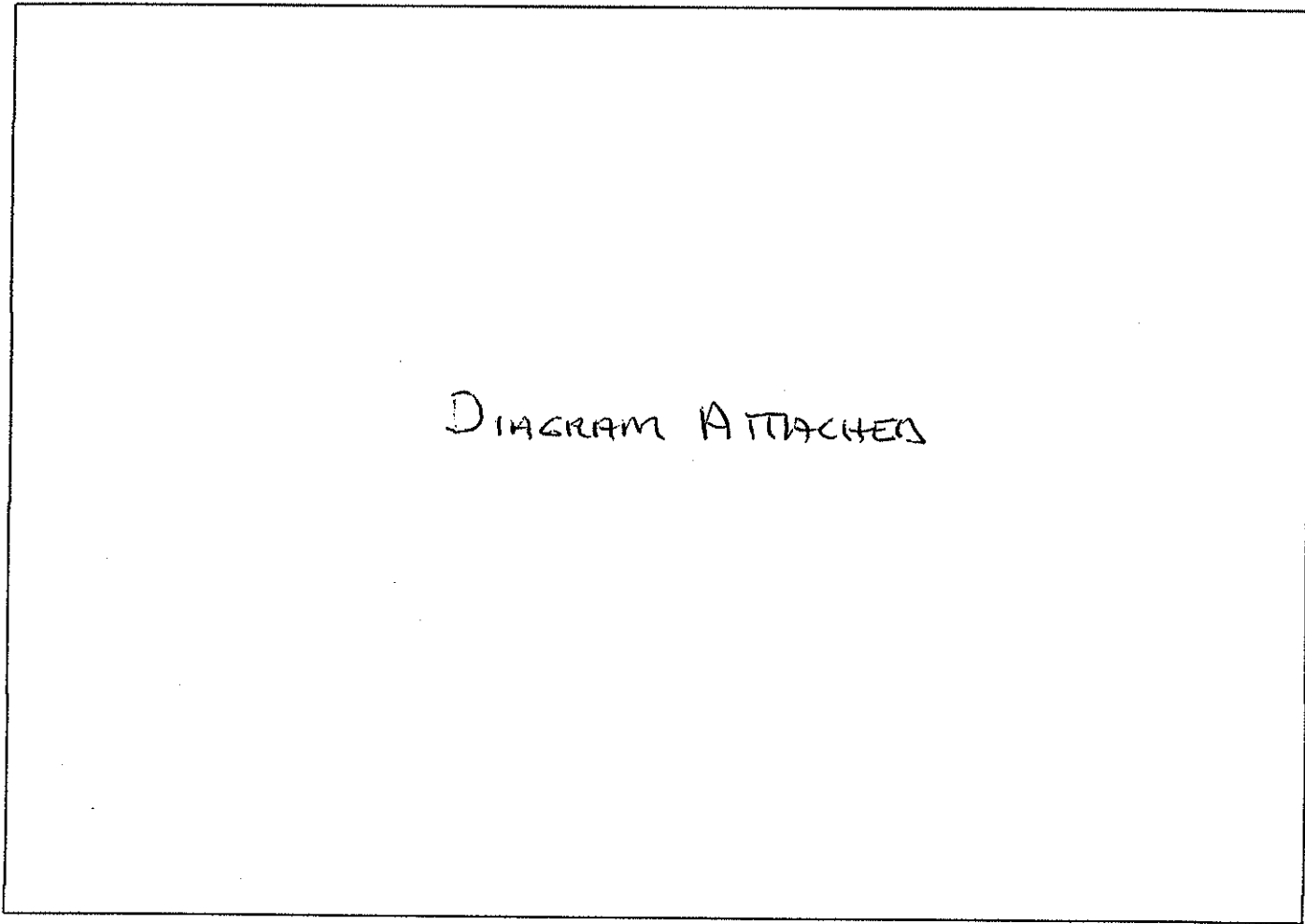
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this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

CB
 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.

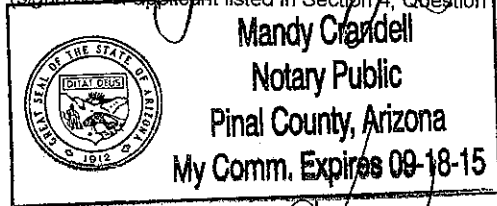


SECTION 16 Signature Block

I, LUISA JUIMING FOSTER, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

(print full name of applicant)

X *Luisa Juiming Foster*
(signature of applicant listed in Section 4, Question 1)



State of Arizona County of Pinal

The foregoing instrument was acknowledged before me this 29th of June, 2012.

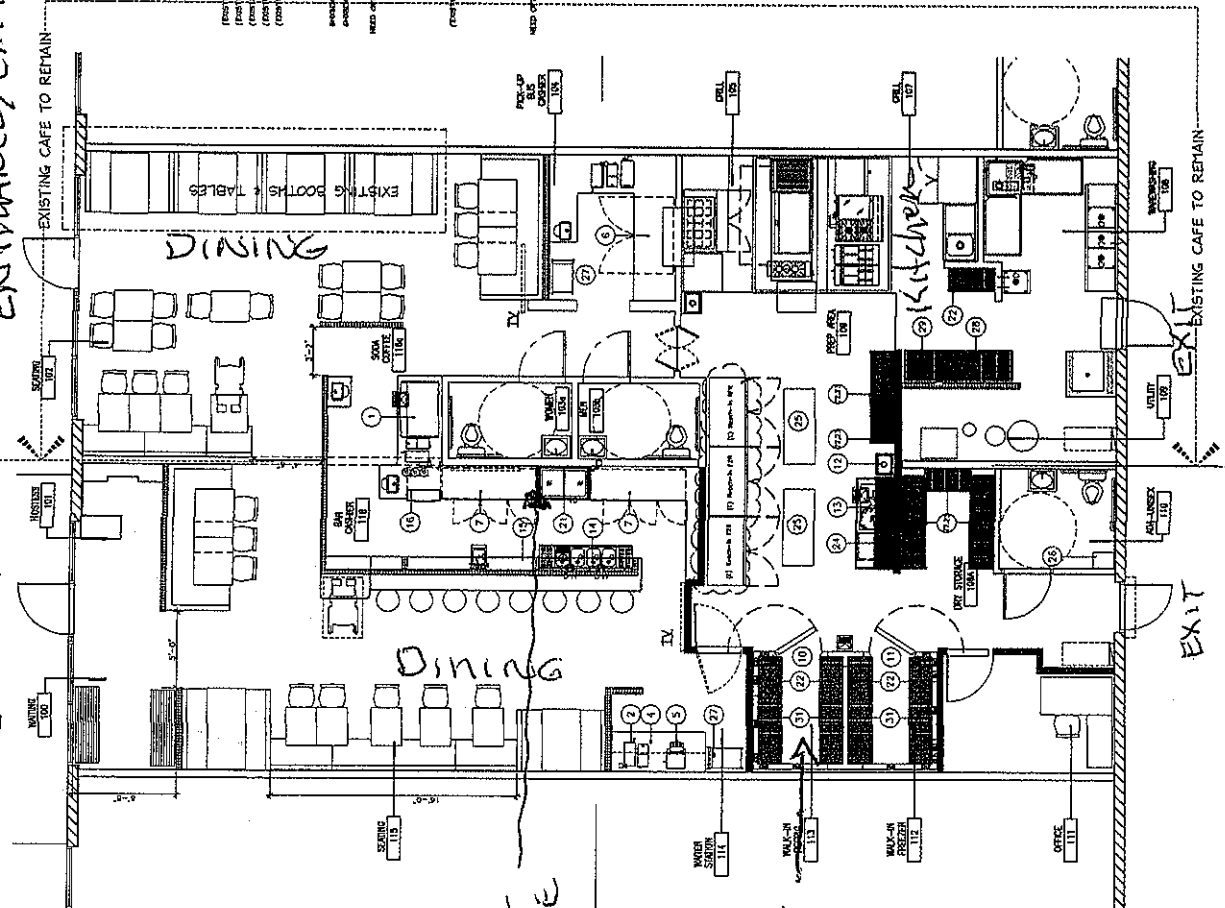
Mandy Crandell
signature of NOTARY PUBLIC

My commission expires on : 9/18/2015
Day Month Year

Total SAE (2751)

ENTRANCE/EXIT

ENTRANCE/EXIT



Liaison Storage

Liaison Storage

Item No.	Qty	Manufacturer	Equipment Category	Model Number
1	1	Manufacture by	for Mfg. 4/8 Bn	10-5550A
2	1	Blender	Blender	10-5550A
3	1	Blender	Blender	10-5550A
4	1	Blender	Blender	10-5550A
5	1	Blender	Blender	10-5550A
6	1	Blender	Blender	10-5550A
7	1	Blender	Blender	10-5550A
8	1	Blender	Blender	10-5550A
9	1	Blender	Blender	10-5550A
10	1	Blender	Blender	10-5550A
11	1	Blender	Blender	10-5550A
12	1	Blender	Blender	10-5550A
13	1	Blender	Blender	10-5550A
14	1	Blender	Blender	10-5550A
15	1	Blender	Blender	10-5550A
16	1	Blender	Blender	10-5550A
17	1	Blender	Blender	10-5550A
18	1	Blender	Blender	10-5550A
19	1	Blender	Blender	10-5550A
20	1	Blender	Blender	10-5550A
21	1	Blender	Blender	10-5550A
22	1	Blender	Blender	10-5550A
23	1	Blender	Blender	10-5550A
24	1	Blender	Blender	10-5550A
25	1	Blender	Blender	10-5550A
26	1	Blender	Blender	10-5550A
27	1	Blender	Blender	10-5550A

CAFE DESIGN & ARCHITECTURE
4177 WEST WILLOW LANE
MESA, AZ 85207
702.881.8533 FAX

THE ARCHITECTS
1000 N. CENTRAL EXPRESSWAY
SUITE 1000
PHOENIX, AZ 85004
602.254.1100



DATE FOR PERMIT: 01/27/11
DATE FOR PLAN SET: 01/27/11
DATE FOR CONSTRUCTION: 01/27/11
DATE FOR EQUIPMENT: 01/27/11
DATE FOR PERMIT: 01/27/11
DATE FOR PLAN SET: 01/27/11
DATE FOR CONSTRUCTION: 01/27/11
DATE FOR EQUIPMENT: 01/27/11

SUNSHINE CAFE
EMERSON
28017 N. CENTRAL EXPRESSWAY
PHOENIX, AZ 85004
702.881.8533 FAX

NEW FURNITURE & EQUIPMENT PLAN

FS1.0

1 NEW FURNITURE & EQUIPMENT PLAN
SCALE: 1/4"=1'-0"

12 JUL 2 10:49 AM '05

12 JUL 2 11:45 AM

AZ Corp. Commission



02626704

AZ CORPORATION COMMISSION
FILED

STATE OF ARIZONA
ARTICLES OF ORGANIZATION

NOV 18 2008

MILD SUNSHINE LLC

FILE NO. L19026-08-8

A LIMITED LIABILITY COMPANY

- Name.** The name of the limited liability company is MILD SUNSHINE LLC.
- Registered Office.** The address of the registered office of the limited liability company is 20917 N. John Wayne Pkwy Unit A-104, Mesa, AZ 85238.
- Statutory Agent.** The name and street address of the statutory agent is:

Stat Myron F. Truchel Jr. *LOCATION*
 PO Box 446
 Mesa, AZ 85239
 20917 N. John Wayne Pkwy Unit A-104
 Mesa, AZ 85238

Acceptance of Appointment by Statutory Agent

I, Myron F. Truchel Jr., having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed, or resignation is submitted in accordance with the Arizona Revised Statutes.

Myron F. Truchel Jr.
Myron F. Truchel Jr. Statutory Agent

- Date of Dissolution.** The latest date, if any, on which the limited liability company must dissolve, is Perpetual.

- Management.** Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:

Managing Members:

LuAnn Foster	Daniel Chung
20917 N John Wayne Pkwy Unit A-104	20917 N John Wayne Pkwy Unit A-104
Mesa, AZ 85238	Mesa, AZ 85238

AZ CORPORATION COMMISSION
FILED

NOV 26 2008

FILE NO. L19026-08-8

'12 JUL 2 Liq. Lic. RM1045

EXECUTED this 10 day of September, 2008.

[Handwritten Signature]
Signature

[Handwritten Signature]
Signature

Luia Evans
Name

David Chang
Name

(320) 368-8098
Phone Number

(320) 316-6081
Fax Number

REUTRAN

12 JUL 2 Ligr. Lic. AM1045



AZ CORPORATION COMMISSION
FILED

MAY 18 2012

ARTICLES OF AMENDMENT
Pursuant to A.R.S. 28-633 (F)

FILE NO. L148821408

1. The name of the limited liability company is:

MLO Sunrise LLC.

2. Attached hereto as Exhibit A is the text of the amendment.

Dated this 5/17/12 day of MAY, 2012.

Signature: [Handwritten Signature]

Print Name: Wiss JM Foster

Check One: Member Manager

DO NOT PUBLISH THIS SECTION
The amendment must be executed by a manager if management of the limited liability company is vested in a manager or by a member if management is reserved to the members.

12 JUL 2 Ligr. Lic. AM1045

EXHIBIT A

(Insert the text of the amendment)

Remove David Chang from
LLC. Make Luisa J-M-Foster
single member LLC.

Luisa J.M. Foster



5/19/12

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 # 12113221

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

Grill	SOUTHBEND FLAT GRILL, SOUTHBEND DOUBLE BURNER FLAT GRILL
Oven	4 BURNER COOKTOP, 1 CONVECTION OVEN
Freezer	TRUE DOUBLE DOOR FREEZER
Refrigerator	TRUE DOUBLE DOOR REFRIGERATOR
Sink	2 - TRIPLE COMPARTMENT SINKS, 7 HAND SINKS, MOP SINK, VEG. SINK
Dish Washing Facilities	PRO CLEAN DISHWASHER
Food Preparation Counter (Dimensions)	3 PREP TABLES, 1 TRUE COLD PREP TABLE
Other	COFFEE MAKER, JUICE MAKER, ICE MAKER, SODA FOUNTAIN, 2 ROYAL FRYERS

2. Print the name of your restaurant: SUNRISE CAFE

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 [56]
- b. Bar area of your premises [+ 9]
- c. Total area of your premises [65]

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 14 % No

7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 86 %

12 JUL 2 11:41 AM 2009

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

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).
3 TELEVISIONS

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.

5 - COOKS
3 - PREP COOKS
9 - SERVERS
2 - BUSSERS
3 - DISHWASHERS

712 JUL 2 11:14 AM 1045

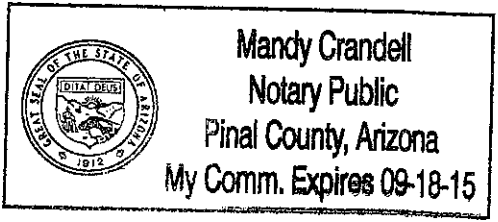
I, LUISA JUIMING FOSTER, hereby declare that I am the APPLICANT filing this application. I have
(Print full name)
read this application and the contents and all statements true, correct and complete.

X *Luisa Juiming Foster*
(Signature of APPLICANT)

State of Arizona County of Pinal
The foregoing instrument was acknowledged before me this
20th day of June, 2012
Day of Month Month Year

My commission expires on: 9/18/2015

Mandy Crandell
(Signature of NOTARY PUBLIC)



DINNER

Served from 3:00 p.m. to 9:00 p.m. Wednesday through Saturday

ENTREES

All entrees include soup or salad, vegetables and your choice of red potatoes, mashed potatoes, French fries or rice pilaf.

STEAKS AND CHOPS*

All of our steaks are the *Crozier Angus* brand. The tastiest, juiciest beef available.

- Special Steak** 14.95
9 oz. top sirloin topped with sautéed mushrooms
- Steak Combination** 18.95
9 oz. top sirloin topped with sautéed mushrooms and served with fried prawns and fried scallops
- Grilroy Steak** 17.95
Juicy top sirloin marinated with fresh herbs, garlic and olive oil topped with roasted garlic-mushroom demi-glaze with egg plant and zucchini, served with mashed potatoes
- Ground Sirloin Steak** 12.95
12 oz. of sirloin topped with sautéed mushrooms and brown gravy
- Baby Beef Liver** 11.95
Topped with sautéed onions and bacon
- Chicken Fried Steak** 13.95
Two 5 oz. portions covered in country gravy
- Grilled Pork Chops** 13.95
Two pork chops, traditionally served with applesauce

CHICKEN DISHES*

- Broiled Chicken Breast** 12.95
Boneless breast of chicken broiled to perfection
- Sautéed Chicken Breast** 13.50
Sautéed boneless chicken breast with mushrooms in a lemon-butter sauce
- Chicken Bellini** 14.95
Boneless chicken breast sautéed with asparagus, zucchini, mushrooms, garlic and peas in a lemon-butter sauce
- Chicken and Artichokes** 14.95
Boneless chicken breast sautéed with mushrooms and artichokes in a lemon-butter sauce
- Chicken Marsala** 14.95
Boneless chicken breast sautéed in marsala wine and mushrooms

SEAFOOD*

- Fried Scallops** 14.95
Served with tartar sauce and lemon
- Fried Jumbo Prawns** 14.95
Served with cocktail sauce and lemon
- CDS/Don't's: 6 HD/RRG 3 O/W** 16.50
A perfect blend of fried prawns, scallops and tilapia

LOW CALORIE ENTREES

- Served with choice cheese, tomato slices and a hard boiled egg. **NO SUBSTITUTIONS PLEASE**
- LOW CALORIE GROUND SIRLOIN** 11.95
12 oz. of sirloin topped with sautéed mushrooms
- LOW CALORIE TOP SIRLOIN** 13.95
9 oz. top sirloin topped with sautéed mushrooms
- LOW CALORIE BROILED CHICKEN BREAST** 11.95
Boneless breast of chicken broiled to perfection

PASTA AND MORE

All Pasta and More dishes include soup or salad.

- Spaghetti w/ Parmesan Cheese** 9.95
With our homemade meat sauce
- Mostaccioli Salsiccia** 11.95
A delicious pasta dish with sausage, zucchini, mushrooms, garlic and black olives in a marinara sauce
- Cajun Chicken Pasta** 16.95
Prawns, Italian sausage and chicken breast sautéed in Cajun spices and tossed in leek sauce
- Sun-Dried Tomato Basil Penne** 14.95
Sautéed chicken, spinach, garlic, sun-dried tomatoes and feta cheese in a light, creamy pesto sauce
- Fettuccini Alfredo** 10.95
Fettuccini pasta with cheese in a delicious cream sauce
- Artichoke Mushroom Pasta with Chicken** 13.95
Add Chicken 12.95 Add Shrimp 14.95
Penne pasta, chicken breast, mushrooms, sun-dried tomatoes, mushrooms, fresh basil, tossed in a creamy garlic sauce
- Fettuccini Leonardo** 14.95
Sautéed chicken breast, mushrooms, sun-dried tomatoes, spinach, garlic, olive oil and white brought together in a light cream sauce, tossed in fettuccini
- Pasta Milano** 15.95
Penne pasta, chicken breast, Italian sausage, sun-dried tomatoes, and mushrooms in a garlic cream sauce
- Peperone alla Romana** 14.95
Penne pasta, chicken breast, Italian sausage, sun-dried tomatoes, garlic, olive oil, roasted red peppers, tossed in a light cream sauce

Please ask your server about our selection of desserts available. Our dessert selection is seasonal.

KIDS CORNER

For children 12 and under. Served Open to Close. Includes two strips of bacon or one sausage link and a drink.

Breakfast

- One egg w/ hashbrowns and toast 4.50
- French Toast (1 slice) 4.50
- Pancakes (3 cakes) 4.50
- 1/2 Belgian Waffle 4.50
- Chocolate Chip Pancakes 4.50

Entrees

- For children 12 and under. Served after 11:00 a.m. Served w/ French fries or jello and a drink.
- Mini Corn Dogs 4.50
- 1/4 lb. Hamburger or Cheeseburger 4.50
- Chicken Tenders 4.50
- Grilled Cheese 4.50
- Spaghetti w/ Meat Sauce or Alfredo 4.50
- Macaroni and Cheese 4.50

15% gratuity will be added to groups of 6 or more. \$1.00 service charge for all split orders. We reserve the right to refuse service to anyone. No personal checks.

STARTERS

- Fruit Bowl 4.25
- Strawberries (in season) 4.25
- Gourmet Muffin 2.25
- Raisin Toast 1.95
- Buttered Toast 1.95
- White Wheat Rye, Sour Dough 2.25
- Bagel w/ Cream Cheese 1.95
- Toasted English Muffin 1.95

SUNRISE CLASSICS

Served with hashbrowns or home-fried potatoes, or substitute sliced tomato or fruit for \$1.00, w/ toast and jelly. Egg whites available for .95 cents more.

- Two Eggs 4.95
- Bacon or Link Sausage and Eggs 6.95
- Canadian Bacon and Eggs 7.25
- Ham and Eggs 7.25
- Country Sausage and Eggs 7.95
- Italian Sausage and Eggs 7.95
- Lingua, Sausage and Eggs 7.95
- Comed Beef Hash and Eggs 7.95
- Hamburger Patty and Eggs 7.95

BORDER DELIGHTS

Served w/ corn or flour tortillas, refried beans and pico.

- Mexican Scramble 7.95
Eggs scrambled w/ green onions & tomatoes
- Chorizo Scramble 8.95
Eggs scrambled w/ green onion, tomatoes & chorizo
- Sunrise Burrito 7.95
Choice of bacon, sausage, chorizo or linguica w/ green onions, Omega chilies, tomatoes and cheddar cheese
- Huevos Rancheros 7.95
Two corn tortillas with two eggs, ranchero sauce, jack cheese and black olives, garnished with guacamole and sour cream (Ole)

MINI BREAKFASTS

- One Egg w/ Hashbrowns and Toast 4.25
- Add two strips of bacon or one sausage link 5.25
- Two Egg Denver Omelet 6.25
- Two Egg Ham & Cheese Omelet 6.25
- Dollar Pancakes & One Egg 4.95
- Add two strips of bacon or one sausage link 5.95
- Life Country 5.95
One egg, two strips of bacon or one sausage link and one bean w/ gravy
- Life Belgian 5.95
Half of a Waffle w/ one egg and two strips of bacon or one sausage link

*Denotes dishes cooked in a Mexican style. These dishes may be spicy.

All of our bacon is A Taste Life No Over with DDG's Premium Meats.

BREAKFAST

Served from Open to Close everyday. Home-fried potatoes are not available after 11:00 a.m.

SUNRISE OMELETS

All Omelets are three eggs. Served with hashbrowns or home-fried potatoes, or substitute sliced tomato or fruit for \$1.00, w/ toast and jelly. Egg whites available for .95 cents more.

- Plain 5.95
- Cheese 6.25
Choice of American, Swiss, Jack, Cheddar or Feta
- Ham and Cheese 7.25
- Bacon and Cheese 7.25
- Bacon, Spinach and Feta 7.95
- Bacon, Mushroom and Avocado 7.95
- Italian Sausage, Mushroom and Avocado 7.95
- Lingua, Avocado and Cheddar Cheese 7.95

Specialty Omelets

- The Denver 7.95
A Classic Bell peppers, diced ham and onions. Add Cheese for .75 cents
- The Masarati 8.95
Bursting w/ sausage, mushrooms, cheddar and jack cheese, then topped with tomato meat sauce
- Omega Chili and Cheese 8.95
Diced Omega Chiles, black olives & sour cream, topped w/ salsa
- The Aloha 8.95
Fully omelet filled w/ pineapple, Canadian bacon & topped w/ Swiss and cheddar cheese
- The Works Omelet 8.95
Ham, bacon, linguica w/ jack and cheddar cheese
- The Sunrise Omelet 12.95
Filled w/ diced chicken, mushrooms & refried and topped w/ jack cheese and sour cream
- The California 8.95
Avocado, mushrooms, green onions, tomatoes & a touch of garlic w/ sour cream, jack and cheddar cheese
- The Vegetarian 13.45
Spinach, mushroom, asparagus & topped w/ cheddar cheese
- The Tex-Mex 13.95
Encroaching zesty jalapenos, avocado and black olives & topped w/ sour cream, jack cheese and salsa (served w/ tortillas)

Build Your Own Omelet

Start w/ a plain omelet (5.95) and add your choice of ingredients for .75 cents each.

- (Fill Your Omelet w/ Veggies)
Omega Chiles, Tomatoes, Avocado, Bell Peppers, Onions, Spinach, Mushrooms, Zucchini, Jalapenos
- (Fill Your Omelet w/ Meat)
Italian Sausage, Ham, Chorizo, Canadian Bacon, Sausage, Bacon, Ground Beef
- (Topped w/ Cheese)
American, Swiss, Jack, Cheddar, Feta

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

RECORDS REQUIRED FOR AUDIT

SERIES 11 (HOTEL/MOTEL/RESTAURANT) AND SERIES 12 (RESTAURANT)

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

'12 JUL 2 Liq. Lic. RM10:45

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

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

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

A.R.S. §4-210(A)7

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

A.R.S. §4-205.02(G)

For the purpose of this section:

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

I, (print licensee name):

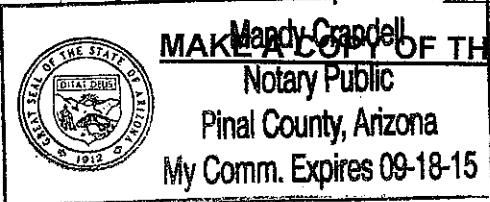
FOSTER LUISA JOIMING
 Last First Middle

have read and fully understand all aspects of this statement.

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

x [Signature] 29th day of June, 2012
 (Signature of Licensee) Day Month Year

My commission Expires on: 9/18/2015 [Signature]
 Day Month Year (Signature of NOTARY PUBLIC)



MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

12 Jul 2 Licr. Lic. AM1045

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL
 800 W Washington 5th Floor
 Phoenix AZ 85007-2934
 (602) 542-5141

QUESTIONNAIRE

P1067486

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 #

1213221

(If the location is currently licensed)

1. Check appropriate box →	<input checked="" type="checkbox"/> Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	<input checked="" type="checkbox"/> Agent (Complete All Questions <u>except</u> # 14, 14a & 21) Controlling Person or Agent must complete # 21	<input type="checkbox"/> Manager (Only)
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2. Name: FOSTER LUISA JUIMING Date of Birth: [REDACTED]
Last First Middle (NOT a Public Record)

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

4. Place of Birth: TAIPAI TAIWAN Height: 505 Weight: 165 Eyes: BRO Hair: BR
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

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

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 10/2006

8. Telephone number to contact you during business hours for any questions regarding this document. 520-568-9542

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: SUNRISE CAFE Premises Phone: 520-568-8098

11. Physical Location of Licensed Premises Address: 20917 N. JOHN WAYNE PKWY A-103 &104 MARICOPA PINAL 85238
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)
06/2007	CURRENT	RESTAURANT/OWNER	SUNRISE CAFE 20917 N. JOHN WAYNE PKWY A-104 MARICOPA AZ 85238

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address <small>If rented, attach additional sheet with name, address and phone number of landlord</small>	City	State	Zip
10/2007	CURRENT	R	22020 N DIETZ DRIVE	MARICOPA	AZ	85239
09/2006	10/2007	O	1610 S. 116TH LANE	AVONDALE	AZ	85323

12 JUL 2 Liq. Lic. AM10:45

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?
If you answered YES, how many hrs/day? 10, 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

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, LUISA JUIMING FOSTER, 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 Luisa Juiming Foster
(Signature of Applicant)

State of Arizona County of Pinal

The foregoing instrument was acknowledged before me this
24th day of June, 2012
Mandy Crandell
(Signature of NOTARY PUBLIC)

My commission expires on: 9/18/2015
Day Month Year


Mandy Crandell
Notary Public
My Comm. Expires 09/18/15

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 _____ County of _____

The foregoing instrument was acknowledged before me this

x _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

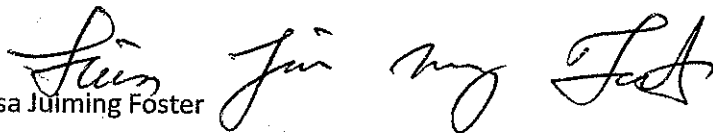
My commission expires on: _____
Day Month Year

ADDENDUM TO QUESTIONNAIRE

Question 19:

Approximately 1983- 1988 I was the owner of a restaurant with a liquor license in California doing business as Wellington Fish & Chips 6490 Chestnut St., Gilroy, CA 95020. I never had any violations.

Respectfully,


Luisa Juiming Foster

*12 JUL 2 LIQ. LIC. RM1046



**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Professional License and Commercial License
Department of Liquor Licenses and Control

Liquor License #: 12113221
 Ownership Name: MLD SUNRISE, LLC
 (as listed on the current liquor license application or renewal application)

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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

 APPLICANT'S NAME (Print or type) LUISA JUIMING FOSTER DATE 06/28/2012

 TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

 TYPE OF LICENSE SERIES 12 - RESTAURANT

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: PASSPORT

- A. Are you a citizen or national of the United States? (check one) Yes No
- B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
 City TAIPAI State (or equivalent) _____ Country or Territory TAIWAN

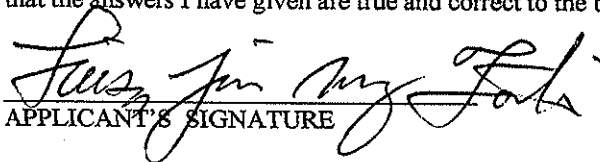
If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

DLLC 2/20/09

AG 11/08/07 - 81662

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 I have given are true and correct to the best of my knowledge.


APPLICANT'S SIGNATURE

JUNE 28, 2012

TODAY'S DATE

