

State of Arizona
Department of Liquor Licenses and Control

Created 09/25/2018 @ 04:13:30 PM

Local Governing Body Report

LICENSE

Number:	06070051	Type:	006 BAR
Name:	CLUBHOUSE GRILL AZ		
State:	Pending		
Issue Date:		Expiration Date:	01/31/2019
Original Issue Date:	08/19/1982		
Location:	14175 W INDIAN SCHOOL RD C-1 GOODYEAR, AZ 85395 USA		
Mailing Address:	PO BOX 6252 CHANDLER, AZ 85246 USA		
Phone:	(623)535-4857		
Alt. Phone:	(480)664-0389		
Email:	JREPINSKI22@YAHOO.COM		

Currently, this license has pending applications.

AGENT

Name:	JARED MICHAEL REPINSKI
Gender:	Male
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85246 USA
Phone:	(480)664-0389
Alt. Phone:	
Email:	JREPINSKI22@YAHOO.COM

OWNER

Name:	PNKT INVESTMENTS LLC		
Contact Name:	JARED MICHAEL REPINSKI		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L22343317	State of Incorporation:	AZ
Incorporation Date:	11/15/2017		
Correspondence Address:	PO BOX 6252 CHANDLER, AZ 85246 USA		
Phone:	(480)664-0389		
Alt. Phone:			
Email:	JREPINSKI22@YAHOO.COM		

Officers / Stockholders

Name:	Title:	% Interest:
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LONG N NGUYEN
NATALIE NHUTHUY TRAN

MEMBER
MEMBER

50.00
50.00

PNKT INVESTMENTS LLC - MEMBER

Name: LONG N NGUYEN
Gender: Female
Correspondence Address: PO BOX 6252
CHANDLER, AZ 85246
USA
Phone: (602)200-8111
Alt. Phone: (602)688-9999
Email: LONG@AZMEDICALIT.COM

PNKT INVESTMENTS LLC - MEMBER

Name: NATALIE NHUTHUY TRAN
Gender: Female
Correspondence Address: PO BOX 6252
CHANDLER, AZ 85246
USA
Phone: (480)788-5888
Alt. Phone:
Email: NATALIE@FASTSERVICEBILLING.COM

APPLICATION INFORMATION

Application Number: 32549
Application Type: Acquisition of Control
Created Date: 09/25/2018

QUESTIONS & ANSWERS

006 Bar

- 4) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
No

'18 SEP 25 Lir. Lic. PM 4 37

PNKT INVESTMENTS L.L.C.

DBA – Clubhouse Grill AZ

Letter of Confirmation

Department of Liquor Licenses & Control
800 W. Washington St. 5th Floor
Phoenix, AZ. 85007

Selena Gonzales,

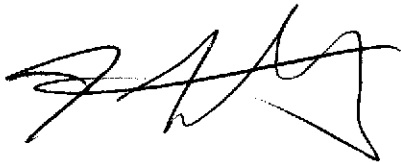
RE: Clubhouse Grill AZ License No. 06070051

Please allow this letter to confirm the following facts:

- On or about June 13, 2018, Natalie Tran desired to be added as a Member of PNKT Investments L.L.C.
- On July 15, 2018, the company filed an amendment to its Articles of Organization reflecting this change.
- As a result, Natalie Tran has been added as a Member of the Company.

Do not hesitate to call or email if you have any questions or if further documentation is needed.

Thank you for your time and consideration on this matter.



Jared Michael Repinski
Agent for Clubhouse Grill AZ
1-888-723-7078
jrepinski22@yahoo.com

PNKT INVESTMENTS L.L.C.

DBA – Clubhouse Grill AZ

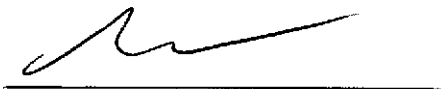
Minutes

As of September 20, 2018, it was decided and agreed upon that Natalie Tran will be granted, interest, rights and control within PNKT Investments L.L.C. as 50% owner.

The following chart represents the changes within the Company

Prior to Amendment:		
Member	Membership Interest	Manager
Long Nguyen	100	No
As of Amendment:		
Member	Membership Interest	Manager
Long Nguyen	50	No
Natalie Tran	50	No

Member Long Nguyen



Signature



Date

Member Natalie Tran



Signature



Date

'18 SEP 25 Lit. Lic. PM 4:37



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

AMENDMENT

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.

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#: _____

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Tran Natalie Nhuthuy 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: Nguyen Long N 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: _____ Business Phone: ____/____/____

9. Business Location Address: _____
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)

18 SEP 25 Lir. Lic. PM 4:37



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, 638 Jr

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

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Liquor License#: 06070051

1. Check the
Appropriate
Box →



Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Tran Nhuthuy Natalie Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Saigon Vietnam Height: 5 4 Weight: 120 Eyes: bro Hair: black
City State COUNTRY (not county)

5. Name of current/most recent spouse: Nguyen Long 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: 5-2007

7. Daytime telephone number: 480-788-5888 E-mail address: natalie@fastservicebilling.com

8. Business Name: Clubhouse Grill AZ Business Phone: 623,535,4857

9. Business Location Address: 14175 W Indian School Rd C01 Goodyear AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2012	CURRENT	Medical Billing	Fast Service Billing 9950 W Van Buren St Ste 125 Avondale, AZ 85323

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2018	CURRENT	2100 N 145th Ave # 2059 Goodyear, AZ 85395
10/2014	current	719 N 74th Street Scottsdale, AZ 85257
06/2010	10/2014	4431 S Newport St. Chandler, AZ 85249

(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

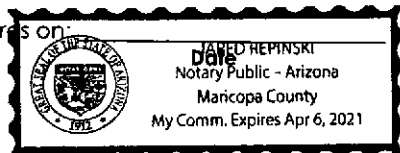
NOTARY

I (Print Full Name) NATALIE NATHUY TRAN 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:



21 Day of SEPTEMBER, 2018
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: _____