

State of Arizona
Department of Liquor Licenses and Control

Created 05/10/2023 @ 04:43:34 PM

Local Governing Body Report

LICENSE

Number: Type: 012 RESTAURANT
Name: CHIPOTLE MEXICAN GRILL #4460
State: Pending
Issue Date: Expiration Date:
Original Issue Date:
Location: 28576 N EL MIRAGE ROAD
PEORIA, AZ 85383
USA
Mailing Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

AGENT

Name: H J LEWKOWITZ
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: JERRY@LEWKLAW.COM;ANDREA@LEWKLAW.COM

OWNER

Name: CHIPOTLE MEXICAN GRILL INC
Contact Name: HJ LEWKOWITZ
Type: CORPORATION
AZ CC File Number: F08655706 State of Incorporation: DE
Incorporation Date: 02/05/1999
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: JERRY@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
BRIAN ROBERT NICCOL	President/CEO	
JOHN ROBERT HARTUNG	Treasurer/CFO	
HELEN NICOLE KAMINSKI	Secretary	
MLADEN GRGIC	012100009097	
ALEX RALPH GARCIA JR	012100017358	

CHIPOTLE MEXICAN GRILL INC - 012100017358

Name: ALEX RALPH GARCIA JR
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)360-3625
Alt. Phone:
Email: ALEX.GARCIA@CHIPOTLE.COM

CHIPOTLE MEXICAN GRILL INC - President/CEO

Name: BRIAN ROBERT NICCOL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (303)605-1109
Alt. Phone:
Email:

CHIPOTLE MEXICAN GRILL INC - Secretary

Name: HELEN NICOLE KAMINSKI
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (614)318-2482
Alt. Phone:
Email: LICENSING@CHIPOTLE.COM

CHIPOTLE MEXICAN GRILL INC - Treasurer/CFO

Name: JOHN ROBERT HARTUNG
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (303)595-4000
Alt. Phone:
Email:

CHIPOTLE MEXICAN GRILL INC - 012100009097

Name: MLADEN GRGIC
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)446-9254
Alt. Phone:
Email: MGRGIC@CHIPOTLE.COM

MANAGERS

Name: TIFFANY LYNN RODRIGUEZ
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)313-5077
Alt. Phone:
Email: TRODRIGUEZ@CHIPOTLE.COM

Name: PATRICK HALE BECKMAN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)893-1774
Alt. Phone:
Email:

Name: JASON RYAN OAKES
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)251-5362
Alt. Phone:
Email: JOAKES@CHIPOTLE.COM

Name: GUILLERMO ABASCAL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)317-8703
Alt. Phone:
Email: GABASCAL@CHIPOTLE.COM

Name: MATHEW RAY ATCHISON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)882-7952
Alt. Phone:
Email: MATCHISON@CHIPOTLE.COM

Name: STACY JEAN FEDLER
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)290-1698
Alt. Phone:
Email: SFEDLER@CHIPOTLE.COM

Name: ALYSSA ISABEL VITAL
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)599-1269
Alt. Phone:
Email: AVITALE@CHIPOTLE.COM

Name: LACEY AMBER BLEDSOE
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (660)888-9489
Alt. Phone:
Email: LBLEDSOE@CHIPOTLE.COM

Name: PATRICK GERHART HANNAN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (718)321-7653
Alt. Phone:
Email: PHANNAN@CHIPOTLE.COM

APPLICATION INFORMATION

Application Number: 245523
Application Type: New Application
Created Date: 05/04/2023

QUESTIONS & ANSWERS

012 Restaurant

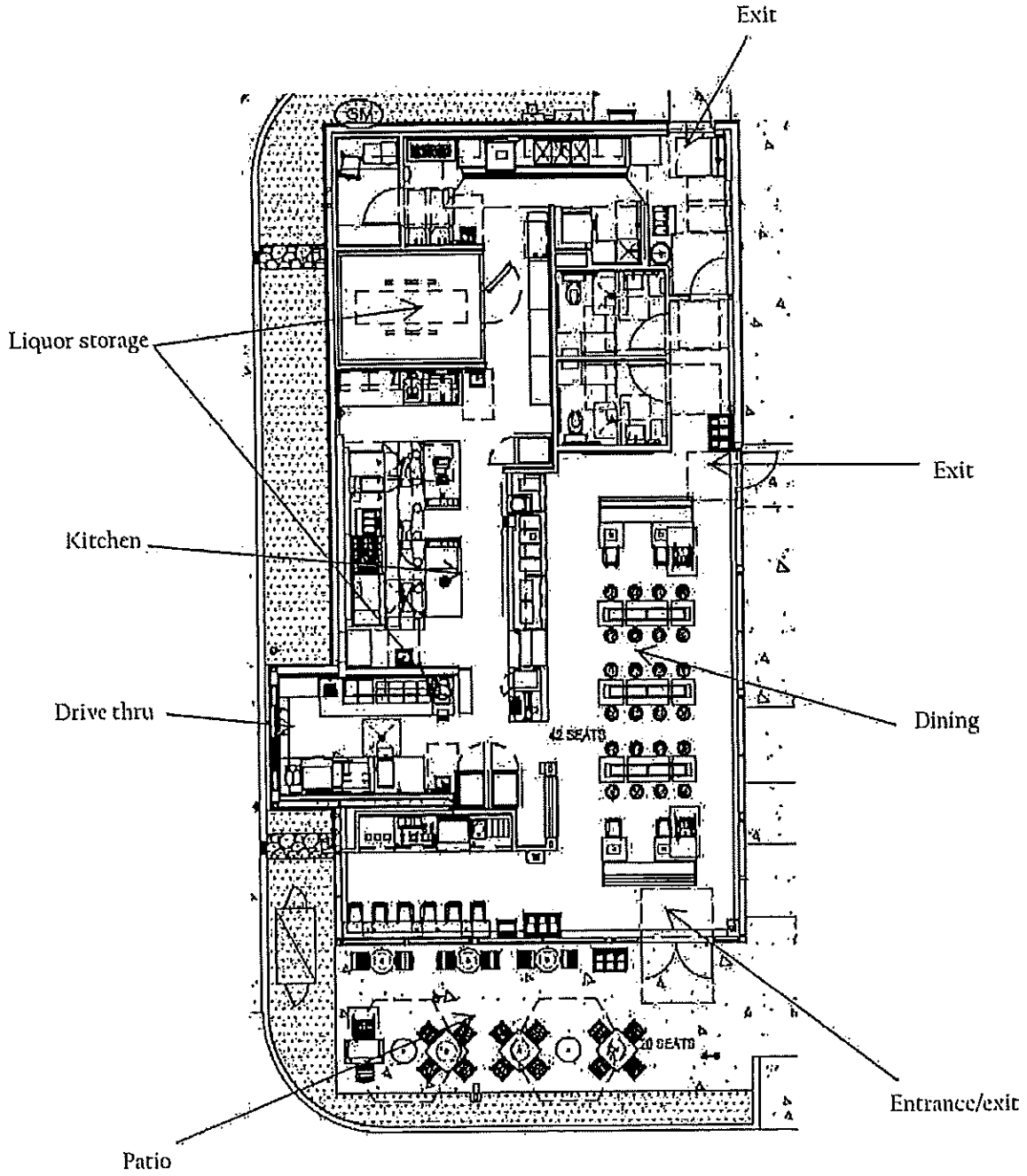
- 1) Are you applying for an Interim Permit (INP)?
No

- 2) Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
 PROPERTY TENANT
- 3) Is there a penalty if lease is not fulfilled?
 Yes
 What is the penalty?
 TERMINATION AND/OR OTHER MONETARY PENALTIES
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
 Yes
- 5) What is the total money borrowed for the business not including the lease?
 Please list each amount owed to lenders/individuals.
 0.00
- 6) Are there walk-up or drive-through windows on the premises?
 Yes
- 7) Does the establishment have a patio?
 Yes
 Is the patio contiguous or non-contiguous (within 30 feet)?
 CONTIGUOUS
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 Yes
 If yes, what is your estimated completion date?
 DECEMBER 2023
- 9) What type of business will this license be used for?
 RESTAURANT

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	#4460 (Vistancia)_Agt HJL (Ctn).pdf	05/04/2023
QUESTIONNAIRE	#4460 (Vistancia)_Agt HJL (Q).pdf	05/04/2023
RECORDS REQUIRED FOR AUDIT	#4460 (Vistancia)_Audit.pdf	05/04/2023
QUESTIONNAIRE	#4460 (Vistancia)_CP Hartung (Q).pdf	05/04/2023
QUESTIONNAIRE	#4460 (Vistancia)_CP Kaminski (Q).pdf	05/04/2023
QUESTIONNAIRE	#4460 (Vistancia)_CP Niccol (Q).pdf	05/04/2023
DIAGRAM/FLOOR PLAN	#4460 (Vistancia)_Diagram.pdf	05/04/2023
MENU	#4460 (Vistancia)_Menu.pdf	05/04/2023
RESTAURANT OPERATION PLAN	#4460 (Vistancia)_ROP.pdf	05/04/2023
ORGANIZATIONAL DOCUMENTS	CMG_Ownership.pdf	05/04/2023

CHIPOTLE MEXICAN GRILL #4460
28576 N. El Mirage Road
Peoria, AZ 85383
2,325 SF





RESTAURANT/HOTEL/MOTEL OPERATION PLAN

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

Type or Print with Black Ink

1. Name of restaurant (Please print): CHIPOTLE MEXICAN GRILL #4460

2. Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	GAS FRYER / GAS RANGE / GAS GROOVED GRIDDLE
Oven	N/A
Freezer	WALK-IN COOLER
Refrigerator	REACH-IN / UNDERCOUNTER / PREP REFRIGERATORS
Sink	4-COMPARTMENT SINK / WALL-MOUNTED HAND SINK
Dish Washing Facilities	4 COMPARTMENT SINK
Food Preparation Counter (Dimensions)	HOT FOOD TABLES / CHEF'S TABLE / WORK TABLES
Other	TORTILLA PRESS / BLENDER / ICE MAKER / GAS RICE COOKER / FOOD PROCESSER

3. Attach a copy of your FULL menu with pricing INCLUDING NON-ALCOHOLIC BEVERAGES

4. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 50 %

5. 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?) _____ %

6. List the seating capacity for:

a) Restaurant dining area of your premises: [42]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 0]

PATIO- 20

TOTAL [= 42]

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7. What type of dinnerware is primarily used in your restaurant?

Reusable

Disposable

Both

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

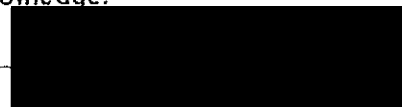
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. List number of employees for each position:

Position	How many
Cooks	3-4
Bartenders	0
Hostesses	0
Managers	3
Servers/ORDER/PREP/CASHIER	6-7
Other (DISHWASHER)	1
Other ()	
Other ()	

I, (Print Full Name) H. J. LEWKOWITZ hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: _____





**RECORDS REQUIRED
FOR AUDIT
RESTAURANT/HOTEL/MOTEL**

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

Type or Print with Black Ink

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. Name of restaurant (Please print): CHIPOTLE MEXICAN GRILL #4460
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of *all* food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, *accurate* inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-Income Statements-Balance Sheets

11. 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

12. 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

13. 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

14. 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 Full Name) H. J. LEWKOWITZ, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

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



MEXICAN GRILL

23 MAY 9 Liqueur Lic. #1107

BURRITOS, TACOS & SALADS



BURRITO

Tortilla, choice of rice, beans, meat, salsa and cheese or sour cream. Add peppers and onions instead of beans for a fajita burrito. CALORIES: 350-930



BURRITO BOWL

Just like a burrito, but served in a bowl with no tortilla. CALORIES: 160-640



TACOS

Your choice of three crispy corn, soft corn or soft flour tortillas with meat, salsa, cheese or sour cream and romaine lettuce. CALORIES: 320-670



SALAD

Chopped romaine lettuce with choice of beans, meat, salsa and cheese, with or without chipotle-honey vinaigrette. CALORIES: 170-780

CHICKEN

Naturally raised, marinated in our chipotle adobo, then grilled. \$6.25

STEAK

Naturally raised, marinated in our chipotle adobo, then grilled. \$6.65

BARBACOA

Naturally raised beef. Braised for hours, then shredded. \$6.65

CARNITAS

Naturally raised pork. Braised for hours, then shredded. \$6.65

VEGETARIAN

Includes our fresh guacamole and vegetarian black beans. \$6.25

SALSAS

Fresh Tomato (Mild) Calories: 20	Roasted Chili-Corn (Medium) Calories: 80	Tomatillo-Green Chili (Medium Hot) Calories: 15	Tomatillo-Red Chili (Hot) Calories: 40
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EXTRAS & DRINKS

Chips & Guacamole : Serves 2 (Cal: 360 ea/720 tot)	\$2.95
Chips & Salsa : Serves 2 (Cal: 295-325 ea/590-650 tot)	\$1.75
Guacamole (Calories: 150)	\$1.80
Chips: Serves 2 (Calories: 285 ea/570 tot)	\$1.25
Margarita (Calories: 210)	\$4.50
Beer (Calories: 100-170)	\$3.50 / \$4.00
Bottled Drinks (Calories: 0-280)	\$2.10 / \$2.50
Soda (Calories: 0-290)	\$1.60 / \$1.90
Kid's Drinks (Calories: 100-150)	\$1.65 / \$2.20

KID'S MENU

All Kid's Menu Items served with kid's chips and a drink. Kid's Drinks: Juice, Organic Milk (plain or chocolate)

- Small Cheese Quesadilla \$3.25
With a side of rice and beans
Calories: 620-670
- Small Meat & Cheese Quesadilla \$3.75
With a side of rice and beans
Calories: 680-730
- Single Taco \$3.75
Soft or crispy shell, and a choice of any three items (one meat or guacamole) and a side of rice.
Calories: 470-630
- Taco Kit (they build it) \$4.25
Choose any three ingredients (one meat or guacamole) and two soft or crispy shells. Served on a tray for easy building.
Calories: 420-610

CSR:
Amount:

23 MAY 9 11:41 AM 10E



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 245523
Date Accepted: 05-10-2023
CSR: SG

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

Type or Print with Black Ink

Fp current
03-03-2023

License Number: SERIES 12

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box →

Agent Controlling Person

2. Name: LEWKOWITZ H. J. Birth Date: [redacted] / [redacted] / [redacted]
Last First Middle (NOT a public record)

3. Social Security #: [redacted] Drivers License #: [redacted] State Issued: ARIZONA

4. Place of birth: [redacted] USA Height: [redacted] Weight: [redacted] Eyes: [redacted] Hair: [redacted]
City State COUNTRY

5. Name of current/most recent spouse: LEWKOWITZ ANDREA DAHLMAN Birth Date: [redacted] / [redacted] / [redacted]
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 08/01/1929

7. Daytime telephone number: (602) 200-7222 Email address: ANDREA@LEWKLAW.COM

8. Premises Name: CHIPOTLE MEXICAN GRILL #4460 Business Phone: PENDING /

9. Premises Address: 28576 N. EL MIRAGE ROAD PEORIA AZ MARICOPA 85383
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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2009	CURRENT	ATTORNEY	Lewkowitz Law Office, 2600 N Central Ave, #1775, Phoenix, AZ 85004

(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	Street	City	State	Zip
02/1999	CURRENT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(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 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 summons 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

I, (Print Full Name) H. J. LEWKOWITZ hereby swear under penalty of perjury and in compliance with A.R.S. §4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 5/4/2023



**ALIEN STATUS
RESTAURANT/HOTEL/MOTEL**

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

Type or Print with Black Ink

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

APPLICANT NAME (Print or type) H. J. LEWKOWITZ

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 NEW LONDON State CT COUNTRY USA

If you answered Yes, 1) Attach a legible copy of a document from the list below,
2) Name of document: US PASSPORT

If you answered No, you must complete Sections III.

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 Jan. 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.

SECTION III – QUALIFIED ALIEN DECLARATION

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 etseq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. 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. §

H. J. LEWKOWITZ

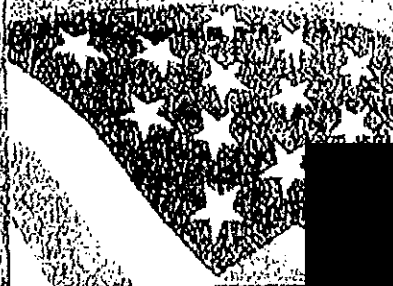
Print Name

Signature

5/4/2023

Date

Of the United States
In Order to secure uniformity in the
establishment of laws and regulations
pertaining to the control of the
passports of the United States and
the issuance of visas and other
documents of travel and to
consolidate the laws of the United States



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

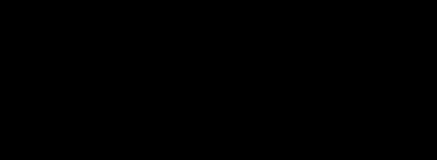
3

PASSPORT
PASSEPORT
PASAPORTE

UNITED STATES OF AMERICA



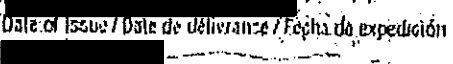
Surname / Nom / Apellido



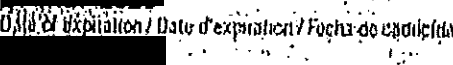
Date of birth / Date de naissance / Fecha de nacimiento



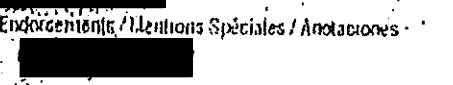
Place of birth / Lieu de naissance / Lugar de nacimiento



Date of issue / Date de délivrance / Fecha de expedición

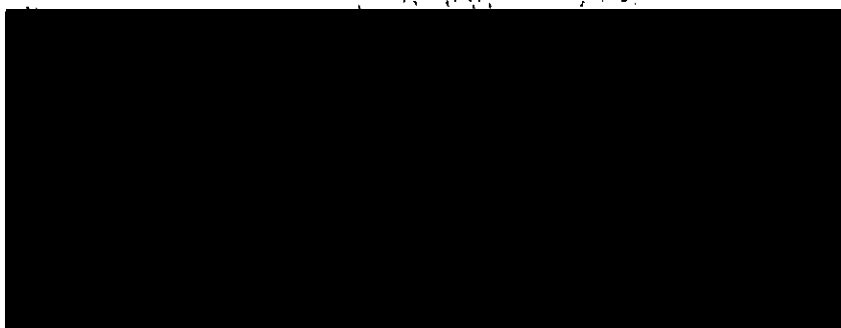


Date of expiration / Date d'expiration / Fecha de expiración



Endorsements / Mentions Spéciales / Anotaciones

Gov / State / Estado
Authority / Autorité / Autoridad
United States
Department of State



CSR:
Amount:

23 MAY 9 11:49 AM '05



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 245523
Date Accepted: 05-10-2023
CSR: SG

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

FP: 4/7/2022

Type or Print with Black Ink

FP current
09-03-2021

License Number: PENDING | SERIES 12

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: HARTUNG JOHN (JACK) ROBERT Birth Date: [redacted] / [redacted] / [redacted] (NOT a public record)

3. Social Security #: [redacted] Drivers License #: [redacted] State Issued: [redacted]

4. Place of birth: [redacted] City [redacted] State USA Height: [redacted] Weight: [redacted] Eyes: [redacted] Hair: [redacted]

5. Name of current/most recent spouse: HARTUNG NANCY SUE Birth Date: [redacted] / [redacted] / [redacted] (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? _____

7. Daytime telephone number: (303) 595-4000 Email address: N/A

8. Premises Name: CHIPOTLE MEXICAN GRILL #4460 Business Phone: PENDING /

9. Premises Address: 28576 N. EL MIRAGE ROAD PEORIA AZ MARICOPA 85383
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 place of residence address.

23 MAY 9 11:17 AM '07

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2002	CURRENT	CFO	Chipotle Mexican Grill, Inc. 610 Newport Center Dr., Newport Beach, CA 80021

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

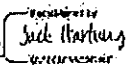
FROM Month/Year	TO Month/Year	Street	City	State	Zip
04/1989	CURRENT	[REDACTED]			

(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 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 summons 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

I, (Print Full Name) JOHN (JACK) ROBERT HARTUNG hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 11/10/2022

23 MAY 9 Ligr. Lic. PM 1 107



CHIPOTLE MEXICAN GRILL, INC.
3800 LYRA DRIVE, SUITE 120
COLUMBUS, OH 43240

TEL 614-318-2492
WWW.chipotle.com

#18

July 12, 2019

To Whom It May Concern:

I have served as an officer for many liquor licenses held by Chipotle Mexican Grill, Inc. throughout the United States; some of the licenses have received citations for alleged violations, resulting in fines and/or suspensions. I have never been cited personally for a liquor violation.

A large black rectangular redaction box covering the signature area.

Signature

John Hartung

Name

CSR:
Amount:

23 MAY 9 10:14 AM '07



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job # 245523
Date Accepted: 05-10-2023
CSR: SG

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

FP:12/2022

Type or Print with Black Ink

Fp current
12-23-2022

License Number: PENDING | SERIES 12

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box →

Agent Controlling Person

2. Name: KAMINSKI HELEN NICOLE Birth Date: / /
Last First Middle (NOT a public record)

3. Social Security #: Drivers License #: State Issued:

4. Place of birth: Height: 5 ft Weight: Eyes: Hair:
City State COUNTRY

5. Name of current/most recent spouse: N/A Birth Date: / /
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency?

7. Daytime telephone number: 614-318-2482 Email address: licensing@chipotle.com

8. Premises Name: CHIPOTLE MEXICAN GRILL #4460 Business Phone: PENDING

9. Premises Address: 28576 N. EL MIRAGE ROAD PEORIA AZ MARICOPA 85383
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 place of residence address.

23 MAY 9 11:07 AM '07

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
02/2019	CURRENT	Deputy General Counsel	Chipotle Mexican Grill, Inc. 610 Newport Center Dr., Newport Beach, CA 90021
6/2017	1/2019	COO	Cross Purpose 3050 Richard Allen Ct, Denver, CO 80205

(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	RESIDENCE ADDRESS	CITY, STATE & ZIP
3/2019	CURRENT	[REDACTED]	[REDACTED]
2/2019	3/2019	[REDACTED]	[REDACTED]
11/2013	2/2019	[REDACTED]	[REDACTED]

(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 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 summons 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

I, (Print Full Name) HELEN KAMINSKI hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 11/10/2022

23 MAY 9 Ligr. Lic. PM 1:07



CHIPOTLE MEXICAN GRILL
PO Box 182566
COLUMBUS, OH 43218

MAIN 614.318.2482
web chipotle.com

December 8th, 2022

To Whom It May Concern:

This letter is in regards to Chipotle Mexican Grill, Inc.'s alcohol licenses.

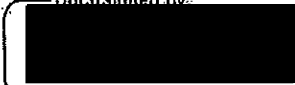
I have served as an officer for many liquor licenses held by Chipotle Mexican Grill, Inc. throughout the United States; some of the licenses have received citations of alleged violations, resulting in fines and/or suspensions. I have never been cited personally for a liquor violation.

Please do not hesitate to reach out to me if you have any further questions!

Thank you,

Helen Kaminski

NAME

DocuSigned by:

E54FCE1C3CBB487.
SIGNATURE

CSR:
Amount:

23 MAY 9 Lic. Lic. # 107



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 245523
Date Accepted: 05-10-2023
CSR: SG

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

FP: FILED 5/4/2023

Type or Print with Black Ink

805-368

License Number: PENDING | SERIES 12

ATTENTION APPLICANT: This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box → Agent Controlling Person

2. Name: NICCOL BRIAN ROBERT Birth Date: / /
Last First Middle (NOT a public record)

3. Social Security #: Drivers License #: State Issued:

4. Place of birth: Height: Weight: Eyes: Hair:
City State COUNTRY

5. Name of current/most recent spouse: NICCOL JENNIFER ANNE Birth Date: / /
Last First Middle (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency?

7. Daytime telephone number: (303) 605-1109 Email address: N/A

8. Premises Name: CHIPOTLE MEXICAN GRILL #4460 Business Phone: PENDING

9. Premises Address: 28576 N. EL MIRAGE ROAD PEORIA AZ MARICOPA 85383
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 place of residence address.

23 MAY 9 Lic. Lic. #1107

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
02/2018	CURRENT	CEO	Chipotle Mexican Grill, Inc. 610 Newport Center Dr., Newport Beach, CA 92618
01/2015	02/2018	CFO - TACO BELL DIVISION	Yum! Brands, Inc., 1 Glen Bell Way, Irvine, CA 92618

(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	Street	City	State	Zip
02/2012	CURRENT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(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 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 summons 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

I, (Print Full Name) BRIAN ROBERT NICCOL hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 11/13/2022

23 MAY 9 Lique. Lic. PM 1 07



CHIPOTLE MEXICAN GRILL, INC.
2600 LYRA DRIVE, SUITE 120
COLUMBUS, OH 43240

name 614-318-2487
url chipotle.com

#18

July 12, 2019

To Whom It May Concern:

I have served as an officer for many liquor licenses held by Chipotle Mexican Grill, Inc. throughout the United States; some of the licenses have received citations for alleged violations, resulting in fines and/or suspensions. I have never been cited personally for a liquor violation.

A large black rectangular redaction box covering the signature area of the document.

Signature

Brian Niccol