

State of Arizona
Department of Liquor Licenses and Control

Created 04/25/2024 @ 09:30:26 AM

Local Governing Body Report

LICENSE

Number: Type: 010 BEER AND WINE STORE
Name: ROHANS SUPERMARKET
State: Pending
Issue Date: Expiration Date:
Original Issue Date:
Location: 8322 W OLIVE AVENUE
PEORIA, AZ 85345
USA
Mailing Address: [REDACTED]
Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

AGENT

Name: ROHAN PASRICHA
Gender: Male
Correspondence Address: [REDACTED]
Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

OWNER

Name: NIO I LLC
Contact Name: ROHAN PASRICHA
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23653220 State of Incorporation: AZ
Incorporation Date: 03/14/2024
Correspondence Address: [REDACTED]
Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

Officers / Stockholders

60th Day 6-24-24
105th Day 8-8-24

Name:
ROHAN PASRICHA

Title:
Manager-LLC

% Interest:
100.00

NIO 1 LLC - Manager-LLC

Name: ROHAN PASRICHA
Gender: Male
Correspondence Address:



Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

MANAGERS

Name: ROHAN PASRICHA
Gender: Male
Correspondence Address:



Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

APPLICATION INFORMATION

Application Number: 294906
Application Type: New Application
Created Date: 04/22/2024

QUESTIONS & ANSWERS

010 Beer and Wine Store


- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
PEORIA HIGH SCHOOL 11200 N 83RD AVE PEORIA AZ 85345
2 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
1 MONTH RENT
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

State of Arizona
Department of Liquor Licenses and Control

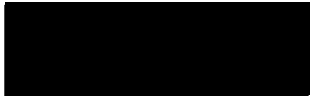
Created 04/25/2024 @ 09:29:35 AM

Local Governing Body Report


LICENSE

Number:	INP070028134	Type:	INP INTERIM PERMIT
Name:	ROHANS SUPERMARKET		
State:	Active		
Issue Date:	04/25/2024	Expiration Date:	08/08/2024
Original Issue Date:	04/25/2024		
Location:	8322 W OLIVE AVENUE PEORIA, AZ 85345 USA		
Mailing Address:			
Phone:	(623)910-2956		
Alt. Phone:			
Email:	ROHANCOOL2001@GMAIL.COM		

AGENT

Name:	ROHAN PASRICHA
Gender:	Male
Correspondence Address:	
Phone:	(623)910-2956
Alt. Phone:	
Email:	ROHANCOOL2001@GMAIL.COM

OWNER

Name:	NIO I LLC		
Contact Name:	ROHAN PASRICHA		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23653220	State of Incorporation:	AZ
Incorporation Date:	03/14/2024		
Correspondence Address:			
Phone:	(623)910-2956		
Alt. Phone:			
Email:	ROHANCOOL2001@GMAIL.COM		

Officers / Stockholders

Name:
ROHAN PASRICHA

Title:
Manager-LLC

% Interest:
100.00

NIO 1 LLC - Manager-LLC

Name: ROHAN PASRICHA
Gender: Male
Correspondence Address: [REDACTED]
Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

MANAGERS

Name: ROHAN PASRICHA
Gender: Male
Correspondence Address: [REDACTED]
Phone: (623)910-2956
Alt. Phone:
Email: ROHANCOOL2001@GMAIL.COM

APPLICATION INFORMATION

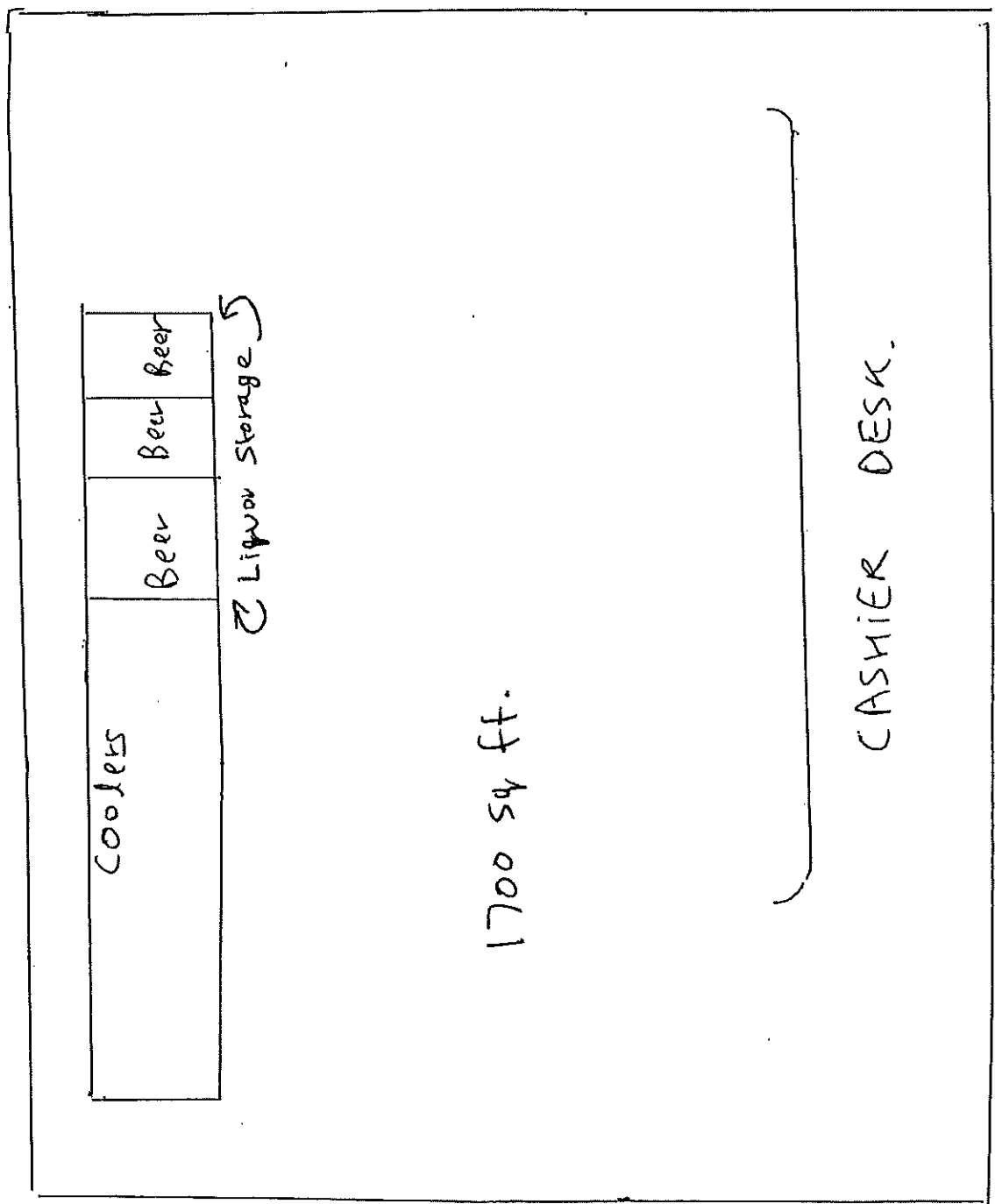
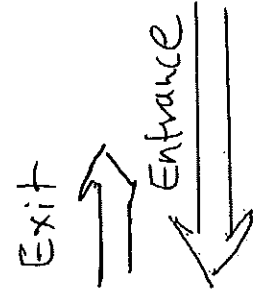
Application Number: .294907
Application Type: New Application
Created Date: 04/22/2024 [REDACTED]

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
10076772
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6. of the license application when you reach the upload page?
Yes
A Document of type INTERIM NOTARY PAGE is required.

AZ DLLC
APR 22 2024



LC:
Amount:

AZ DLLC

APR 22 2024

DLLC USE ONLY



AGENT/CONTROLLING PERSON QUESTIONNAIRE

Job #:	294906
Date Accepted:	4-22-2024
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

805-528

License Number:

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 →

<input checked="" type="checkbox"/> Agent	<input checked="" type="checkbox"/> Controlling Person
---	--

2. Name: PASRICHA ROHAN Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]

5. Name of current/most recent spouse: MAKHIDA SHAINA 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? Dec 2015

7. Daytime telephone number: 623-910-2956 Email address: rohancoul201@gmail.com

8. Premises Name: Rohans Supermarket Business Phone: 623/910/2956

9. Premises Address: 8322 W olive Ave Peoria AZ 85345
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. (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)
01/2015	CURRENT	Sr. Regional Manager	Amazon, 6835 W Buckeye Rd Apt. 85043

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 LLC 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) Rohan Pasricha 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: 04/05/24



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY	
Job #:	294906
Date Accepted:	4-22-2024
CSR:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. Write applicants name on front of sealed envelope.

PRINT the following information:

Date	Name of Applicant:	
04/05/2024	Rohan Pasricha	
Name of Fingerprint Technician:		
Thomas Smith		
Fingerprint technician's Signature:		
[REDACTED]		
Fingerprint technician's Agency/company Name:	Phone Number:	
Digit Scan	602-922-6710	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



ALIEN STATUS

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) Rohan Pasricha

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 CHANDIGARH State _____ COUNTRY INDIA

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.

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.

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. § 1621(c)(2)(A).

Rohan Pasricha

Print Name

Signature

04/22/2024

Date

Certificate # 29450

On-sale
 Off-sale
 On- and off-sale

Certificate of Completion
For
Title 4 BASIC Liquor Training

A Certificate of Completion must be on a form approved by the State Liquor Administration. Certificates are completed by a state-approved training provider and, when issued, the State requires BASIC Title 4 training only as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the end of this form. Persons who are required to have BASIC Title 4 training are listed at the end of this form. A replacement Certificate of Completion must be obtained by the licensee within two years after the training completion date.

Student Information
 DISTRICT DELUS
 ROHAN PASRICHA
 Licensee Name (Please Print)
 Signature
 1912
 04/20/2024
 Training Completion Date
 Training Provider Information
 Diversys Learning, Inc. DBA SureSellNow.com
 Contact Name
 1011 Arrow Point Drive, Cedar Park, Texas 78613
 Mailing Address
 866-402-9809
 Daytime Contact Phone Number

I, Kelly Bailey certify that the above named individual did successfully complete 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).

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 size listed below
 2) licensee, agent and manager actively involved in the daily business operations of a liquor-licensed business of a size listed below

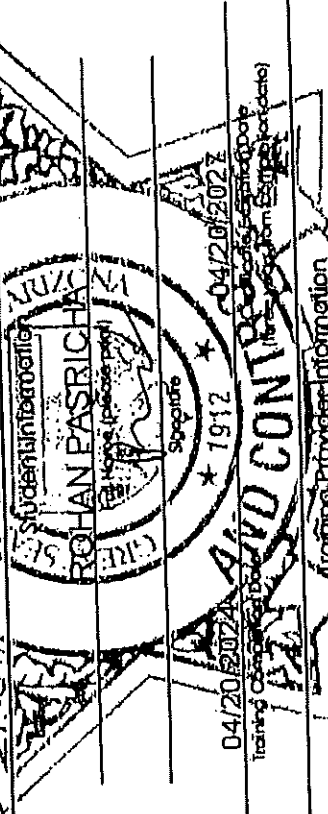
In-state Microbrewery (series 3) Government (series 5)
 Conveyance (series 6) Liquor Store (series 7)
 Restaurant (series 12) Private Club (series 14)
 Liquor license applicators (paid and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to 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.

Day Mo Year
 04/20/2024

Certificate # 29450

Certificate of Completion For Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be on a form provided by the State of Arizona. Certificates are completed by a state-approved training provider and, when issued, the State of Arizona is responsible for the certificate. Certificates for Basic Title 4 training must be on file at the Department of Liquor and satisfactory completion of the training must be verified by the training provider prior to issuing a Certificate of Completion for Management. A replacement Certificate of Completion may be issued for two years after the training completion date.



04/20/2024 * 04/20/2024
 Training Completion Date (Month/Day/Year) (Month/Day/Year)

Student Identifier
 ROHAN PASRICHA
 Separate
 * 1912 *
 ARIZONA
 Training Provider Information
 Diversys Learning, Inc. DBA SureSellNow.com
 Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address
 866-402-9809
 Daytime Contact Phone Number

I, Kelly Bailey, 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).

Instructor Signature
 [Redacted Signature] 04/20/2024
 Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owners 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.