



LIQUOR LICENSE APPROVAL

**CITY OF SCOTTSDALE
COUNTY OF MARICOPA, ARIZONA
STATE APPLICATION NO. 109237
CITY NO. 47-LL-2020**

At the regular meeting of the City of Scottsdale held on June 16, 2020, the application of Dania Amairany Cadena Rosas for a license to sell spirituous liquors, at the premises described in his/her Application No. 109237 was considered, as provided by Title 4, A.R.S., as amended.

IT IS THEREFORE ORDERED that the application of Dania Amairany Cadena Rosas be, and the same is, hereby recommended for approval, a license to sell spirituous liquors of the class, and in the manner, designated in his/her Application No. 109237 by Series 12.

IT IS FURTHER ORDERED that this Order or a certified copy here of be immediately transmitted to the Department of Liquor Licenses and Control, Phoenix, Arizona.

Alex Acevedo

Alex Acevedo
Planning Specialist
City of Scottsdale

6-17-20

Date



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

AFFIDAVIT OF POSTING

Date of Posting: _____ Date of Posting Removal: _____

Applicant's Name: _____
Last First Middle

Business Address: _____
Street City Zip

License #: _____

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Print Name of City/County Official Title Phone Number

Alex Acevedo

5-27-2020

Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

State of Arizona
Department of Liquor Licenses and Control

Created 05/11/2020 @ 12:56:48 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	INCHIN BAMBOO GARDEN		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	10050 N SCOTTSDALE ROAD #121,123,125 SCOTTSDALE, AZ 85253 USA		
Mailing Address:	10050 N SCOTTSDALE ROAD #121,123,125 SCOTTSDALE, AZ 85253 USA		
Phone:	(480)687-7229		
Alt. Phone:	(480)490-0225		
Email:	CADENADANIA19@GMAIL.COM		

AGENT

Name:	DANIA AMAIRANY CADENA ROSAS
Gender:	Female
Correspondence Address:	10050 N SCOTTSDALE ROAD #121,123,125 SCOTTSDALE, AZ 85253 USA
Phone:	(480)430-0225
Alt. Phone:	
Email:	CADENADANIA19@GMAIL.COM

OWNER

Name: IBG SCOTTSDALE LLC
Contact Name: DANIA AMAIRANY CADENA ROSAS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23066431 State of Incorporation: AZ
Incorporation Date: 02/27/2020
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (480)430-0225
Alt. Phone:
Email: CADENADANIA19@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
MRIDA LLC	Member/stockholder	90.00

IBG SCOTTSDALE LLC - Member/stockholder

Name: MRIDA LLC
Contact Name: DANIA AMAIRANY CADENA ROSAS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (480)430-0225
Alt. Phone:
Email: CADENADANIA19@GMAIL.COM

MRIDA LLC - Member/stockholder

Name: HARISH KHAITAN
Gender: Male
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (804)269-2670
Alt. Phone:
Email: HKHAITAN.KHAITAN@GMAIL.COM

MRIDA LLC - Member/stockholder

Name: SUDHIR KALRA
Gender: Male
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (623)414-8248
Alt. Phone:
Email: SUDHIRKALRA28@GMAIL.COM

MRIDA LLC - Member/stockholder

Name: RAHUL GUPTA
Gender: Male
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (623)999-6150
Alt. Phone:
Email: RAHULGUPTA79@GMAIL.COM

APPLICATION INFORMATION

Application Number: 109079
Application Type: New Application
Created Date: 05/11/2020

Selena

QUESTIONS & ANSWERS

012 Restaurant

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 2) Are you one of the following? Please indicate below.
Property Tennant
Sub-tenant
Property Owner
Property Purchaser
Property Management Company
Property Tennant
- 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.
NO LOAN
- 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.
contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Floor Plan.pdf	04/30/2020
INTERIM PERMIT (INP) NOTARY PAGE	Interim Permit.pdf	04/30/2020
RESTAURANT OPERATION PLAN	Operation Plan.pdf	04/30/2020
MENU	Menu.pdf	04/30/2020
RECORDS REQUIRED FOR AUDIT	RECORDS_REQUIRED_FOR_AUDIT.pdf	04/30/2020
QUESTIONNAIRE	Questionaire_Harish.pdf	04/30/2020
QUESTIONNAIRE	Questionaire_Rahul.pdf	04/30/2020
QUESTIONNAIRE	Questionaire_Dania.pdf	04/30/2020
QUESTIONNAIRE	Questionaire_SK.pdf	04/30/2020

State of Arizona
Department of Liquor Licenses and Control

Created 05/11/2020 @ 01:24:58 PM

Local Governing Body Report

LICENSE

Number:		Type:	INP INTERIM PERMIT
Name:	INCHIN BAMBOO GARDEN		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	10050 N SCOTTSDALE ROAD #121,123,125 SCOTTSDALE, AZ 85253 USA		
Mailing Address:	10050 N SCOTTSDALE ROAD #121,123,125 SCOTTSDALE, AZ 85253 USA		
Phone:	(480)687-7229		
Alt. Phone:	(480)430-0225		
Email:	CADENADANIA19@GMAIL.COM		

AGENT

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Gender:	Female
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Phone:	(480)430-0225
Alt. Phone:	
Email:	CADENADANIA19@GMAIL.COM

OWNER

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Contact Name: DANIA AMAIRANY CADENA ROSAS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23066431 State of Incorporation: AZ
Incorporation Date: 02/27/2020
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#121,123,125
SCOTTSDALE, AZ 85253
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Phone: (480)430-0225
Alt. Phone:
Email: CADENADANIA19@GMAIL.COM

Officers / Stockholders

Name:	Title:	% Interest:
MRIDA LLC	Member/stockholder	90,00

IBG SCOTTSDALE LLC - Member/stockholder

Name: MRIDA LLC
Contact Name: DANIA AMAIRANY CADENA ROSAS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 10050 N SCOTTSDALE ROAD
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Name: HARISH KHAITAN
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#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (623)999-6150
Alt. Phone:
Email: RAHULGUPTA79@GMAIL.COM

APPLICATION INFORMATION

Application Number: 109237
Application Type: New Application
Created Date: 05/11/2020

Selena

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
- 2) Is the license currently in use?
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?



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

FOR DLLC USE ONLY

INP number:	INP070011435
Date Approved:	5/11/2020
Expiration:	7/10/2020
CSR:	SG
Fee:	\$100.00

Interim Permit (INP) Notary Page

For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S. §4-203.01 (A)

1. Enter license number currently at the location: 012070007450

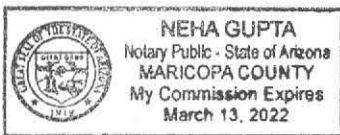
2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

NOTARY

I (Print Full Name) Dania amairany cadena rosas hereby declare that I am the Individual Owner, Agent, or Controlling Person on the stated license and location.

Signature: Dania A. Cadena Rosas State of Arizona County of Maricopa
 The foregoing instrument was acknowledged before me this

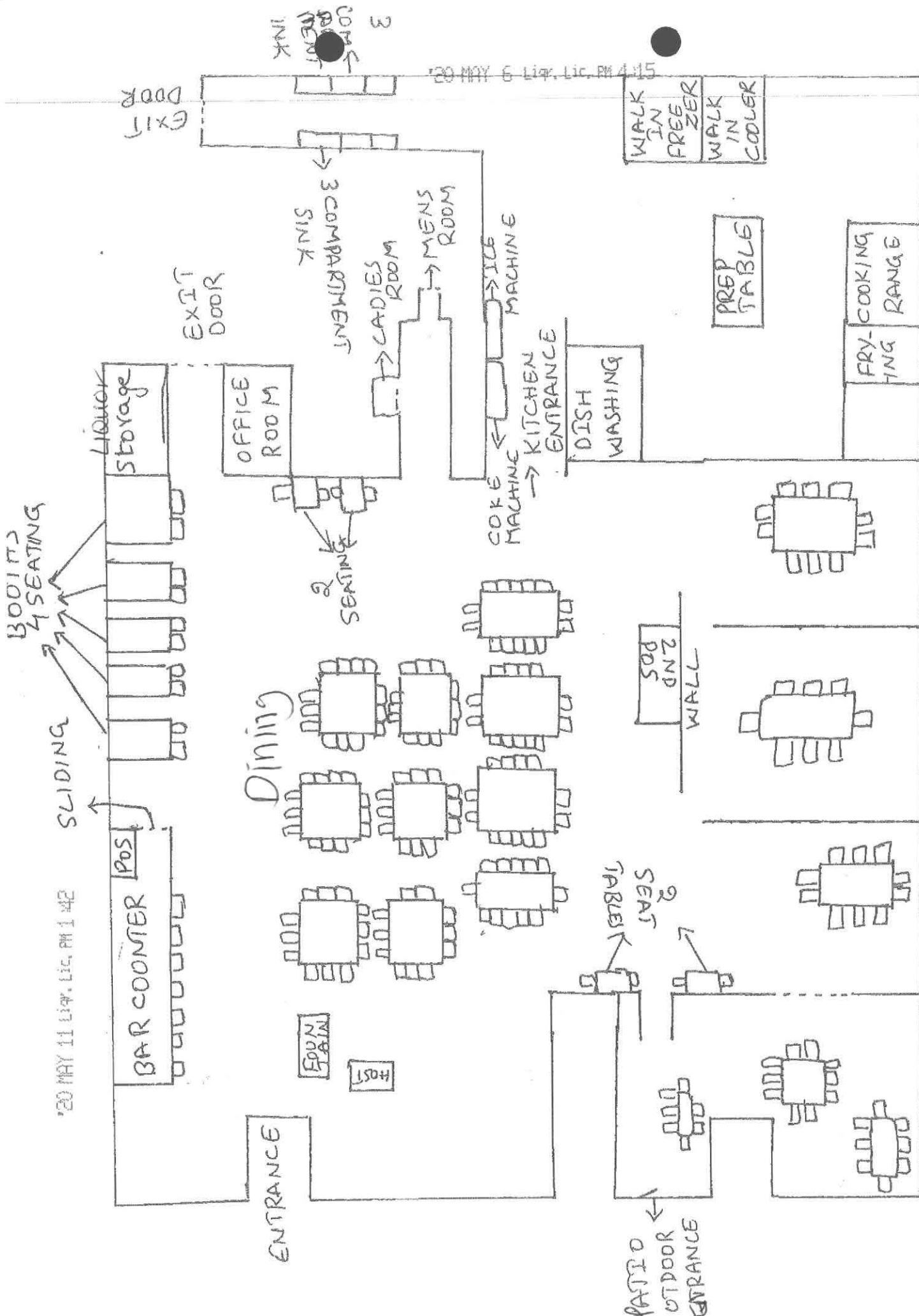
My Commission Expires on: 03/13/2022 Date 29 Day of 04 Month 2020 Year



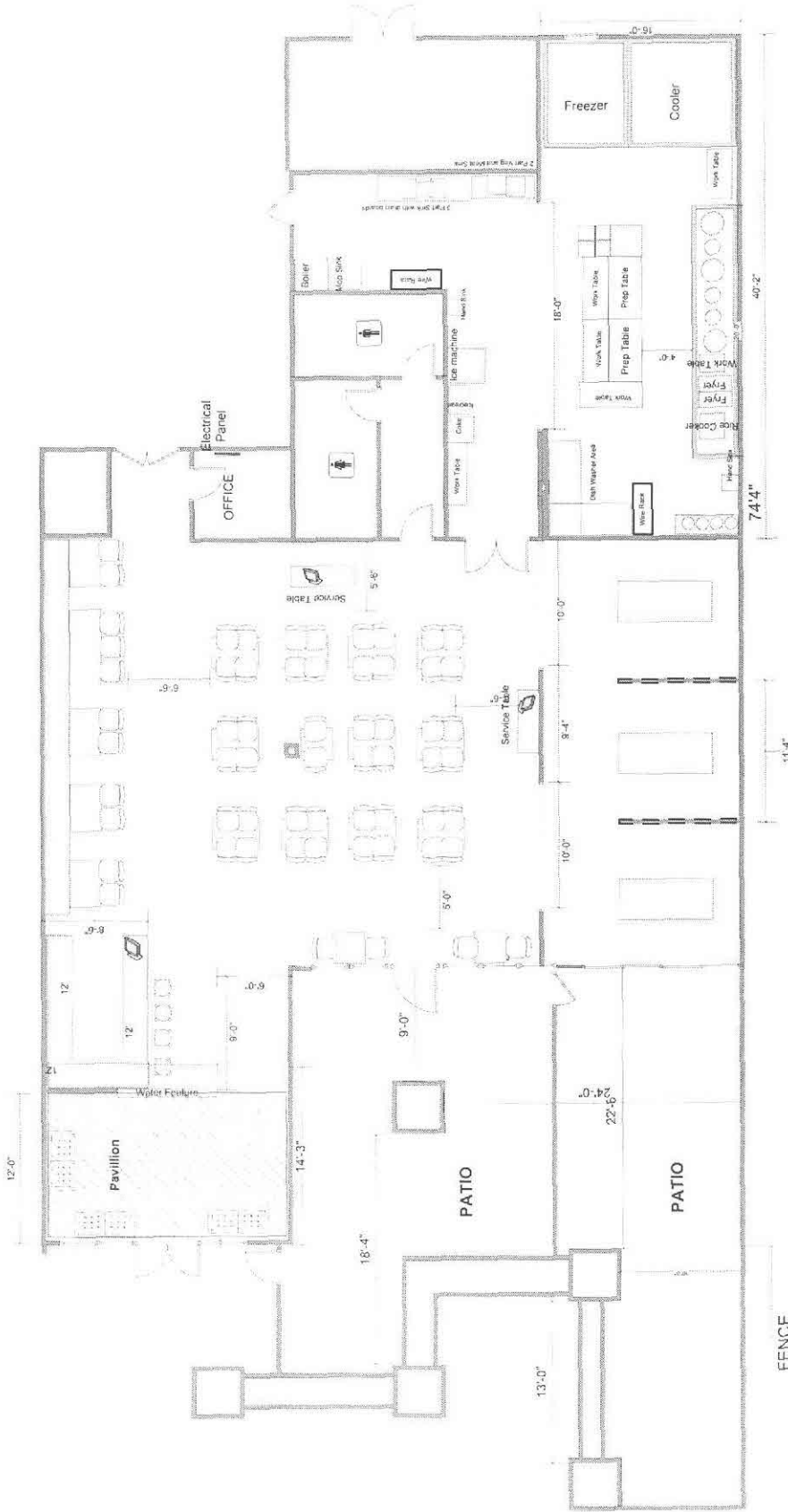
Neha Gupta
Signature of Notary

20 MAY 11 Lic. Lic. PH 1 442

20 MAY 6 Lic. Lic. PH 4 415

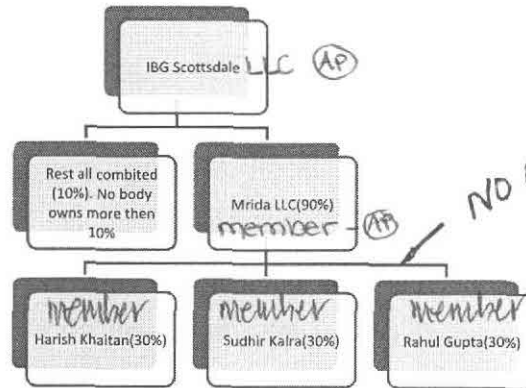


TOTAL:- 4,300 SEAT



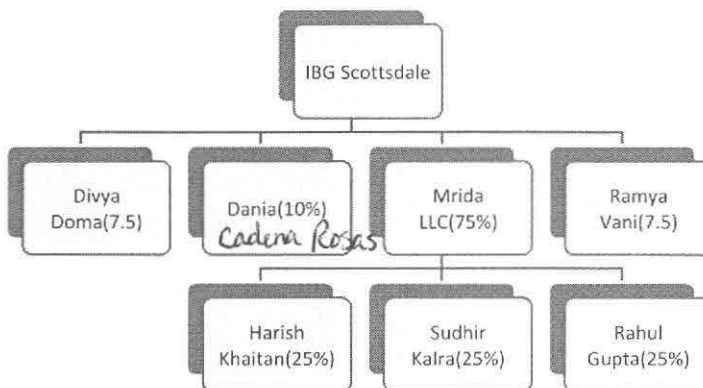
PHX FINAL 102512
 Seats 108

20 MAY 11 10:11 AM '12



AMENDMENT

20 MAY 6 11:41 AM



20 MAY 11 11:41 AM



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

RESTAURANT OPERATION PLAN

DLIC USE ONLY LICENSE # _____

- Name of restaurant (Please print): INCHIN'S BAMBOO GARDEN
- List by Make, Model and Capacity of your: (If you attached a legible copy of your equipment list, only provide the following items:)

Grill	- No -
Oven	- No -
Freezer	8x5
Refrigerator	8x5
Sink	3 Compartment (2)
Dish Washing Facilities	BUTLER CHEMICALS
Food Preparation Counter (Dimensions)	12 feet x 3 feet
Other	

*20 MAY 11 09:13 AM '12

- Attach a copy of your full menu including prices (examples: Breakfast, Lunch, Dinner, and Nonalcoholic beverages).
- List the seating capacity for:

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

b. Bar area of your premises: [+ 20]

c. Total dining and bar seating capacity of your premises: [= 100]

- 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?) 40 %
- What percentage of your public premises is used primarily for restaurant dining?
(Do not include kitchen, bar, hi-top tables, or game area.) 75 %

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	3
Bartenders	1
Hostesses	3
Managers	1
Servers	
Other ()	
Other ()	
Other ()	

I, Dania A. Cadena Rosas, 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.

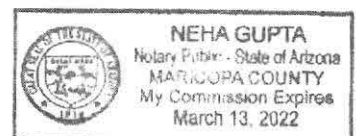
x1 *Dania Rosas*
(Signature of APPLICANT)

NOTARY

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 06 day of April 2020
Day Month Year

My Commission Expires on: 03/13/2022 *Neha Gupta*
Date Signature of Notary Public





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

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.

**REVOCATION 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

DANIA AMAIRANY CADENA ROSAS

I, (Print Full Name) _____, have read and understand all aspects of this statement

X (Signature)

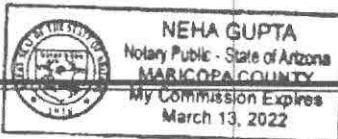
Dania Amairany Cadena Rosas
Controlling Person / Agent

State of Arizona County of Maricopa
the foregoing instrument was acknowledged before me this

29 of 04 2020
Day Month Year

My commission expires on: 03/13/2022

Neha Gupta
Signature of NOTARY PUBLIC



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

20 MAY 8 11:47 AM '13



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

FP current
4-5-2014

AMENDMENT

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#: 109079

1. Check the Appropriate Box →

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

2. Name: ROSAS CADENA DANIA AMAIRANY Birth Date: ___/___/___
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: _____

4. Place of birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ___/___/___
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: _____

7. Daytime telephone number: 4804300225 E-mail address: CADENADANIA19@GMAIL.COM

8. Business Name: IBG SCOTTSDALE LLC Inchin Bamboo Barden Business Phone: 480 687 7229
Scottsdale

9. Business Location Address: 10050 N SCOTTSDALE RD #121,123,125 AZ MARICOPA 85253
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)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

CU 11/11/13 11:47 AM '13



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 Phoenix, AZ 85007-2934
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QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with Black Ink

Fp Current
4-5-2019

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.

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Liquor License#: 109079

1. Check the Appropriate Box →

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

2. Name: rosas cadena ROSAS ^{SG} danian Amairany Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: tempe arizona maricopa Height: 5'0 Weight: 240 Eyes: BRO Hair: BLA
City State COUNTRY (not county)

5. Name of current/most recent spouse: bandaru dinesh 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: 480-430-0225 E-mail address: cadenadania19@gmail.com

8. Business Name: ~~IBG SCOTTSDALE LLC~~ Inchin Bamboo Garden ^{SG} Business Phone: 480,687,7229

9. Business Location Address: 10050 N scottsdale Rd.#121 scottsdale AZ, Maricopa 85253
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)
05/18	CURRENT	General Manager	Inchin Bamboo Garden 10050 N SCOTTSDALE ROAD AZ 85253
06/16	05/18	Cashier/ assistant manager	little casars pizza 967 E.Guadalupe Rd.tempe AZ.85283
05/15	06/16	Packing Assistant	grower, 15384 S Avenue G,Somerton AZ 85350

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
04/20	CURRENT	2023 W davis Rd. phoenix AZ, 85023
05/18	04/20	7007 E Gold dust ave. scottsdale Az, 85253
02/17	05/18	1046 Carmen st. tempe AZ, 85040
11/15	02/17	4177 e Darrow st . phoenix Az 85042
05/15	11/15	663 w. esperanza st somerton AZ, 85350

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
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.

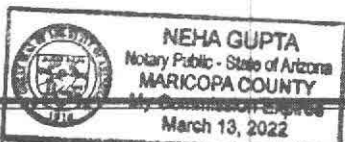
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Dania Amairany cadena Rosas 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 Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: 03/13/2022 29 Day of 04 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: _____ SIGNATURE: _____

Address Verification

Rosas

I Dania AMAIRANY ~~ROSA~~ CADENA CERTIFY THAT MY CURRENT RESIDENCE ADDRESS Is

2023 W DAVIS ROAD PHOENIX ARIZONA 85023. I RECENTLY MOVED IN MY NEW HOME AND DID NOT GET CHANCE TO CHANGE MY DRIVER LICENSE ADDRESS. I WILL BE DOING THE SAME SOON. I AM ATTACHING PROOF OF MY CURRENT RESIDENCE AS WELL.

Dania Amairany Cadena Rosas

(Printed Name)

Signature *D. Cadena* Date : 05/06/20



20 MAY 8 11:10 AM B 10

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) DANIA AMAIRANY CADENA ROSAS

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 TEMPE State (or equivalent) ARIZONA Country or Territory USA

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: BIRTH CERTIFICATE, PASSPORT & AZ 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.

DANIA AMAIRANY CADENA ROSAS

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

05/06/20

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

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D

9a END NONE

4d DLN [REDACTED]

12 REST NONE

3 DOB [REDACTED]

1 ROSAS

2 DANIA AMAIRANY CADENA

8 7007 E GOLD DUST AVE APT 1058
SCOTTSDALE, AZ 85253-4506

4b EXP 05/14/2061

4a ISS 07/05/2018

15 SEX F

18 EYES BRO

16 HGT 5'-00"

19 HAIR BLK

17 WGT 240 lb

DONOR

Dania Cadena

5 [REDACTED]

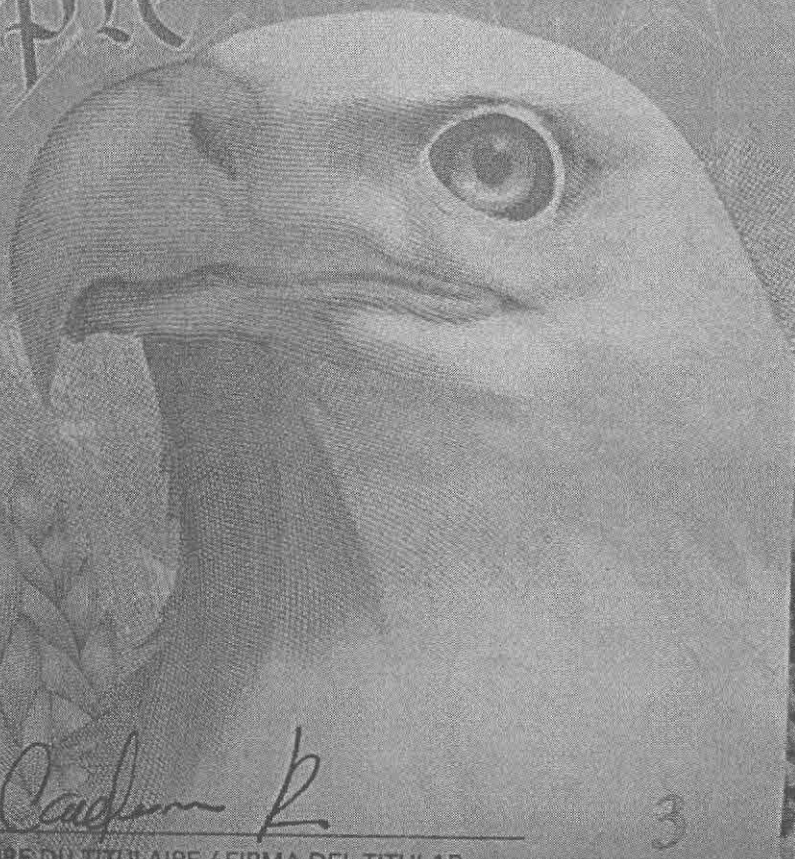


05/14/2061 07/05/2018

20 MAY 6 11:49 AM '14

We the People

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*



Dania A. Cadena R

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P USA

Surname / Nom / Apellidos

ROSAS

Given Names / Prénoms / Nombres

DANIA AMAIRANY CADENA

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

ARIZONA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

12 Feb 2019

Date of expiration / Date d'expiration / Fecha de caducidad

11 Feb 2029

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 51

Sex / Sexe / Sexo

F

Authority / Autorité / Autoridad

United States

Department of State

USA



20 MAY 11 11:41 AM '14

56640565 / ZUSA04051 / 3520001400057055 / 10701



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

804878

AMENDMENT

The fees allowed by R19-1-102 will be charged for all disallowed 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 #: 109079

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager (complete all questions except #12)

2. Name: KHAITAN HARISH Birth Date: / /

3. Social Security #: Driver License #: State:

4. Place of birth: CALCUTTA INDIA Height: 5.8 Weight: 165 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: Birth Date: / /

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

7. Daytime telephone number: E-mail address:

8. Business Name: IBG SCOTTSDALE LLC Inchin Bamboo Garden Business Phone: 480, 687, 7229

9. Business Location Address: 10050 N SCOTTSDALE RD #121,123,125 AZ MARICOPA 85253

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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

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

804-878

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#: 109079

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: KHAITAN HARISH Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: CALCUTTA INDIA Height: 5 Weight: 8 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: CHANDGOTHIA PRIYANKA 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: 10/22/2012

7. Daytime telephone number: 8042692670 E-mail address: hkhaitan.khaitan@gmail.com

8. Business Name: ~~IBG SCOTTSDALE LLC~~ Inchin Bamboo Garden Business Phone: 480,687,722

9. Business Location Address: 10050 N Scottsdale Rd #121 AZ MARICOPA 85253
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)
03/15	CURRENT	SOFTWARE ENGINEER	CIGNA, 25600 NORTERRA DR BLDG A 85085

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 11 11:49 AM '14

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
10/19	CURRENT	25437 N 20TH AVE 85085
05/14	10/19	4750 E UNION HILL DR APT 2103 ,85050

(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

HARISH KHAITAN

I (Print Full Name) _____ 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: Harish Khaitan State of ARIZONA County of Maricopa

The foregoing instrument was acknowledged before me this 20th Day of April, 2020

My Commission Expires on: 1/20/2023 Date _____

ROXIE CULLAR
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 557905
Expires January 20, 2023

Roxie Cullar
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

*20 MAY 8 Lique. Lic. AM 8 14



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

804.878

AMENDMENT

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.

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Liquor License#: 109079

1. Check the Appropriate Box →

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

2. Name: KALRA SUDHIR Birth Date: ___/___/___
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: _____

4. Place of birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ___/___/___
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: _____

7. Daytime telephone number: _____ E-mail address: _____

8. Business Name: IBG SCOTTSDALE LLC Inchin Bamboo Garden Business Phone: 480 / 687 / 7229
scottsdale

9. Business Location Address: 10050 N SCOTTSDALE RD #121,123,125 AZ MARICOPA 85253
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)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

*20 MAY 11 Lique. Lic. AM 1 44



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

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

804.878

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Liquor License #: 109079

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: KALRA SUDHIR Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: NEW DELHI, DELHI, INDIA Height: 5.11 Weight: 195 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: KALRA NIDHI 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: Feb 20, 2008

7. Daytime telephone number: 6234148248 E-mail address: sudhirkalra28@gmail.com

8. Business Name: IBG SCOTTSDALE LLE Inchin Bamboo Garden^{SC} Business Phone: 480, 687, 7229

9. Business Location Address: 10050 N SCOTTSDALE RD #121, SCOTTSDALE, AZ-85253
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)
01/05/2015	CURRENT	DATA MANAGER ENGINEER	AMERIPRISE FINANCIAL (8660 E HARTFORD DR - SUITE 315, SCOTTSDALE AZ-85255)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 11 11:49 AM '14

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
01/09/2011	CURRENT	2544 W BROOKHART WAY, PHOENIX, AZ 85085

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
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

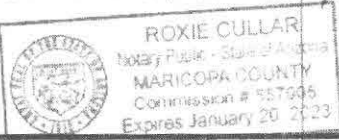
NOTARY

I (Print Full Name) SUDHIR KALRA 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 MARICOPA

The foregoing instrument was acknowledged before me this 29th Day of April 2020

My Commission Expires on: 01/20/2023 Date

 [Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

20 MAY 8 11:39 AM '14



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

804.878

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

AMENDMENT

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.

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Liquor License#: 109079

1. Check the Appropriate Box →

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

2. Name: GUPTA RAHUL Birth Date: ___/___/___
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: AZ

4. Place of birth: JAGADHRI INDIA Height: 5.9 Weight: 240 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: _____ Birth Date: ___/___/___
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: _____

7. Daytime telephone number: _____ E-mail address: _____

8. Business Name: IBG SCOTTSDALE LLC Indian Bamboo Garden Business Phone: 480 / 687 / 7229
Scottsdale

9. Business Location Address: 10050 N SCOTTSDALE RD #121,123,125 AZ MARICOPA 85253
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)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 11 11:39 AM '14



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
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804.878

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#: 109079

1. Check the Appropriate Box →

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

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

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

4. Place of birth: INDIA Height: 5'9" Weight: 240 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: GUPTA NEHA 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: DEC 2005

7. Daytime telephone number: 623 999 6150 E-mail address: RAHULGUPTA79@GMAIL.COM

8. Business Name: ~~BG SCOTTSDALE LLE~~ Indhin Bamboo Garden Business Phone: 480 687 7229

9. Business Location Address: 1050 N SCOTTSDALE RD #121 SCOTTSDALE AZ 85253
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)
JUL 2016	CURRENT	SENIOR ENGINEER	AMERICAN EXPRESS 19640 N 31ST AVE PHOENIX AZ 85027
DEC 2005	JUL 2016	ENGAGEMENT MGR	SYNTEL INC. 525 E 814 BEAVER RD., SUITE 300, TROY MI, 48063

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 MAY 11 11:41 AM '14

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
12/2016	CURRENT	28523 N 23 rd Dr., PHOENIX, AZ 85085
12/2006	12/2016	3010 W YORKSHIRE DR #1134, PHOENIX, AZ 85027


(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

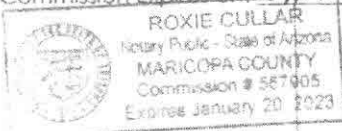
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

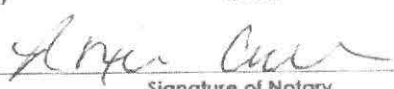
NOTARY

I (Print Full Name) RAHUL GUPTA 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 Maricopa
The foregoing instrument was acknowledged before me this 29th Day of April 2020
Day Month Year

My Commission Expires on: 6/20/2023 Date




Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

Lunch

m-f until 2:30 pm

SALADS 10

mango greens

mixed greens, arugula, red onion, cherry tomato, corn,
toasted almond, mango, goat cheese, sweet vinaigrette.

spicy thai*

mixed greens, red onion, thai basil, mandarin orange,
cucumber, sweet pepper, roasted peanut,
crispy rice noodles, spicy cilantro vinaigrette.

ADD: tofu 1 | chicken 2

lunch specials served with:
veg spring roll & soup of the day
choice of rice: steamed brown/white/veg/chicken fried rice
add hakka noodles veg/chicken \$4 extra

vegetable thai curry 10

red* / yellow

vegetable coin manchurian* 10

vegetable dumplings (cabbage, carrot, peas, cilantro)

paneer 11

manchurian* / szechwan**

saag paneer 11

cubed paneer, spinach puree, onion, tomato.

chana masala* 10

chickpeas, onion, tomato, cilantro, indian spices.

sweet & sour chicken 11

white chicken, mixed vegetables, pineapple, strawberry.

chicken manchurian* 11

chicken, cilantro, red onion, green chili, celery.
(white chicken for \$1 extra)

kung pao chicken* 11

chicken, bell pepper, water chestnut, peanut.
(white chicken for \$1 extra)

chicken thai curry 11

red* / yellow

chicken butter masala* 11

chicken strips, onion, tomato, butter, cream, indian spices.

szechwan chicken** 11

chicken, szechwan peppercorn, bell pepper, red onion, mushroom, dry red chili.

sambal lamb** 12

lamb, onion, celery, chili, garlic, sambal.

mapo tofu lamb* 12

ground lamb, steamed tofu, szechwan peppercorn, green onion.

*20 MAY 11 11:49:11c PM 143

MRIDA LLC - Member/stockholder

Name: RAHUL GUPTA
Gender: Male
Correspondence Address: 10050 N SCOTTSDALE ROAD
#121,123,125
SCOTTSDALE, AZ 85253
USA
Phone: (623)999-6150
Alt. Phone:
Email: RAHULGUPTA79@GMAIL.COM

20 MAY 12 11:41 AM '21

APPLICATION INFORMATION

Application Number: 109237
Application Type: New Application
Created Date: 05/11/2020

Selena

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location # 012070007450 *sl*
- 2) Is the license currently in use? *yes sl*
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
yes sl

AMENDMENT

*Cadena rosas, Dania
109079*

Scottsdale Police Department Liquor Control Sheet

Application Type and Description:	New Liquor License
Liquor License Number and Type:	File # 109079 Series 12 (Restaurant)
Entity and/or DBA:	IBG Scottsdale, LLC DBA Inchin Bamboo Garden
Address:	10050 North Scottsdale Road; #121,123,125
Event Date(s):	N/A
Applicant:	Dania Amairany Cadena Rosas
SPD Control Number:	400103
Date Received:	05-18-2020
Council Date:	TBD
Prepared By:	B. Leavitt V325 Thursday, May 28, 2020
Reviewed By:	Det. Humiston #529 Thursday, May 28, 2020
Scottsdale Police Department Reviewer:	Assistant Chief S. Popp
Reviewer's Recommendation:	Approval Sunday, May 31, 2020

Details:

This is an application for a new series 12 liquor license for a restaurant. The business location is 10050 North Scottsdale Road; Units #121,123,125.

The Arizona Corporation Commission ("ACC") disclosed IBG Scottsdale, LLC to be a domestic limited liability company, in good standing, with file# 23066431.

The applicant submitted a diagram of the business location which totals four thousand three hundred (4,300) square feet with an attached outdoor patio, two (2) combination entrances/exits, one (1) rear emergency exit door and one (1) designated liquor storage area. The business has a seating capacity of one hundred (100) persons, with eighty (80) persons designated for the dining areas and twenty (20) persons designated for the bar area.

The applicant submitted a diagram of the business setup, a customer menu, a list of equipment and a list of eight (8) employees with various job functions all of which are consistent with a restaurant operation. The business will have no televisions, no live entertainment, no dancing and no electronic entertainment devices.

Controlling Persons Rahul Gupta, Sudhir Kalra and Harish Khaitan have not completed the required ADLLC approved Basic and Management Arizona Liquor Law Training Courses as of this date.

The applicant has not been convicted of any crimes which would preclude her involvement in this new liquor license.

Concerns: None

Detective John Miller (O)480.312.8333 (C)480.862.6910
Detective Brian Amrine (O)480.312.8679 (C)480.229.4595