State of Arizona
Department of Liquor Licenses and Control

Created 11/22/2023 @ 11:04:37 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	POSTINO PEORIA		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	16165 N 83RD AVENUE PEORIA, AZ 85382 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(602)200-7222		
Alt. Phone:			
Email:	ANDREA@LEWKLAW.COM		

AGENT

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

OWNER

Name:	16165 N 83RD AVE, LLC
Contact Name:	ANDREA LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	23557894 State of Incorporation: AZ
Incorporation Date:	07/21/2023
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
POSTINO HOLDINGS LLC	Member	100.00

INSPIRED RESTAURANT HOLDINGS LLC - MEMBER

Name:	DEMARCO FUTURE FUND LLC
Contact Name:	ANDREA DAHLMAN LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation:
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

POSTINO HOLDINGS LLC - Member,Stockholder

Name:	UPWARD PROJECTS HOLDINGS LLC
Contact Name:	ANDREA LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation:
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

UPWARD PROJECTS HOLDINGS LLC - Stockholder,Member

Name:	INSPIRED RESTAURANT HOLDINGS LLC
Contact Name:	ANDREA LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation: AZ
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

QUAQUAVERSAL LLC - Member,Stockholder

Name:	LAUREN ELAINE BAILEY
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)309-5944
Alt. Phone:	
Email:	LAUREN@UPWARDPROJECTS.COM

16165 N 83RD AVE, LLC - Member

Name:	POSTINO HOLDINGS LLC
Contact Name:	ANDREA LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation: AZ
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

INSPIRED RESTAURANT HOLDINGS LLC - MEMBER

Name:	PRIVATE INVESTMENT FIRM
Contact Name:	ANDREA LEWKOWTIZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation: AZ
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

INSPIRED RESTAURANT HOLDINGS LLC - MEMBER

Name:	QUAQUAVERSAL LLC
Contact Name:	ANDREA DAHLMAN LEWKOWITZ
Type:	LIMITED LIABILITY COMPANY
AZ CC File Number:	State of Incorporation:
Incorporation Date:	
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

MANAGERS

Name:	BRENT FRANCIS KARLICEK
Gender:	Male
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(480)735-9593
Alt. Phone:	
Email:	BKARLIVEK@UPWARDPROJECTS.COM

****

Name:	LAUREN ELAINE BAILEY
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)309-5944
Alt. Phone:	
Email:	LAUREN@UPWARDPROJECTS.COM

APPLICATION INFORMATION

Application Number:	264801
Application Type:	New Application
Created Date:	11/01/2023 [redacted]

QUESTIONS & ANSWERS

012 Restaurant

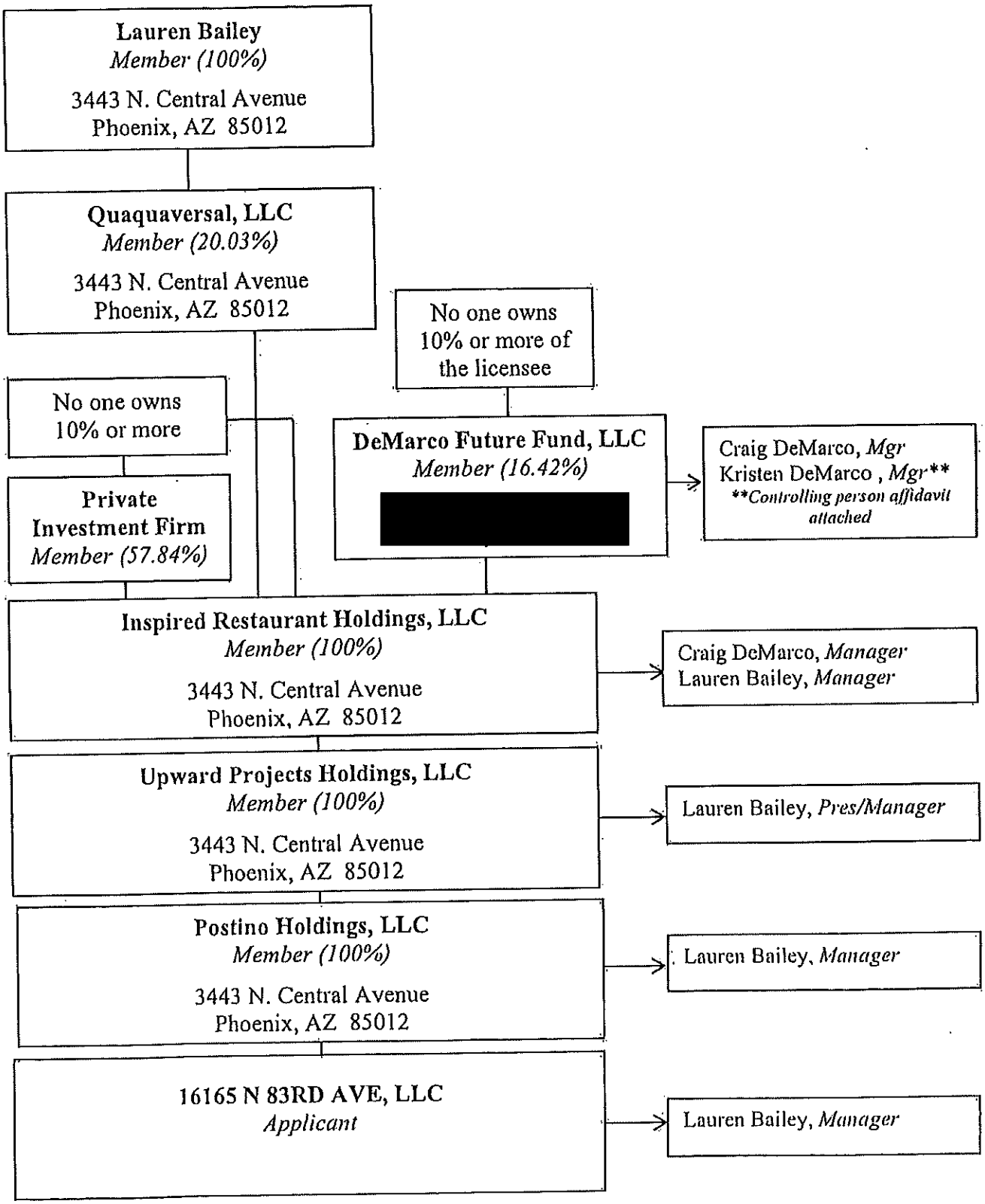
1) Are you applying for an Interim Permit (INP)?
   No
2) Are you one of the following? Please indicate below.
   Property Tenant
   Subtenant
   Property Owner
   Property Purchaser
   Property Management Company
   PROPERTY TENANT
3) Is there a penalty if lease is not fulfilled?
   Yes
   What is the 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?
   No
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?
   JAN 2025
9) What type of business will this license be used for?
   RESTAURANT

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ORGANIZATIONAL DOCUMENTS	16165 N 83rd Ave, LLC_Ownership chart.pdf	11/01/2023
QUESTIONNAIRE	Postino Peoria #12_Mgr Karlicek (Q+T).pdf	11/01/2023
MISCELLANEOUS	Postino_Agt ADL (Ctn).pdf	11/01/2023
QUESTIONNAIRE	Postino_Agt ADL (Q).pdf	11/01/2023
RECORDS REQUIRED FOR AUDIT	Postino_Audit.pdf	11/01/2023
QUESTIONNAIRE	Postino_CP C DeMarco (Q).pdf	11/01/2023
MISCELLANEOUS	Postino_CP K DeMarco (CP Affidavit).pdf	11/01/2023
QUESTIONNAIRE	Postino_CP L Bailey (Q).pdf	11/01/2023
DIAGRAM/FLOOR PLAN	Postino_diagram.pdf	11/01/2023
MENU	Postino_Menu.pdf	11/01/2023
RESTAURANT OPERATION PLAN	Postino_ROP.pdf	11/01/2023

16165 N 83RD AVE, LLC

Ownership | Sep 25, 2023



'23 NOV 3 Liq. Lic. AM 9:27

APPLICANT/CONTROLLING PERSON AFFIDAVIT

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

BE COMPLETED BY THE ORGANIZATION'S PRESIDENT. IF THIS IS A CLUB, PARTNERSHIP, OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.

Organization: 16165 N 83RD AVE, LLC
Affidavit of: LAUREN BAILEY
Position/Title: MANAGER
State of: ARIZONA **AZ Corp./L.L.C. #:** 23557884
County of: MARICOPA **State Incorporated:** AZ
I, (Print Full Name) LAUREN ELAINE BAILEY **Declares:**

1. To obtain a liquor license to operate in Arizona, I have completed and delivered to the Arizona Dept. of Liquor Licenses and Control, the required questionnaire and fingerprint card. I have also submitted the required questionnaires and fingerprint cards of all officers, directors, regional managers, managing members, partners, etc., who are involved in the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and submitted.

Name and title of such individuals are as follows (or list attached):

1) LAUREN ELAINE BAILEY I MANAGER
2) CRAIG RANDAL DEMARCO I MANAGER
3)
4)

2. In addition to those submitting questionnaires and fingerprint cards, list other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals are involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

1) KRISTEN DeMARCO I MANAGER I 05/08/1967 I MESA, AZ
2)
3)
4)

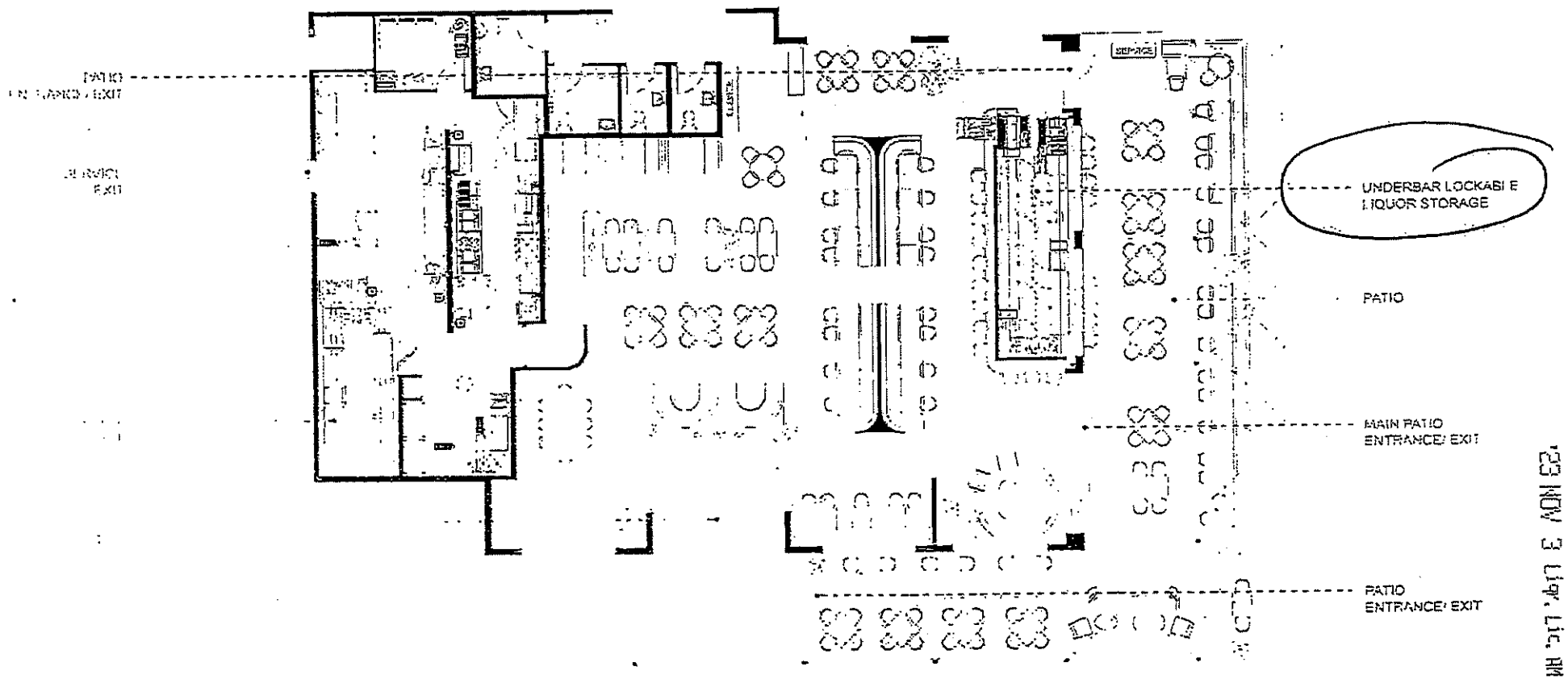
3. Finally, on information and belief, none of the individuals listed under item #2 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

Declaration:

I, (Print Name) LAUREN ELAINE BAILEY, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to b[redacted]te.

Individuals requiring ADA accommodations please call (602)542-2999

Postino Peoria
16165 N. 83rd Avenue
Peoria, AZ 85382
6,000 SF



SQUARE FOOTAGE

DINING ROOM	
PATIO	
TOTAL	6000 SF

'23 NOV 3 Liq. Lic. AM 9:27

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): POSTINO PEORIA

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	SOUTHBEND/HDG-36-M (20000 BTU)
Oven	SOUTHBEND/HDO-36 | RATIONAL/LM100CG (x2) | PRATICA/copa express
Freezer	HOSHIZAKI/UF60B
Refrigerator	TURBO AIR/PST-72-30-D6-N (x3) + TWR-28SD-D2-N | PERLICK/BBS36-RF+BBS60-RW (x2) PERLICK/BBS60-WD+BBS60-WW+FR60RT | VICTORY/VSPD60HC-16-4-3C
Sink	HAND/single | PREP/single | DUMP/single | MOP/single | PRE RINSE/single | DISH PIT/3compart
Dish Washing Facilities	AMERICAN DISH SERVICE/ET-AF + 5AGES
Food Preparation Counter (Dimensions)	REGENCY/30x30 + 30x60 + 30x72 + 30x48
Other	PANINI PRESS/double (x2) | DEAN (x2) | VOLLRATH TOASTER

3. Attach a copy of your FULL menu with pricing INCLUDING 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.) 60 %

5. Does your restaurant have a bar area that is distinct and separate from the dining area? [X] YES [ ] No

(If yes, what percentage of the public floor space does this area cover?) 10 %

6. List the seating capacity for:

a) Restaurant dining area of your premises: [112]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 20]

TOTAL [= 132]

Individuals requiring ADA accommodations please call (602)542-9027

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	16
Bartenders	2
Hostesses	11
Managers	6
Servers	30
Other (BACK OF HOUSE)	5
Other ( )	
Other ( )	

I, (Print Full Name) ANDREA DAHLMAN 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 foregoin[redacted]on and statements that I have made herein are true and correct to the best of my kn[redacted]

Applicant Signature: [redacted]

Individuals requiring ADA accommodations please call (602)542-9027

SNACKY THINGS

OLIVES 7.95
alfonso, picholine, gaeta, red cerignola, arbequina, castelvetrano 180 cal

CRISPY CAULIFLOWER 12.95
cauliflower, sultana raisin, caper, romesco 440 cal

MEATBALLS & GOAT CHEESE 14.50
house meatballs, pomodoro, goat cheese, chive 740 cal

SHRIMP SCAMPI 16.95
butter poached jumbo shrimp, artichoke, calabrian chili, chablis spritz, focaccia 390 cal

MAITAKE MUSHROOM 15.50
crispy maitake mushroom, oyster & cremini, lebni yogurt, lemon zest, smoked salt, controne pepper 310 cal

OMG GRILLED CHEESE 13.95
layered gruyere, brie, whipped goat cheese, white cheddar, smoked bacon, creamy tomato soup dip 1440 cal

SKEWERS 14.95
grilled petite fillet & chicken skewers, sicilian garlic yogurt, olive oil 570 cal

SMOKED SALMON 16.25
whipped feta, cold and hot smoked salmon, cucumber, pickled onion, cornichons, crispy capers, baby caesar, crostini 960 cal

MOZZARELLA & TOMATOES 11.50
stracciatella, vine ripe tomato, basil, crouton 350 cal

SWEET POTATO WEDGES 9.95
calabrian chile tahini, sesame seed, chive 580 cal

PANINI 14.50

CHOICE OF CIABATTA 300 CAL OR FOCACCIA 377 CAL
WITH ROMAINE SALAD 150 CAL OR YUKON GOLD POTATO CHIPS 324 CAL
GLUTEN FREE** BREAD +2.50 +100 CAL

TUSCAN TUNA
albacore tuna, olive oil, balsamic vinegar, white cheddar, pickle, dijonnaise 470 cal

NINE IRON
smoked bacon, roasted chicken, fresh stracciatella, mixed greens, tomato, dijonnaise 550 cal

VEGETARIAN
creamy feta, almond hummus, avocado, spicy marcona almond, cucumber, olive, mixed greens, tomato, basil 760 cal

WEST COASTER +.50
smoked ham, smashed avocado, arugula, roasted garlic aioli, pickled red onion, calabrian chili, feta cheese 450 cal

CHICKEN & MOZZARELLA
roasted chicken, fresh mozzarella, arugula, red onion, spicy sun-dried tomato aioli 810 cal

PROSCIUTTO & BRIE
prosciutto di parma, brie, fig jam, arugula, balsamic vinegar, olive oil 440 cal

SELECT TWO 15 265-1215 cal

HALF PANINI / HALF SALAD* / SOUP OF THE MOMENT

2,000 CALORIES A DAY IS USED FOR GENERAL NUTRITION ADVICE, BUT CALORIE NEEDS VARY.
ADDITIONAL NUTRITION INFORMATION AVAILABLE UPON REQUEST.

THE BOARDS

BRUSCHETTA *(CHOOSE 4)* 16.95
170-330 cal
GLUTEN FREE** BREAD +2.50 +100 CAL

CHOOSE FOUR

- BRIE, APPLE & FIG SPREAD
- FRESH MOZZARELLA, TOMATO & BASIL
- PROSCIUTTO DI PARMA, FIG & MASCARPONE
- WARM ARTICHOKE SPREAD
- SMOKED SALMON & PESTO*
- SWEET N' SPICY PEPPER JAM & GOAT CHEESE
- BURRATA, BACON, ARUGULA & TOMATO
- RICOTTA, DATES & PISTACHIO
- ALMOND HUMMUS & CHOPPED TOMATO
- MUSHROOM & MASCARPONE
- SALAMI & PESTO
- SEASONAL

THE BOUNTY 16.95
roasted heirloom carrot, cauliflower, broccolini, pickled sweet pepper, spicy marcona almond, watermelon radish, cucumber, almond hummus, green goddess dressing, ranch yogurt 980 cal

TABLE CHEESE 17.95
chef's cheese pick, whipped ricotta & calabrian honey, d'affinois brie with fig jam, creamy cambozola & honey, walnut, crostini, lavash bread 1350 cal

CHEF'S CHARCUTERIE
prosciutto di parma, spanisl chorizo, salami, whipped fet chef's cheese pick, olive, ali hummus, charred artichoke, blistered sweet pepper, cros lavash bread 1380 cal

NICK'S BOARD 17.95
warm soft pretzel, italian sa spanish pork link, creamy pi cheese, spicy peruvian corn sweety drop pepper, packo 1410 cal

SOUP & SALAD

CHICKEN SKEWER +5 -202 CAL | BEEF SKEWER +7 +230 CAL | SHRIMP +8 +140 CAL | SMOKED SALMON +10 +260 CAL

SOUP OF THE MOMENT
CUP 5 45-470 cal / BOWL 7 100-930 cal

CAESAR SALAD* 12.50
baby gem lettuce, parmigiano-reggiano, house crouton, garlic dressing 470 cal

HANNAH'S FIELD 12.50
kale, heritage grains, apple, apricot, toasted almond, pecorino stagior pickled red onion, apple cider-mustard vinaigrette 570 cal

RASPBERRY CHICKEN 13.50
chicken salad, almond, pecan, apple, gorgonzola, mixed greens, raspberry vinaigrette 570 cal

MIXED GREENS SALAD 12.50
greens, pears, candied pecans, red grapes, gorgonzola, crispy leeks, poppyseed vinaigrette 510 cal

BRUSSELS SPROUTS SALAD 13.25
kale, brussels sprout, manchego, spicy marcona almond, bacon, dried cherry, lemon manchego dressing 690 cal

DESSERTS 8.50

CHOCOLATE BOUCHON
warm chocolate ganache, vanilla bean ice cream 650 cal

CRÈME BRULEE
carmelized custard 510 cal

SALTED CARAMEL SUNDAE
vanilla bean ice cream, chocolate covered corn nuts, pretzel stick, warm salted caramel 470 cal

BEVERAGES

LEMONADE & PALMERS

THE ORIGINAL
housemade lemonade or arnold palmer 70-130 cal

APRICOT PALMER
black tea, housemade lemonade, apricot 150 cal

BLACKBERRY SMASH
green tea, housemade lemonade & blackberry 120 cal

PRICKLY PEAR LEMONADE
prickly pear infused housemade lemonade 140 cal

CUCUMBER HONEY LEMONADE
cucumber infused housemade lemonade 130 cal

BASICS

ICED OR HOT TEA 10 cal
COKE 140 cal
DIET COKE 0 cal
SPRITE 140 cal
GINGER ALE 124 cal
SAN BENEDETTO SPARKLING WATER 0 cal
PRESSED OR DRIP COFFEE 0 cal

BRUNCH FOR THE PEOPLE

SATURDAYS + SUNDAYS STARTING AT 9AM

$25 BOARD + BOTTLE

JOIN US ON MON & TUES AFTER 8PM FOR ANY HOUSE BOTTLE OF WINE + BRUSCHETTA FOR ONLY $25

WE CATER + DELIVER!

ORDER ONLINE AT POSTINOWINECAFE.COM

WE'RE ALL HERE FOR YOU!

LET ANY OF US KNOW WHEN YOU NEED ANYTHING, ANYTIME. OUR TEAM WORKS TOGETHER AND POOLS TIPS!

*ALLERGIES + NUTRITIONAL INFO

2,000 CALORIES A DAY IS USED FOR GENERAL NUTRITION ADVICE, BUT CALORIE NEEDS VARY. ADDITIONAL NUTRITION INFORMATION AVAILABLE UPON REQUEST.

*THESE ITEMS CONTAIN (OR MAY CONTAIN) RAW OR UNDERCOOKED INGREDIENTS. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY INCREASE YOUR RISK OF FOOD-BORNE ILLNESS.

**OUR GLUTEN FREE BREAD IS MADE IN A GLUTEN FREE FACILITY, BUT OUR KITCHENS ARE HOT.

Our kitchens are small. Please be aware that any of our products may contain allergens. Many ingredients are not listed. Please let us know if you have an allergy.

Scan to view allergen information online

POSTINOWINECAFE.COM | @POSTINOWINECAFE

#DRINKWINEATLUNCH IS NOT A CRIME

WINE BY THE GLASS • $6 'TIL 5 • BEER BY THE PITCHER

BEER

'23 NOV 3 Liq. Lic. AM 9:27

(B) BRENT'S PICK

SEASONAL LIST

TAPS SHORTY 12OZ 5 / PINT 16OZ 7 / PITCHER 32OZ 11

OSKAR BLUES DALE'S LIGHT LAGER 4.2% | 79-221 CAL	COLORADO
THRONE BLOOD ORANGE IPA 6.7% | 195-520 CAL	ARIZONA
SIERRA NEVADA HAZY LITTLE THING IPA 6.7% | 161-428 CAL	CALIFORNIA
ROTATING CRAFT SELECTION	AWESOMETOWN

CANS & BOTTLES

ATHLETIC BREWING RUN WILD NA IPA 0% | 12OZ CAN | 65 CAL	CALIFORNIA	6
SCHILLING LOCAL LEGEND CIDER 5.2% | 12OZ CAN | 125 CAL	WASHINGTON	7
SHACKSBURY ROSE CIDER 6% | 12OZ CAN | 170 CAL	VERMONT	7
JUNESHINE GRAPEFRUIT PALOMA KOMBUCHA 6% | 12OZ CAN | 150 CAL	CALIFORNIA	7
AMSTEL LIGHT LAGER 3.5% | 12OZ BOTTLE | 95 CAL	HOLLAND	5
BUD LIGHT LAGER 4.2% | 12OZ BOTTLE | 110 CAL	MISSOURI	5
STELLA ARTOIS EUROPEAN LAGER 5.2% | 12OZ BOTTLE | 140 CAL	BELGIUM	7
(B) WREN HOUSE BIG SPILL PILS 4.7% | 16OZ CAN | 200 CAL	ARIZONA	8
LINDEMANS FRAMBOISE 2.5% | 12OZ BOTTLE | 220 CAL	BELGIUM	11
TWO PITCHERS WEEKENDER TROPICAL RADLER 5.2% | 12OZ CAN | 99 CAL	CALIFORNIA	7
PRAIRIE RAINBOW SHERBET SOUR 5.2% | 12OZ CAN | 150 CAL	OKLAHOMA	7
PAPAGO ORANGE BLOSSOM ALE 5% | 12OZ CAN | 160 CAL	ARIZONA	6
(B) AYINGER BRAU-WEISSE HEFEWEIZEN 5.1% | 12OZ BOTTLE | 185 CAL	GERMANY	7
SIERRA NEVADA PALE ALE 5 6¼ | 12OZ BOTTLE | 175 CAL	CALIFORNIA	6
ORVAL TRAPPIST PALE ALE 6.2% | 12OZ BOTTLE | 190 CAL	BELGIUM	9
MOTHER ROAD TOWER STATION IPA 7.3% | 16OZ CAN | 290 CAL	ARIZONA	7
OSKAR BLUES HAZY BLUES IPA 7% | 16OZ CAN | 210 CAL	COLORADO	6
ALMANAC LOVE HAZY IPA 6.6% | 16OZ CAN | 280 CAL	CALIFORNIA	8
FOUR PEAKS KILT LIFTER SCOTTISH ALE 6% | 12OZ CAN | 150 CAL	ARIZONA	6
SAMUEL SMITH PORTER 5% | 12OZ BOTTLE | 186 CAL	ENGLAND	7
GREAT DIVIDE YETI IMPERIAL STOUT 9.5% | 12OZ CAN | 311 CAL	COLORADO	7

2,000 CALORIES A DAY IS USED FOR GENERAL NUTRITION ADVICE, BUT CALORIE NEEDS VARY.
ADDITIONAL NUTRITION INFORMATION AVAILABLE UPON REQUEST.

[PEEK-A-BOOZE.]

WINE

'23 NOV 3 Liqr. Lic. AM 9 27

WINE MERCHANT BRENT KARLICEK

B BRENT'S PICK P POSTINO EXCLUSIVE

SPARKLING + ROSE | GLASS 90-150 CAL | BOTTLE 450-750 CAL

WHITE | GLASS 90-150 CAL | BOTTLE 450-750 CAL

RED | GLASS 140-160 CAL | BOTTLE 700-800 CAL

SEASONAL LIST

	ANSELMI | PROSECCO	NV	ITALY	13	48
	INTUICION | CAVA	NV	SPAIN	12	44
P	RARE AIR | SPARKLING ROSE	NV	AUSTRIA	14	52
	COLUMBO | PINOT BIANCO-SAUVIGNON	2022	ITALY	11	40
P	LAST AUGUST | SAUVIGNON BLANC	2022	CALIFORNIA	13	48
B	DAS GUTE | GRUNER VELTLINER	2021	AUSTRIA	12	44
	PERFEKT | RIESLING	2022	GERMANY	13	48
P	BAYONNE | WHITE BLEND	2022	FRANCE	11	40
	STAND | CHARDONNAY	2022	CALIFORNIA	12	44
	FIORE | MOSCATO	2022	ITALY	12	44
	FRINGE | WHITE BLEND	2021	ARIZONA	13	48
	HOLLY'S WAY | CHARDONNAY	2021	CALIFORNIA	14	52
	LE CIGARE ORANGE | ORANGE	2022	CALIFORNIA	12	44
P	NEVERMIND | ROSE	2022	FRANCE	13	48
	STAGEDIVE | PINOT NOIR	2021	CALIFORNIA	14	52
	BIORE | GAMAY	2022	FRANCE	11	40
P	VISO | BARBERA-NEBBIOLO	2021	ITALY	12	44
	DE LA TIERRA | TEMPRANILLO	2021	SPAIN	12	44
	FRANCIS | SANGIOVESE	2021	ITALY	10	36
P	LA CORREA | GARNACHA	2022	SPAIN	12	44
	ESPIRITU | MALBEC	2022	ARGENTINA	12	44
	COSTA | CARIGNAN	2021	CALIFORNIA	13	48
B	DELAS | RED BLEND	2020	FRANCE	13	48
	ANTIOCH | ZINFANDEL	2021	CALIFORNIA	12	44
	CENTENARIO | CABERNET SAUVIGNON	2021	CHILE	13	48

FOOD MENU

SCAN THE QR CODE TO VIEW THE MENU!

2,000 CALORIES A DAY IS USED FOR GENERAL NUTRITION ADVICE, BUT CALORIE NEEDS VARY. ADDITIONAL NUTRITION INFORMATION AVAILABLE UPON REQUEST.

WE'RE ALL HERE FOR YOU! WE WORK TOGETHER AND POOL TIPS. ☺

REV 10 06 23 PH

'23 NOV 3 Liqr. Lic. #9 26

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): POSTINO PEORIA
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

For those requiring ADA accommodations please call (602) 542-2999

'23 NOV 3 Liqr. Lic. AM 9 26

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.

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 under any other license that has been issued for the premises pursuant to this article.

I, (Print Full Name) ANDREA DAHLMAN 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: [redacted]

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

Individuals requiring ADA accommodations please call (602)542-2999

CSR:
Amount:

'23 NOV 3 LIQ. LIC. AM 9:25

AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY	
Job #:	2164801
Date Accepted:	11-1-2023
CSR:	[redacted]

FP Current 12-9-2021

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 → [X] Agent [ ] Controlling Person

2. Name: LEWKOWITZ (Last) ANDREA (First) DAHLMAN (Middle) Birth Date: [redacted] (NOT a public record)

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

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

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

6. Are you a bonafide resident of Arizona? Yes [X] No [ ] If yes, what is your date of residency? 04/1961

7. Daytime telephone number: [redacted] Email address: [redacted]

8. Premises Name: POSTINO PEORIA Business Phone: PENDING

9. Premises Address: 16165 N. 83rd AVENUE (Street (do not use PO Box)) PEORIA (City) AZ (State) MARICOPA (County) 85382 (Zip)

'23 NOV 3 Liq. Lic. AM 9:26

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)
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC
			2600 N. CENTRAL AVE. STE. 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
[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) ANDREA DAHLMAN 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: 10/16/2023

'23 NOV 3 Liqr. Lic. AM 9:26

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) ANDREA DAHLMAN 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 MANKATO State MN COUNTRY USA

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

2) Name of document: AZ DRIVERS LICENSE

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 identificationcard.
2. A driver license issued by a state that verifies lawful presence in the UnitedStates.
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.

'23 NOV 3 Liqr. Lic. AM 9:26

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 *et seq.*);

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. §

ANDREA DAHLMAN LEWKOWITZ | [redacted] | 10/16/2023

Print Name | **Signature** | **Date**

LC:
Amount:

'23 NOV 3 Liq. Lic. AM 9:27

AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #:	264801
Date Accepted:	11-1-2023
CSR:	[redacted]

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: 10/3/2023

FP Current 10-18-2023

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: DEMARCO (Last) CRAIG (First) RANDAL (Middle) Birth Date: [redacted] (NOT a public record)

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

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

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

6. Are you a bonafide resident of Arizona? Yes ☑ No ☐ If yes, what is your date of residency? 1982

7. Daytime telephone number: [redacted] Email address: [redacted]

8. Premises Name: POSTINO PEORIA Business Phone: PEN ____/DING ____/____

9. Premises Address: 16165 N 83RD AVENUE (Street (do not use PO Box)) PEORIA (City) AZ (State) MARICOPA (County) 85382 (Zip)

Individuals requiring ADA accommodations please call (602)542-2999

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY) '23 NOV 3 L19; Lic. AM 9 21

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2001	CURRENT	OWNER	UPWARD PROJECTS, 3443 N. CENTRAL AVE PHOENIX, AZ 85012

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
[redacted]					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? **MUST** attach copies of both training certificates. 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) CRAIG R. DEMARCO 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 [redacted] correct to the best of my knowledge.

Signature: [redacted] Date: 10/2/23

LC:
Amount:

'23 NOV 3 Liq. Lic. AM 9:27

AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #	264801
Date Accepted:	11-2-2023
CSR	[redacted]

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: 10/3/2023

FP Current 10-18-2023

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: BAILEY (Last) LAUREN (First) ELAINE (Middle) Birth Date: [redacted] (NOT a public record)

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

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

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

6. Are you a bonafide resident of Arizona? Yes ☑ No ☐ If yes, what is your date of residency? 05/2005

7. Daytime telephone number: [redacted] Email address: [redacted]

8. Premises Name: POSTINO PEORIA Business Phone: PEN ____ / DING ____ / ____

9. Premises Address: 16165 N 83RD AVENUE (Street (do not use PO Box)) PEORIA (City) AZ (State) MARICOPA (County) 85382 (Zip)

Individuals requiring ADA accommodations please call (602)542-2999

'23 NOV 3 Liq. Lic. AM 9:27

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	OWNER	UPWARD PROJECTS, 3443 N. CENTRAL AVE. PHOENIX, AZ 85012

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
[redacted]			[redacted]		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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 and Management Liquor Law Training Course within the past 3 years? **MUST** attach copies of both training certificates. — 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) LAUREN E. BAILEY 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 I [redacted] e and correct to the best of my knowledge.

Signatur[redacted] Date: 9/29/2023

LC:
Amount:

'23 NOV 3 Liq. Lic. #19126

PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY

Job #:	264801
Date Accepted:	11-1-2023
C	[redacted]

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 10-11-2023

FP: 10/18/2023

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. Name: KARLICEK (Last) BRENT (First) FRANCIS (Middle) Birth Date: [redacted] (NOT a public record)

2. Social Security #: [redacted] Driver's License #: [redacted] State Issued: [redacted]

3. Place of birth: [redacted] (City State COUNTRY) Height: [redacted] Weight: [redacted] Eyes: [redacted] Hair: [redacted]

4. Name of current/most recent spouse: KARLICEK (Last) MOLLIE (First) MARIE (Middle) Birth Date: [redacted] (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes [X] No [ ] If yes, what is your date of residency? MARCH 1998

6. Daytime telephone number: [redacted] Email address: [redacted]

7. Premises Name: POSTINO PEORIA Business Phone: PENDING

8. Premises Address: 16165 N. 83rd AVENUE (Street (do not use PO Box)) PEORIA (City) AZ (State) MARICOPA (County) 85382 (Zip)

Individuals requiring ADA accommodations please call (602)542-2999

9. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2008	CURRENT	PROJECT MANAGER	Upward Projects, 3443 N. Central Avenue, Phoenix, AZ 85012

10. Provide your residence address information for the last five (5) years *A.R.S. §4-202(D)* (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
[redacted]					

11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes [X] No [ ]

12. 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 [X]

13. 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 [X]

14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes [ ] No [X]

15. 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 [X]

16. 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 [X]

If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) BRENT FRANCIS KARLICEK 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 [redacted] correct to the best of my knowledge.

Signature: [redacted] Date: 10.16.23

MANAGER

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

Print Name: ANDREA DAHLMAN LEWKOWITZ Signature [redacted] Date 10.17.23

AGENT

Certificate # AZB-ON-01230788

'23 NOV 3 L[illegible] AM 9:28

☒ On-sale
☐ Off-sale
☐ On- and off-sale

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

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

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

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

Student Information

Brent Karlicek
(please print)

[redacted]
Signature

10/16/2023
Training Completion Date

10/15/2026
Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.
Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730
Mailing Address

(877) 881-2235
Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[redacted]
Instructor Signature

10/16/2023
Day Mo Year

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

In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8)	Liquor Store (series 9)	Private Club (series 14)	Hotel/Motel w/restaurant (series 11)
Restaurant (series 12)	In-state Farm Winery (series 13)		Beer & Wine Store (series 10)

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

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

Certificate # AZM-ON01206200

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

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

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

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

Student Information

Brent Karlicek

[redacted]

Signature

10/16/2023
Training Completion Date

10/15/2026
Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730
Mailing Address

(877) 881-2235
Daytime Contact Phone Number

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

[redacted]
Instructor Signature

10/16/2023
Day Mo Year

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July 11, 2013