

Name:	FRED MEYER INC	Title:	Stockholder	% Interest:	100.00
	TODD ALLEN FOLEY		VP/CORPORATE		
			CONTROLLER		
	TIMMY JOSEPH PLASS		MULTI- SEE CASE NOTE		
	MONICA JEAN GARNES		VP,Pres		
	DAVID RICHARD WEAKLAND		VP,CFO		
	JEFFREY CRAIG MILLER		PARTNER		
	DOROTHY DANSBERRY ROBERTS		Senior paralegal		

SMITH'S FOOD & DRUG CENTERS INC - VP,Pres

Name: MONICA JEAN GARNES
Gender: Female
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (623)907-1902
Alt. Phone:
Email: MONICA.GARNES@FRYSFOOD.COM

**SMITH'S FOOD & DRUG CENTERS INC -
Stockholder**

Name: FRED MEYER INC
Contact Name: JEFFREY MILLER
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (480)730-2675
Alt. Phone:
Email: RHONDA@AZLIC.COM

FRED MEYER INC - Stockholder

Name: KROGER CO
Contact Name: JEFFREY MILLER
Type: CORPORATION
AZ CC File Number: State of Incorporation: OR
Incorporation Date:
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (480)730-2675
Alt. Phone:
Email: RHONDA@AZLIC.COM

**SMITH'S FOOD & DRUG CENTERS INC - MULTI-
SEE CASE NOTE**

Name: TIMMY JOSEPH PLASS
Gender: Male
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (602)618-4421
Alt. Phone:
Email: TIM.PLASS@FRYSFOOD.COM

**KROGER CO - Treasurer
SMITH'S FOOD & DRUG CENTERS INC -
VP/CORPORATE CONTROLLER**

Name: TODD ALLEN FOLEY
Gender: Male
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (513)762-4339
Alt. Phone:
Email: TODD.FOLEY@KROGER.COM

**SMITH'S FOOD & DRUG CENTERS INC -
PARTNER**

Name: JEFFREY CRAIG MILLER
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)730-2675
Alt. Phone:
Email: LIQUORLICENSE@AZLIC.COM



SMITH'S FOOD & DRUG CENTERS INC - VP,CFO



Name: DAVID RICHARD WEAKLAND
Gender: Male
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (623)907-1907
Alt. Phone:
Email: DAVE.WEAKLAND@FRYSFOOD.COM



SMITH'S FOOD & DRUG CENTERS INC - Senior
paralegal

Name: DOROTHY DANSBERRY ROBERTS
Gender: Female
Correspondence Address: PO BOX 305103
NASHVILLE, TN 37230
USA
Phone: (513)762-4437
Alt. Phone:
Email: DOROTHY.ROBERTS@KROGER.COM

MANAGERS

Name: DERICK VAUGHN PFIESTER
Gender: Male
Correspondence Address: 
Phone: 
Alt. Phone:
Email:

Name: DAWN RENE MCKINNEY
Gender: Female
Correspondence Address: 
Phone: 
Alt. Phone:
Email:

Name: STEPHEN TROY PACE
Gender: Male
Correspondence Address: 
Phone: 
Alt. Phone:
Email: RHONDA@AZLIC.COM

Name: WILLIAM DAVID WALL
Gender: Male
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (602)818-6147
Alt. Phone:
Email: BILL.WALL@FRYSFOOD.COM

Name: MEGAN MARGARET HOUCK
Gender: Female
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (210)569-4836
Alt. Phone:
Email: MEGAN.HOUCK@FRYSFOOD.COM

Name: MICHELLE RANAE BURTON
Gender: Female
Correspondence Address: PO BOX 2502
CHANDLER, AZ 85244
USA
Phone: (480)272-4889
Alt. Phone:
Email: MICHELLEBURTON72@HOTMAIL.COM

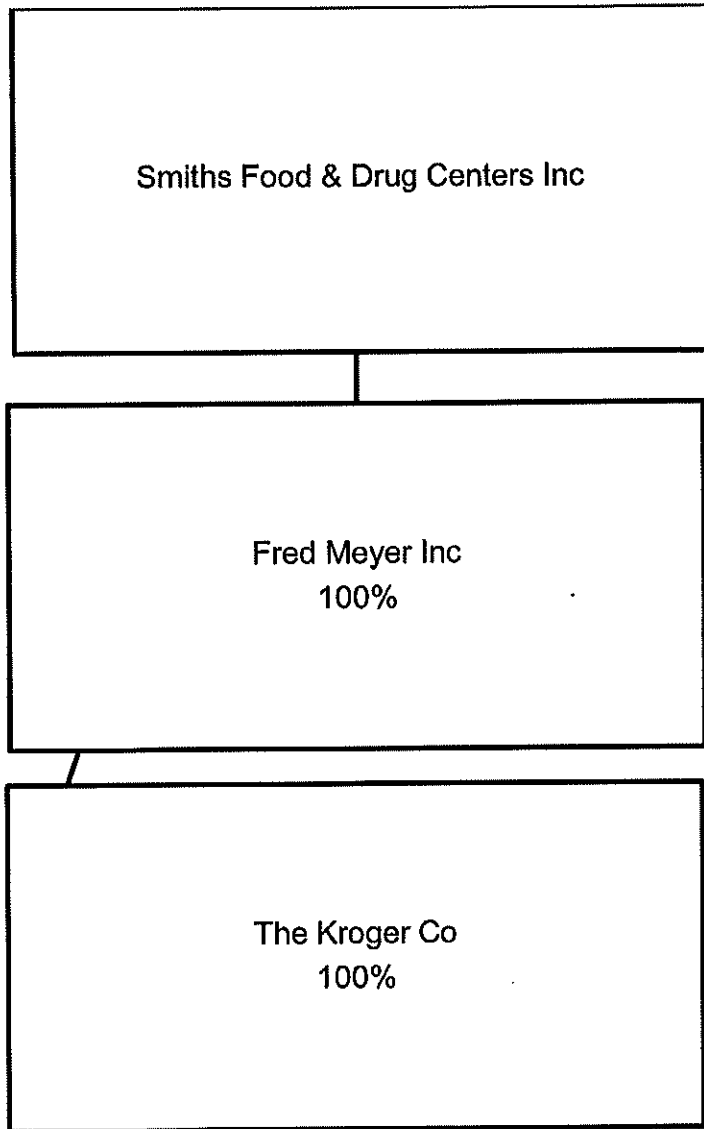
APPLICATION INFORMATION

Application Number: 297060
Application Type: Location Transfer
Created Date: 05/23/2024

QUESTIONS & ANSWERS

009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
No
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
VISTANCIA ELEMENTARY SCHOOL
30009 N SUNSET POINT PEORIA, AZ 85383 - 1 MILE
- 11) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY OWNER
- 12) Is there a penalty if lease is not fulfilled?
No
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
NONE
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet
NO PATIO
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
07/22/2024



The Kroger Co. is a publicly traded corporation no individual or entity has 10% or greater ownership.

Smith's Food & Drug Centers, Inc.

Name	Title
Kimball, Kenneth C.	President - Smith's
Games, Monica	Vice President and President - Fry's
Shafer, Devin	Vice President and Controller - Smith's
Weakland, David	Vice President and Chief Financial Officer - Fry's
Wheatley, Christine S.	Vice President and Secretary
Fike, Carin L.	Vice President and Treasurer
Acevedo, Thomas	Vice President and Assistant Secretary
Barth, Peter H.	Vice President and Assistant Secretary
Collins, Deanna	Vice President
Heffner, Richard S.	Vice President
Hodge, Nicholas G.	Vice President
Landrum, Rick J.	Vice President
Prough, Steven J.	Vice President and Assistant Secretary
Sorensen, Steven M.	Vice President
Cristal, Michael	Vice President, Operations-Fry's
*Roberts, Dorothy D.	LAW DEPARTMENT/SR PARALEGAL
Bradley, Joseph W.	Assistant Treasurer

24 MAY 23 AM 8 21 AZD LLC

Fred Meyer Stores, Inc.

Name	Title
Grieshaber, Joseph A. Jr.	President - Fred Meyer Stores
Matthews, Pamela J.	President - Quality Food Centers
Wheatley, Christine S.	Vice President and Secretary
Fike, Carin L.	Vice President and Treasurer
Forrest, Don E.	Vice President
Hodge, Nicholas G.	Vice President
Holt, Matthew A.	Vice President
Prough, Steven J.	Assistant Secretary
*Roberts, Dorothy D.	LAW DEPARTMENT/SR PARALEGAL
Bradley, Joseph W.	Assistant Treasurer
Wheatley, Christine S.	Director

The Kroger Co.

Name	Title
McMullen, W. Rodney	Chairman of the Board and Chief Executive Officer
Donnelly, Michael J.	Executive Vice President
Hjelm, Christopher T.	Executive Vice President and Chief Information Officer
Morganthall, Frederick J.	Executive Vice President
Schlotman, J. Michael	Executive Vice President and Chief Financial Officer
Clark, Robert W.	Senior Vice President
Kaufman, Calvin	Senior Vice President
Tosolini, Alessandro	Senior Vice President
Tuffin, Mark C.	Senior Vice President
Adcock, Mary Ellen	Group Vice President
Adelman, Jessica C.	Group Vice President
Aitken, Stuart	Group Vice President
Cosset, Yael	Group Vice President
Fike, Carin L.	Vice President and Treasurer
Massa, Timothy A.	Group Vice President
Sharp, Erin S.	Group Vice President, Manufacturing
Wheatley, Christine S.	Group Vice President, Secretary and General Counsel
Foley, Todd A.*	Vice President, Corporate Controller and Assistant Treasurer
Heiser, Stacey M.	Assistant Secretary
Landrum, Rick J.	Assistant Secretary
*Roberts, Dorothy D.	LAW DEPARTMENT/SR PARALEGAL
Bradley, Joseph W.	Assistant Treasurer

Assistant Treasurer

Preston, Daniel

Director

Aufreiter, Nora A.

Director

Beyer, Robert D.

Director

Gates, Anne

Director

Kropf, Susan J.

Director

McMullen, W. Rodney

Director

Montoya, Jorge P.

Director

Moore, Clyde R.

Director

Runde, James A.

Director

Sargent, Ronald L.

Director

Shackouls, Bobby S.

7/21/2022 23:08:21 AZDLLC

CSR: _____
Amount: _____



SAMPLING PRIVILEGE APPLICATION SERIES 9 AND 10 ONLY

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

DLLC USE ONLY

Job #: 297060
Date Accepted: 7/15/24
 Liquor Store (series 9)
 Beer and Wine Store (series 10)
CSR: _____

Type or Print with Black Ink

License #: 09070437

Applicant's Name: Agent Sole Proprietor Miller Jeffrey Craig
Last First Middle

Premises Name: Fry's Food & Drug #683

Premises Address: 11701 W Lone Mountain Pkwy Peoria AZ Maricopa 85383
Street Address City State County Zip Code

Mailing Address: P O Box 305103 Nashville TN 37230
Street Address City State County Zip Code

Business Phone #: Pending Daytime Contact #: 4807302675 Email Address: liquorlicense@azlic.com

Series #10 Beer and Wine Store Only

- I declare that my business qualifies as a
 Premises that is 5,000 square feet or larger
 Premises that has at least 75% of shelf space dedicated to beer and wine

SIGNATURE

Declaration:

I, (Print Name) Jeffrey C Miller, 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 be true, correct and _____
Signature

LOCAL GOVERNING BOARD

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official Signature) (Title)

on behalf of _____
(City, Town, County) Phone Date

DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ____/____/____

Director Signature required for Disapprovals: _____ Date: ____/____/____

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY
Job #: 297060
Date Accepted: 7/5/24
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**

License Number: 297060

fp comment

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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: Miller Jeffrey Craig Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] 09 State Issued: [REDACTED]

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

5. Name of current/most recent spouse: Holsten Laura Michelle 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? 1972

7. Daytime telephone number: 4807302675 Email address: liquorlicense@azlic.com

8. Premises Name: Fry's Food & Drug #683 Business Phone: ___/___/___

9. Premises Address: 111701 W Lone Mountain Pkwy 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. (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)
9/2016	CURRENT	Partner	Arizona Liquor Industry Consultants 1811 S Alma School Rd Ste 268 Mesa AZ 85210
3/1997	9/2016	Special Investigator	AZ DLLC 800 W Washington St 5th Fl Phoenix AZ 85007

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

(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) Jeffrey C. Miller 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 are correct to the best of my knowledge.

Signature: [Signature] Date: 5/20/24

12/4/11 11:23 AM 8/22 AZD LLC

P.O. Box 2502
Chandler, Arizona 85244
(480) 730-2675 Phone (480) 730-2676 Fax



ARIZONA LIQUOR INDUSTRY CONSULTANTS

This addendum is written for Jeffrey "Craig" Miller" Member/Partner in ALIC (Arizona Industry Liquor Consultants) in response to answers for Personal Questionnaire.

Question #15

ALIC is currently contracted with approximately 500 liquor establishments statewide. ALIC has been in business in the liquor industry since 1993. Depending on when this document is reviewed, it's possible that there may be a pending administrative citation, compliance action, arrest or summons against one of them.

Question #17

ALIC was started in April of 1993, and has been associated with hundreds of liquor establishments and liquor licenses. Several of them have received citations (fines) and in some instances, a suspension. ALIC works with the compliance officer on a regular basis acting as a representative for those who utilize our contract services. I do not however, have anything to do with the actual operation of any liquor establishment in this or any other state. Therefore, none of the violations to which I have just referred can be associated to me personally. Additionally, it would be almost impossible for me to give you a reconciliation of these violations, as ALIC has been associated with so many licenses for so many years.

Respectfully Submitted,

A large black rectangular redaction covering the signature area.

Jeffrey "Craig" Miller
Member/Partner

LC: _____
Amount: _____



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297 dleo
Date Accepted: 7/24
CSR:

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

License Number: 297 dleo

for current

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: Weakland David Richard Birth Date:
last first middle

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

4. Place of birth: Height: Weight:

5. Name of current/most recent spouse: Weakland Imelda A Birth Date:
last first middle

6. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 3/8/2014

7. Daytime telephone number: 603-907-1907 Email address: dave.weakland@ralphs.com

8. Premises Name: Fry's Food & Drug #683 Business Phone Pending

9. Premises Address: 11701 W Lone Mountain Pkwy 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. (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)
4/21	CURRENT	Div CFO	Fry's Food Stores 500 S. 99th Ave. Tolleson, AZ
11/20	4/21	DFM	Pulphos Grocery Co. 1100 W. Artesian Compton, CA
2/17	11/20	Div CFO	Fry's Food Stores 500 S. 99th Ave, Tolleson, AZ

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]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]	[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) Dave Richard Wehtand 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 have provided are true to the best of my knowledge.

Signature: [REDACTED]

Date: 8/4/23

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297000
Date Accepted: 1/15/24
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

License Number: 297000

for comment

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1. Check the Appropriate Box Agent Controlling Person

2. Name: Roberts Dorothy Dansberry Birth Date: [Redacted]
Last First Middle (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]
City State COUNTRY

5. Name of current/most recent spouse: Roberts Douglas Duane Birth Date: [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? _____

7. Daytime telephone number: 513-762-4437 Email address: dorothea.roberts@kroger.com

8. Premises Name: Fry's Food & Drug #683 Business Phone: Pending / _____

9. Premises Address: 11701 W Lone Mountain Pkwy 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. (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)
02/2000	CURRENT	Senior Paralegal & Assistant Secretary	The Kroger Co., 1014 Vine Street, Cincinnati, OH 45202

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

(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 DLIC 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) Dorothy Dansberry Roberts 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: 08/02/2023

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297060
Date Accepted: 11/24
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

License Number: 297060

Agent

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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: Garnes Monica Jean Birth Date: [Redacted] (NOT a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] 49 State Issued: [Redacted]

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

5. Name of current/most recent spouse: Gordon Roderick Lee 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? _____

7. Daytime telephone number: 623-907-1902 Email address: monica.garnes@frysfood.com

8. Premises Name: Fry's Food & Drug #683 Business Phone: Pending

9. Premises Address: 11701 W Lone Mountain Pkwy 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. (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)
2/18	CURRENT	President	Fry's Food Stores 500 S 99th Ave Tolleson, AZ 85353
11/15	2/18	VP, Produce & Floral	Kroger Co. 1014 Vine Street Cincinnati, OH 45202
3/13	11/15	VP, Merchandising	Fry's Food Stores 500 S 99th Ave Tolleson, AZ 85353
2/10	3/13	Produce Merchandiser	Kroger Co 4111 Executive Pkwy Westerville, OH 43081

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

(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) Monica Jean Garnes 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 provided are true and correct to the best of my knowledge.

Signature: [Redacted] Date: 8/1/2023

LC:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY
Job #: 297005
Date Accepted: 7/31/24
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**

License Number: 297005

805-552

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: Foley Todd Allen 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: Foley Amy Marie 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? _____

7. Daytime telephone number: 513-762-4339 Email address: todd.foley@kroger.com

8. Premises Name: Fry's Food & Drug #683 Business Phone: Pending /

9. Premises Address: 11701 W Lone Mountain Pkwy 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. (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)
4/2017	CURRENT	VP/Corporate Controller	The Kroger Co. 1014 Vine St. Cincinnati, OH 45202
5/2013	4/2017	VP/Treasury	The Kroger Co. 1014 Vine St. Cincinnati, OH 45202
6/2006	05/2013	Asst. Corporate Controller	The Kroger Co. 1014 Vine St. Cincinnati, OH 45202

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]			
		[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) Todd Allen Foley 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: 8-3-23



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 #:	297026
Date Accepted:	7/5/24
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.

PRINT the following information:

Date: 3/26/2024	Name of Applicant: Todd Allen Foley
Name of Fingerprint Technician: Deputy Jonathan Tye	
Fingerprint technician's Signature: [REDACTED]	
Fingerprint technician's Agency/Company Name: Hamilton County Sheriff	Phone Number: (513) 946-6230
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)	

LC:
Amount:

2023 APR 18 09:23 AZDILLC



PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY
Job #: 297060
Date Accepted: 7/5/24
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

License Number: 297060

fp current

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: Crean Tina Anne Birth Date: [REDACTED] (NOT a public record)

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

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

4. Name of current/most recent spouse: Crean Kimblery Diane Birth Date: [REDACTED] (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 1989

6. Daytime telephone number: 6234324144 Email address: tina.crean@frysfood.com

7. Premises Name: Fry's Food & Drug #683 Business Phone: Pending ___/___/___

8. Premises Address: 11701 W Lone Mountain Pkwy Peoria AZ Maricopa 85383
Street (do not use PO Box) City State County Zip

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)
8 - 2020	CURRENT	District Manager	500 S. 99th Ave Tolleson, AZ 85353
4 - 2013	8 - 2020	Merchandiser	500 S. 99th Ave Tolleson, AZ 85353

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	City	State	Zip
	CURRENT			

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes 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
- 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
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 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
- 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

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) Tina Anne Crean 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 herein are true and correct to the best of my knowledge.
 Signature: _____ Date: 11-20-2023

The Licensee has authorized the person named on this questionnaire to act on my behalf for the above License.
 Print Name: Jeffrey C Miller Signature: _____ Date: 9/22/24

Certificate # **ALIC-B05072024**

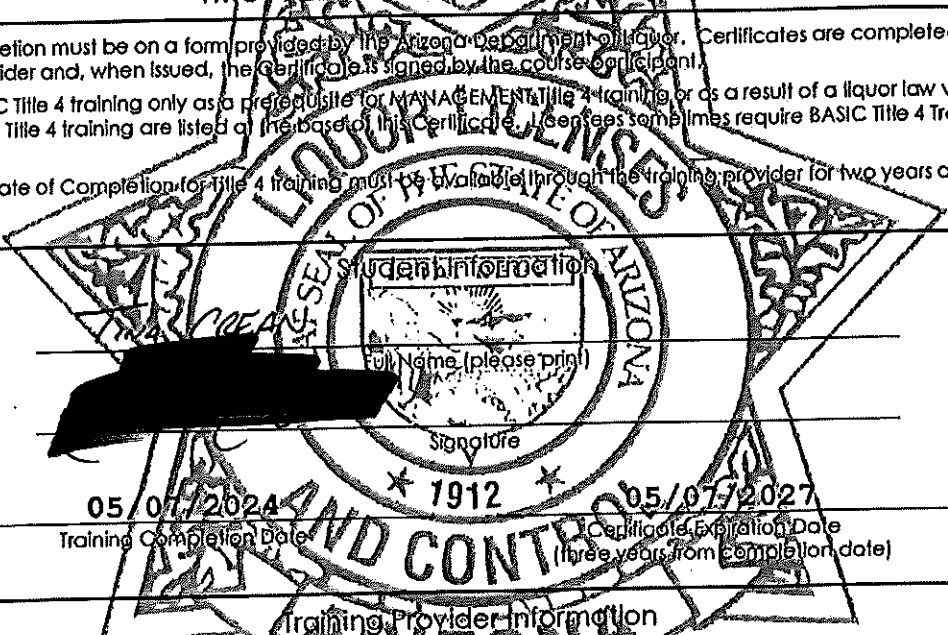
- On-sale
- Off-sale
- * On- and off-sale

**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 on the back 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

Full Name (please print)

Signature

05/07/2024
Training Completion Date

05/07/2027
Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grojean, 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).

Instructor Signature

05 / 07 / 2024
Mo Day 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)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

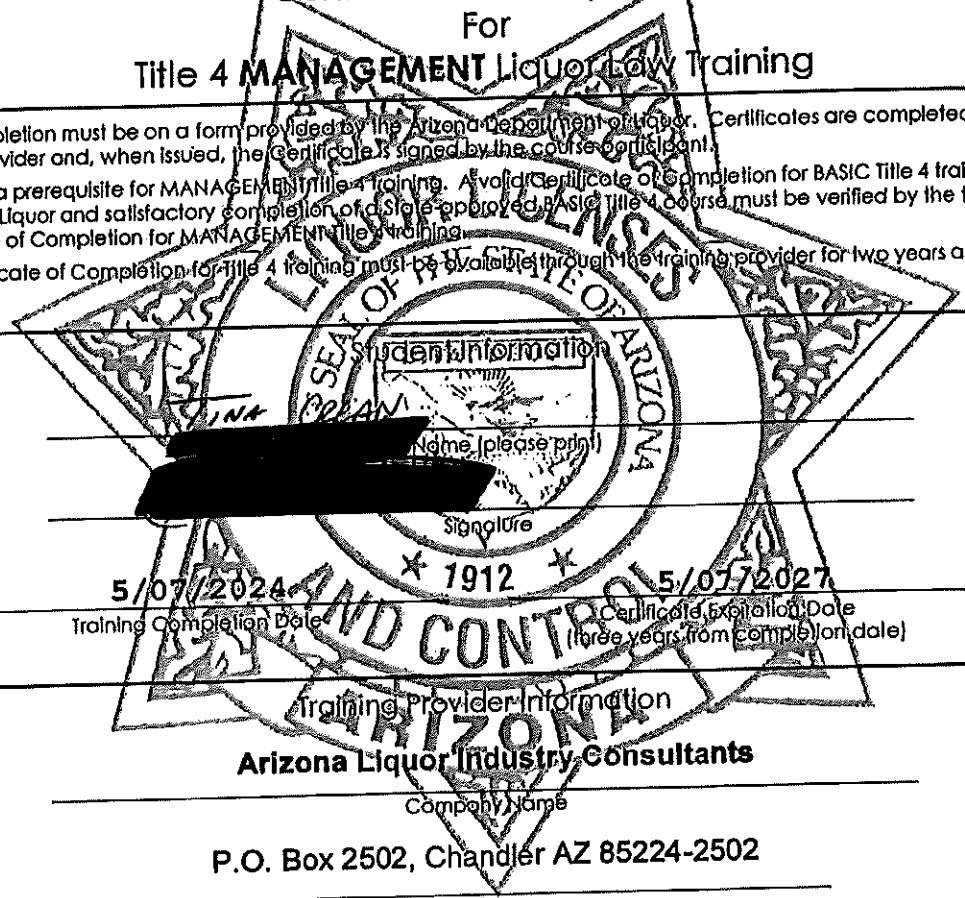
Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

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 # ALIC-M05072024

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

Name (please print)
[Redacted]

Signature
[Redacted]

5/07/2024 * 1912 * 5/07/2027
Training Completion Date Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address
(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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 Signature]

Instructor Signature

05 / 07 / 2024
Mo Day 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.

LC:
Amount:

12/19/23 AM 8:24 AZD LLC



PREMISES MANAGER QUESTIONNAIRE

DLIC USE ONLY	
Job #:	297060
Date Accepted:	11/1/24
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

License Number: 297060

to current

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: Burton Michelle Ranae Birth Date: [Redacted]
Last First Middle (NOT a public record)

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

3. Place of birth: [Redacted] City: [Redacted] State: [Redacted] COUNTRY: [Redacted] Height: [Redacted] Weight: [Redacted] Eyes: [Redacted] Hair: [Redacted]

4. Name of current/most recent spouse: _____ Birth Date: ____/____/____
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 1984

6. Daytime telephone number: 4802724889 Email address: michelle.burton@frysfood.com

7. Premises Name: Fry's Food & Drug #683 Business Phone: ____/____/____
Pending

8. Premises Address: 11701 W Lone Mountain Pkwy Peoria AZ Maricopa 85383
Street (do not use PO Box) City State County Zip

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)
3/23	CURRENT	District Manager	Frys Food & Drug 500 S. 99th Ave Building A Tolleson, Az 85353
4/21	3/23	Division Operational Manager	Fry's Food & Drug 500 S. 99th Ave Building A Tolleson, Az 85353
8/20	4/21	Progress Improvement Manager	Frys Food & Drug 500 S. 99th Ave Building A Tolleson, Az 85353
9/19	8/20	E-Commerece Manager	Frys Food & Drug 500 S. 99th Ave Building A Tolleson, Az 85353
9/18	9/19	District OPS Manager	Frys Food & Drug 500 S. 99th Ave Building A Tolleson, Az 85353

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

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) Michelle Ranae Burton 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 provided are true and correct to the best of my knowledge.

Signature: [REDACTED] Date: 11.20.23

The Licensee has authorized the person named on this question to act as agent for the above Licensee.

Print Name: Jeffrey C Miller Signature: [REDACTED] Date: 5/22/24

Certificate # ALICB20230502

Certificate of Completion
For

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

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

Michelle Banae Burton
Full Name (please print)

02 May 2023

2 MAY 2026

Training Completion Date

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

A. B. Parris

Instructor Name (please print)

I, A. B. Parris, 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.

05 / 02 / 2023

Mo Day 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)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
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.

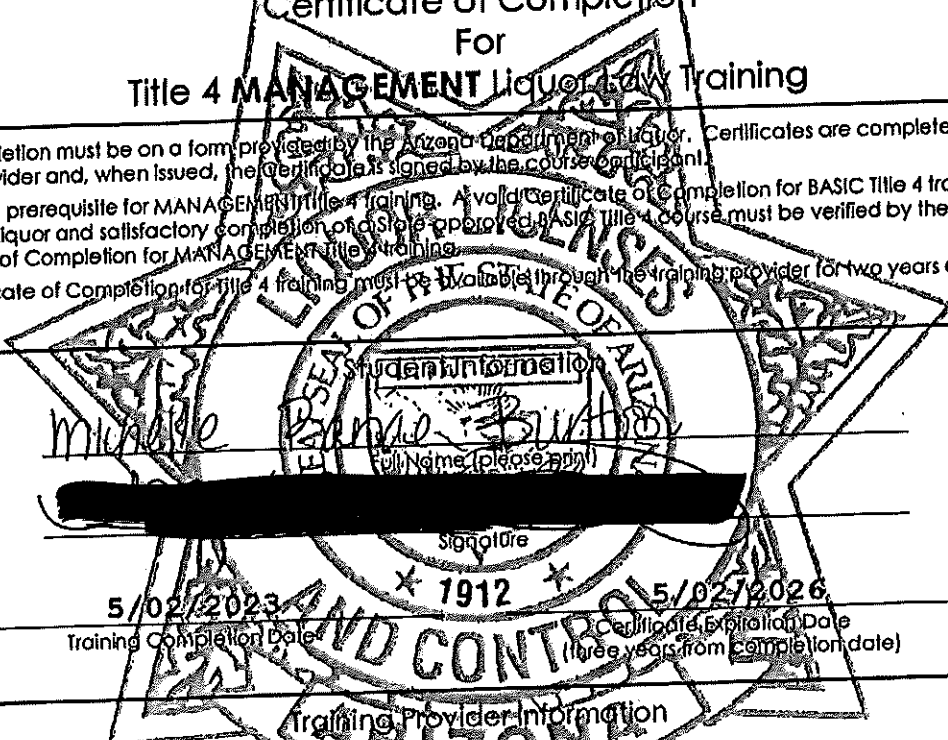
Certificate # ALIC5022023

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 of 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

Michael

Michael

(Full Name, please print)

[Redacted Signature]

Signature

5/02/2023
Training Completion Date

* 1912 *

5/02/2026
Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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 Signature]

Instructor Signature

5 / 02 / 2023
Mo Day 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)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
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.

LC:
Amount:



PREMISES MANAGER QUESTIONNAIRE

DLIC USE ONLY
Job #: 297000
Date Accepted: 11/12/24
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

License Number: 297000

By current

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: Herman Maria A Birth Date: [Redacted]
Last First Middle (NOT a public record)

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

3. Place of birth: [Redacted] Height: [Redacted] Weight: [Redacted] Eyes: [Redacted] Hair: [Redacted]
City State COUNTRY

4. Name of current/most recent spouse: Herman Bryan Birth Date: [Redacted]
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 6/94

6. Daytime telephone number: 602881760 Email address: angie.herman@frysfood.com

7. Premises Name: Fry's Food & Drug#683 Business Phone: [Redacted] Pending

8. Premises Address: 11701 W Lone Mountain Pkwy Peoria AZ Maricopa 85383
Street (do not use PO Box) City State County Zip

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)
2/12	CURRENT	DIY	Fry's 500 S 99th Ave Tolleson AZ 85355

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]	[REDACTED]	[REDACTED]	[REDACTED]

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes 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
- 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
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 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
- 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

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) Marisa A Herman 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: 11-6-2023

The Licensee has authorized the person named on this qu [REDACTED] for the above license.

Print Name: Jeffrey C Miller Signature: [REDACTED] Date: 5/21/24

Certificate # B-05172022

2011A 23AM 8124 AZDULLC

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

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

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

Maria Herman

Full Name (please print)



Signature

05/17/2022

Training Completion Date

05/17/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

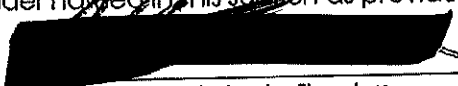
P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, **A.B. PARRIS**, 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).


Instructor Signature

05/17/2022
Mo Day 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 of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training

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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

MARIA HERMAN

Full Name (please print)

[Redacted Signature]

Signature

5/17/2022

Training Completion Date

1917

5/17/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address
(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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 Signature]

5 / 17 / 2022
Mo Day Year

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2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

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Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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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.

LC:
Amount:



PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY
Job #: 297060
Date Accepted: 11/5/24
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**

License Number: 297060

for current

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.

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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.

- Name: Houck Megan Margaret Birth Date: [redacted] (NOT a public record)
- Social Security #: [redacted] Driver's License #: [redacted] State Issued: [redacted]
- Place of birth: [redacted] A Height: [redacted] Weight: [redacted] Eyes: [redacted] Hair: [redacted]
- Name of current/most recent spouse: Kirby Spencer Colt Birth Date: [redacted] (NOT a public record)
- Are you a bonafide resident of Arizona? Yes No If yes, what is your date of residency? 18
- Daytime telephone number: 2105694836 Email address: megan.houck@frysfood.com
- Premises Name: Fry's Food & Drug#683 Business Phone: / / Pending
- Premises Address: 11701 W Lone Mountan Pkwy Peoria AZ Maricopa 85383
Street (do not use PO Box) City State County Zip

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)
9/22	CURRENT	District Manager	Fry's Food 5 99th Ave Bldg A Tolleson AZ 85363
9/20	9/22	Store Manager	Fry's 20797 N John Wayne PKWA Maricopa AZ 85139
5/11c	9/20	Store Manager	Fry's 28558 N Pinal Ave Casa Grande, AZ 85122

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	State	Zip
		[REDACTED]		2

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes 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
- 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
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 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
- 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

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) Megan Margaret Buck 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: 12/6/23

The Licensee has authorized the person named on this [REDACTED] for the above License.
 Print Name: [REDACTED] Signature: [REDACTED] Date: 5/22/24

Certificate # ALIC B 20220906

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

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.

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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

Munan Horick
Full Name (please print)

Signature

06 September 2022

Training Completion Date

06 Sept 2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, A. B. Parris, 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 provided by A.A.C. R19-1-103(E) and (F).

Instructor Name (please print)

[Redacted Signature]
Instructor Signature

09 / 06 / 2022

Mo Day 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)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-State Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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

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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.
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Student Information

Megan Hawck
Full Name (please print)

9/06/2022

Training Completion Date

1912

9/06/2025

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address

(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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 Signature]
Instructor Signature

9 / 06 / 2022
Mo Day 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

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Conveyance (series 8)
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Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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LC:
Amount:



PREMISES MANAGER QUESTIONNAIRE

DLLC USE ONLY	
Job #:	297060
Date Accepted:	1/15/24
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**

License Number:	297060
------------------------	--------

by current

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.

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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: Wolek Shawn *Covey* Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

3. Place of birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]
City State COUNTRY

4. Name of current/most recent spouse: Wolek Bridgett Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

6. Daytime telephone number: 602-748-8517 Email address: shawn.wolek@frysfood.com

7. Premises Name: Fry's Food & Drug #683 Business Phone: / /
Pending

8. Premises Address: 11701 W Lone Mountain Pkwy Peoria AZ Maricopa 85234
Street (do not use PO Box) City State County Zip

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)
4/07	CURRENT	DM	Kings 500S. 99th Ave Tokean AZ 85213

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

- 11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes 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
- 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
- 14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 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
- 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

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) Shawn Wolek 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: 10/24/23

The Licensee has authorized the person named on this questionnaire to act as agent for the above Licensee.
 Print Name: Jeffrey C Miller Signature: [Redacted] Date: 5/22/24

Certificate # FRYS06302021

2021 MAY 29 AM 9:24 AZTLLC

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

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	*On- and off-sale

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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

Shawn Wolek
Full Name (please print)

[Redacted]
Signature

06/30/2021

Training Completion Date

06/30/2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address
(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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 Signature]
Instructor Signature

06 / 30 / 2021
Mo Day 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
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In-state Microbrewery (series 3)
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Hotel/Motel w/restaurant (series 11)
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Certificate # FRYS06302021

2021 JUN 29 AM 8:24 AZD.LLC

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

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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

Shawn Wolek

Full Name (please print)

Signature

06/30/2021

Training Completion Date

06/30/2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Arizona Liquor Industry Consultants

Company Name

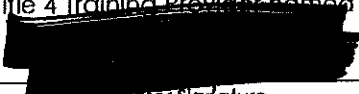
P.O. Box 2502, Chandler AZ 85224-2502

Mailing Address
(480) 730-2675

Daytime Contact Phone Number

I, Kevin Grolean, 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

06 / 30 / 2021

Mo Day Year

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Bar (series 6)
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Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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