

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 06/18/2024 @ 01:40:44 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	010 BEER AND WINE STORE
Name:	FRY'S FUEL CENTER #683		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	29665 N EL MIRAGE ROAD PEORIA, AZ 85383 USA		
Mailing Address:	PO BOX 305103 NASHVILLE, TN 37230 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

**AGENT**

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

**OWNER**

Name:	SMITH'S FOOD & DRUG CENTERS INC		
Contact Name:	JEFFREY CRAIG MILLER		
Type:	CORPORATION		
AZ CC File Number:	F00429543	State of Incorporation:	OH
Incorporation Date:	04/20/1989		
Correspondence Address:	PO BOX 2502 CHANDLER, AZ 85244 USA		
Phone:	(480)730-2675		
Alt. Phone:			
Email:	LIQUORLICENSE@AZLIC.COM		

Officers / Stockholders

Name:  
FRED MEYER INC  
TODD ALLEN FOLEY

Title:  
Stockholder  
VP/CORPORATE  
CONTROLLER  
MULTI- SEE CASE NOTE  
VP,Pres  
VP,CFO  
PARTNER  
Senior paralegal

% Interest:  
100.00

TIMMY JOSEPH PLASS  
MONICA JEAN GARNES  
DAVID RICHARD WEAKLAND  
JEFFREY CRAIG MILLER  
DOROTHY DANSBERRY ROBERTS

### **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

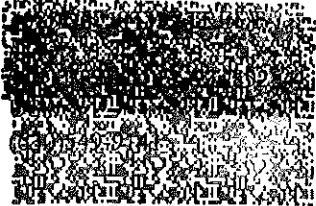

**SMITH'S FOOD & DRUG CENTERS INC - Senior  
paralegal**

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

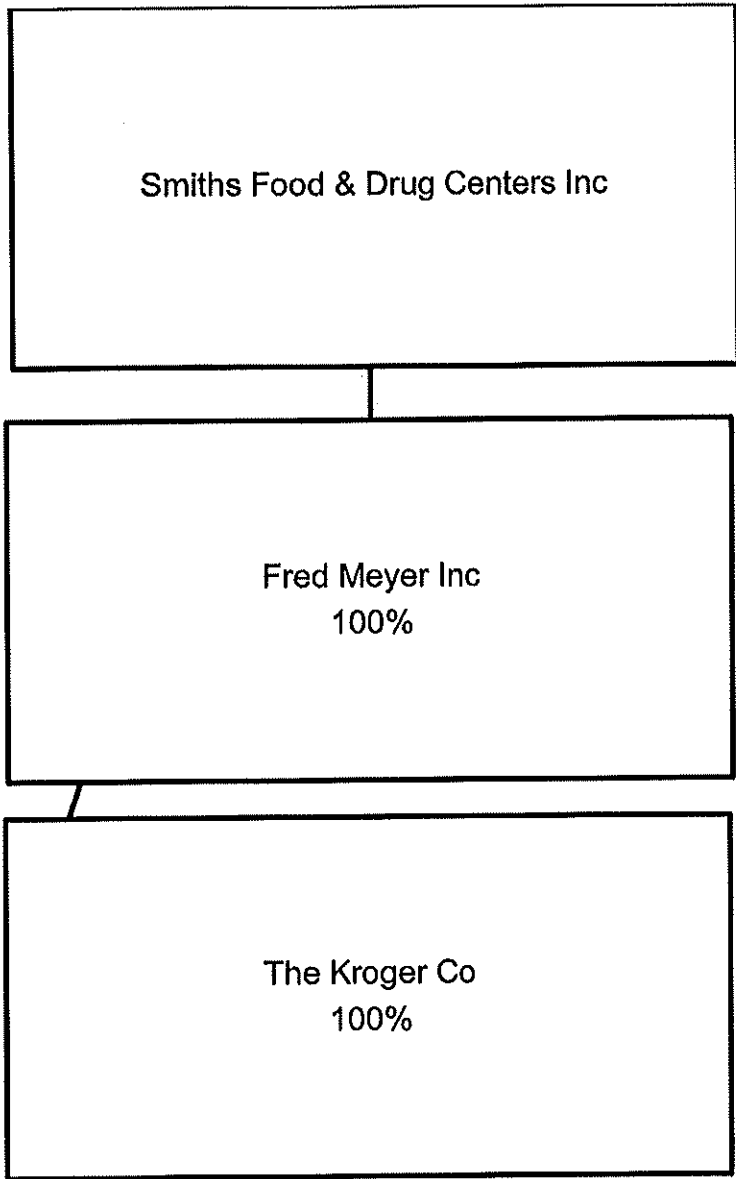
## APPLICATION INFORMATION

Application Number: 297062  
Application Type: New Application  
Created Date: 05/23/2024

## QUESTIONS & ANSWERS

### 010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) 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  
  
1.03 MI
- 3) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
OWNER
- 4) Is there a penalty if lease is not fulfilled?  
No
- 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



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

The Kroger Co.

24 MAY 23 AM 8 26 AZDULLC

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

Preston, Daniel	Assistant Treasurer
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.	Director

Smith's Food & Drug Centers, Inc.

Name	Title
Kimball, Kenneth C.	President - Smith's
*Garnes, 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.	<b>LAW DEPARTMENT/SR PARALEGAL</b>
Bradley, Joseph W.	Assistant Treasurer

Fred Meyer Stores, Inc.

Name	Title
Grieshaber, Joseph A. Jr.	President - Fred Meyer Stores
Mathews, 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

**SECTION 7 Proximity to School**

A.R.S. §4-207 States that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph **DOES NOT** apply to:

- Series 01 Producer
- Series 03 Microbrewery
- Series 04 Wholesaler/Distributor
- Series 05 Government license
- Playing area of a golf course

- Series 11 Hotel/motel license
- Series 12 Restaurants that do not sell growlers
- Series 13 Farm Winery
- Series 18 Craft Distillery

Distance to nearest School: 1.03 Mi Name of School: Vistancia Elementary School  
(If less than one (1) mile, note footage)

School Address: 30009 N Sunset Point Peoria AZ 85383

**SECTION 8 Business Financials A.R.S. §4-202(F)**

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
- Subtenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- Owner
- Purchaser
- Management Company

2. If the premises is leased give lessors: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

3. What is the penalty for tenant/sub-tenant if the lease is not fulfilled? \$ \_\_\_\_\_

4. Total money borrowed for the Business, not including lease? \$ 0

**Please List Lenders/People you owe money to for business:**

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

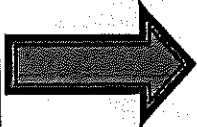
(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?

Yes  No If yes, attach explanation.

6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business?

Yes  No If yes, attach explanation.


**MUST ATTACH DIAGRAM OF PREMISES**


Check ALL boxes that apply to your business:

- No Patio
- Patio: Contiguous
- Walk-up or drive-through windows
- Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes  No If yes, what is your estimated completion date? \_\_\_\_/\_\_\_\_/\_\_\_\_

2. **Please attach a diagram of the premises** which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, and interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

3. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.


## DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license.  
Please identify which orientation is North on the diagram.

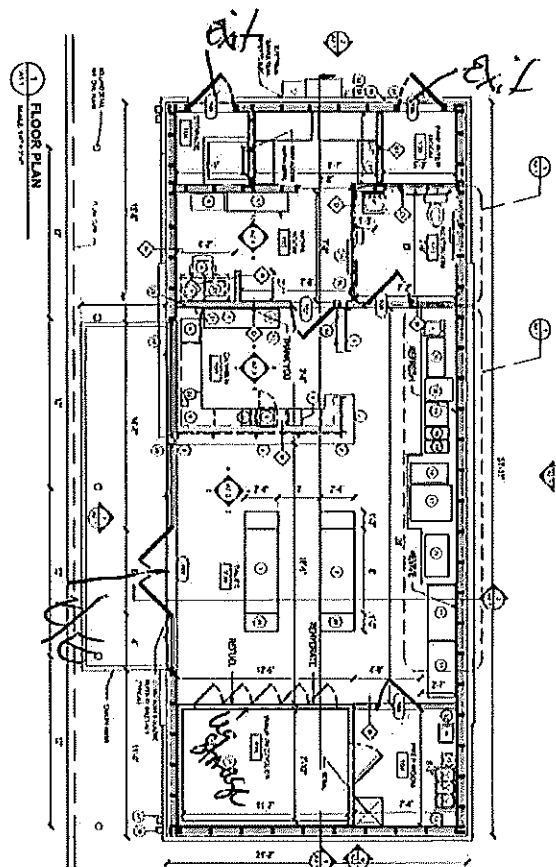
**IMPORTANT NOTE:** As stated in A.R.S.§4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor by Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either increase or decrease.

### SIGNATURE

I, (Print Full Name) Jeffrey C Miller hereby swear under penalty of perjury 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.

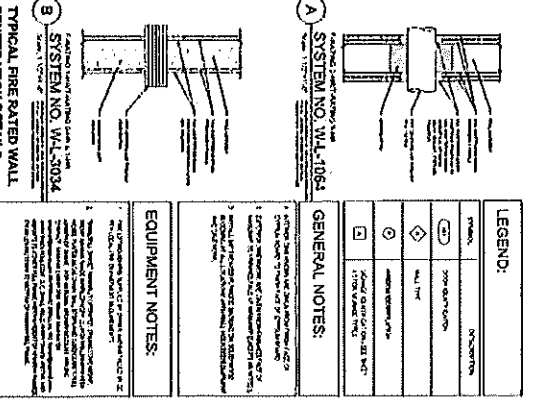
  
 \_\_\_\_\_  
 Signature

Approved 11/09/09-PC



### EQUIPMENT SCHEDULE ②

NO.	DESCRIPTION	QTY	UNIT	REMARKS
1	...	...	...	...
2	...	...	...	...
3	...	...	...	...
4	...	...	...	...
5	...	...	...	...
6	...	...	...	...
7	...	...	...	...
8	...	...	...	...
9	...	...	...	...
10	...	...	...	...
11	...	...	...	...
12	...	...	...	...
13	...	...	...	...
14	...	...	...	...
15	...	...	...	...
16	...	...	...	...
17	...	...	...	...
18	...	...	...	...
19	...	...	...	...
20	...	...	...	...
21	...	...	...	...
22	...	...	...	...
23	...	...	...	...
24	...	...	...	...
25	...	...	...	...
26	...	...	...	...
27	...	...	...	...
28	...	...	...	...
29	...	...	...	...
30	...	...	...	...
31	...	...	...	...
32	...	...	...	...
33	...	...	...	...
34	...	...	...	...
35	...	...	...	...
36	...	...	...	...
37	...	...	...	...
38	...	...	...	...
39	...	...	...	...
40	...	...	...	...
41	...	...	...	...
42	...	...	...	...
43	...	...	...	...
44	...	...	...	...
45	...	...	...	...
46	...	...	...	...
47	...	...	...	...
48	...	...	...	...
49	...	...	...	...
50	...	...	...	...



### LEGEND:

①	DOOR TYPES
②	FRAME TYPES
③	WALL TYPES

### GENERAL NOTES:

1. GENERAL NOTES TO BE READ IN CONJUNCTION WITH THE GENERAL NOTES TO THE CONTRACT DOCUMENTS.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.

### EQUIPMENT NOTES:

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### DOOR and FRAME SCHEDULE ①

NO.	DOOR NUMBER	DOOR SIZE	FRAME	REMARKS
1	101	36" x 80"	101	...
2	102	36" x 80"	102	...
3	103	36" x 80"	103	...
4	104	36" x 80"	104	...
5	105	36" x 80"	105	...
6	106	36" x 80"	106	...
7	107	36" x 80"	107	...
8	108	36" x 80"	108	...
9	109	36" x 80"	109	...
10	110	36" x 80"	110	...
11	111	36" x 80"	111	...
12	112	36" x 80"	112	...
13	113	36" x 80"	113	...
14	114	36" x 80"	114	...
15	115	36" x 80"	115	...
16	116	36" x 80"	116	...
17	117	36" x 80"	117	...
18	118	36" x 80"	118	...
19	119	36" x 80"	119	...
20	120	36" x 80"	120	...

### MATERIAL and FINISH LEGEND

1. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

2. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

3. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

4. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

5. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

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11. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

12. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

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16. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

17. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

18. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

19. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

20. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

### ROOM FINISH SCHEDULE ②

NO.	ROOM NUMBER	FLOOR	WALL	CEILING	REMARKS
1	101	1	1	1	...
2	102	1	1	1	...
3	103	1	1	1	...
4	104	1	1	1	...
5	105	1	1	1	...
6	106	1	1	1	...
7	107	1	1	1	...
8	108	1	1	1	...
9	109	1	1	1	...
10	110	1	1	1	...
11	111	1	1	1	...
12	112	1	1	1	...
13	113	1	1	1	...
14	114	1	1	1	...
15	115	1	1	1	...
16	116	1	1	1	...
17	117	1	1	1	...
18	118	1	1	1	...
19	119	1	1	1	...
20	120	1	1	1	...

### MATERIAL and FINISH LEGEND

1. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

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14. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

15. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

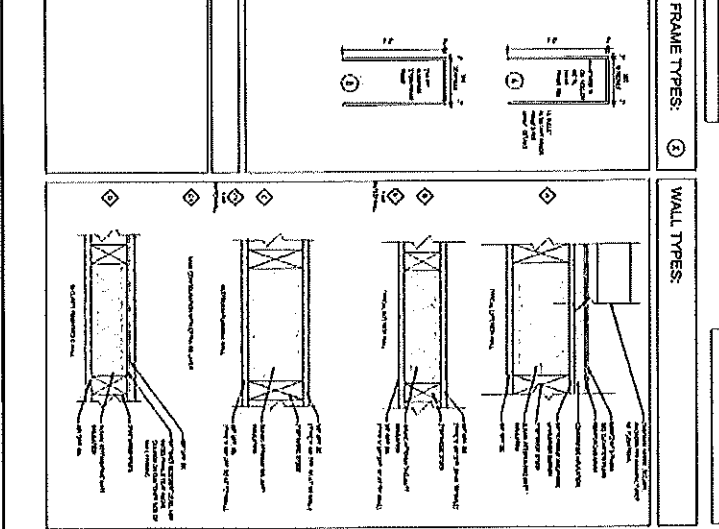
16. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

17. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

18. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

19. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.

20. FINISHES TO BE USED AS SHOWN ON THE DRAWINGS UNLESS OTHERWISE NOTED.



The Kroger Co.  
1212 Vine St.  
Cincinnati, OH 45202  
Phone: (513) 763-1000

Fry's Food Stores of Alabama  
501 N. 1st St.  
Tomball, AL 36879  
Phone: (205) 751-0000

SEG SUSTAINABILITY ENGINEERING GROUP

1100 11th Street, Suite 1100, Birmingham, AL 35203  
Phone: (205) 399-0000

PROJECT: MOSK FLOOR PLAN

DATE: 11/09/09

SCALE: AS SHOWN

PROJECT NO: 08 of 16

Sheet No: A1.1

LOCATION: 2665 D WANCE RD, PRIMA, AL 36581

DATE: 11/09/09

SCALE: AS SHOWN

PROJECT NO: 08 of 16

Sheet No: A1.1

THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.



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 true and correct to the best of my knowledge.

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

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,



Jeffrey "Craig" Miller  
Member/Partner

LC:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY  
Job #: 297062  
Date Accepted: 6/18/24  
CSR: JA

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

Type or Print with Black Ink

FP  
Current  
12-22-25

License Number: 297062

**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: [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]  
State COUNTRY

5. Name of current/most recent spouse: Weakland Imelda A 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? 3/8/2014

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

8. Premises Name: Fry's Fuel Center #683 Business Phone Pending

9. Premises Address: 29665 N El Mirage Rd 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	Rubio's Grocery Co. 1100 W. Artesian, Compton, CA
2/14	11/20	Div CFO	Fry's Food Stores 500 S. 99th Ave., Tolleson, AZ

1105, A2

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) Dave Richard Weahland 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: 8/4/23

LC:
Amount:



## AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #:	297062
Date Accepted:	
CSR:	

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

Type or Print with Black Ink

FP  
Current  
12-22-25

License Number:
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**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 type="checkbox"/> Agent	<input checked="" type="checkbox"/> 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: dorothy.roberts@kroger.com

8. Premises Name: Fry's Fuel Center #683 Business Phone: Pending /

9. Premises Address: 29665 N El Mirage Rd 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 <small>(Street Address, City, State &amp; Zip)</small>
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 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) 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 Signature] Date: 08/02/2023

LC:
Amount:



## AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY	
Job #:	297062
Date Accepted:	01/18/24
CSR:	[Redacted]

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

Type or Print with Black Ink

FP  
Current  
12-22-25

License Number:	297062
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**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 type="checkbox"/> Agent	<input checked="" type="checkbox"/> Controlling Person
--------------------------------	--

2. Name: Garnes Monica Jean 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: Gordon Roderick Lee 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: 623-907-1902 Email address: monica.garnes@frysfood.com

8. Premises Name: Fry's Fuel Center #683 Business Phone: Pending

9. Premises Address: 29665 N El Mirage Rd 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
[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) Monica Jean Games 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

DLIC USE ONLY	
Job #:	297062
Date Accepted:	6/18/24
CSR:	[Redacted]

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

Type or Print with Black Ink

FP  
805-552

License Number: 297062

**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]  
Last First Middle (NOT a public record)

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

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

5. Name of current/most recent spouse: Foley Amy Marie 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: 513-762-4339 Email address: todd.foley@kroger.com

8. Premises Name: Fry's Fuel Center #683 Business Phone: Pending /

9. Premises Address: 29665 N El Mirage Rd 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]			

(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

LC:  
Amount:

13419123# 8127 AZDLIC



# PREMISES MANAGER QUESTIONNAIRE

DLIC USE ONLY	
Job #:	297062
Date Accepted:	3/29/26
CSR:	[REDACTED]

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

Type or Print with Black Ink

FP  
Current  
3-29-26

License Number: 297062

**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]  
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: Crean Kimblery Diane 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? 1989

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

7. Premises Name: Fry's Fuel Center #683 Business Phone:            /            /             
Pending

8. Premises Address: 29665 N El Mirage Rd 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 <small>(Street Address, City, State &amp; Zip)</small>
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
[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) 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: [REDACTED] Date: 11-20-2023

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

Print Name: [REDACTED] Date 1/22/24

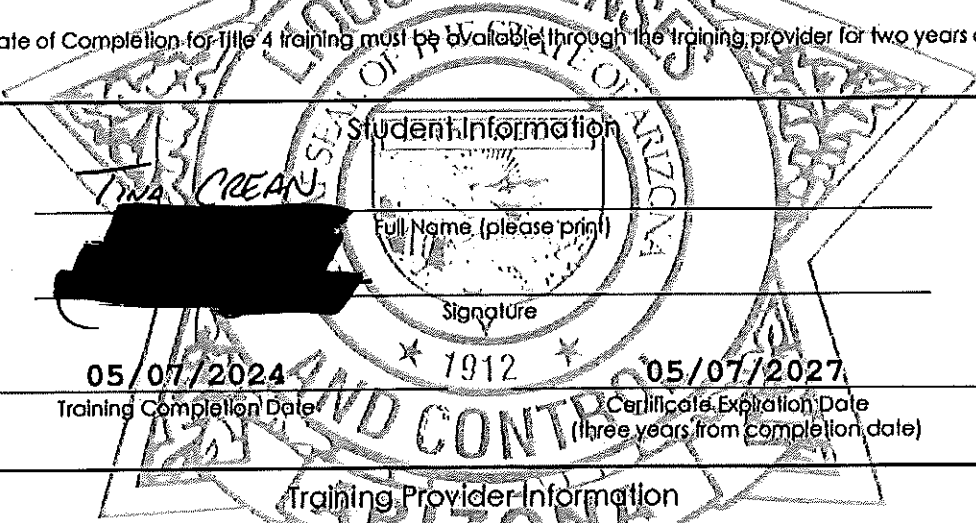
<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	*On- and off-sale

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

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

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

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



**Student Information**

*TINA CREAN*  
 [Redacted Signature]

Full Name (please print)

Signature

**05/07/2024**

Training Completion Date

1912

**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 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

**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.

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

*TINA CREEAN*

(please print)

[Redacted Signature]

Signature

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 Instructor 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)  
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

DLLC USE ONLY	
Job #	297002
Date Accepted	6/16/25
CSR:	[Redacted]

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

Type or Print with **Black Ink**

License Number: 297002

FP  
Current  
6-16-25

**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] 15 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: \_\_\_\_\_ 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 Fuel Center #683 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Pending

8. Premises Address: 29665 N El Mirage Rd 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	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) 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 made herein 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 questionaire to act as [Redacted] for the above License.

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

Certificate # **ALICB20230502**

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

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

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

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

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

Student Information

Michelle Renee Burton  
Full Name (please print)

[Redacted Signature]  
Signature

02 May 2023  
Training Completion Date

2 MAY 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, **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 as provided by A.A.C. R19-1-103(E) and (F).

Instructor Name (please print)

[Redacted Signature]  
Instructor Signature

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) | 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.

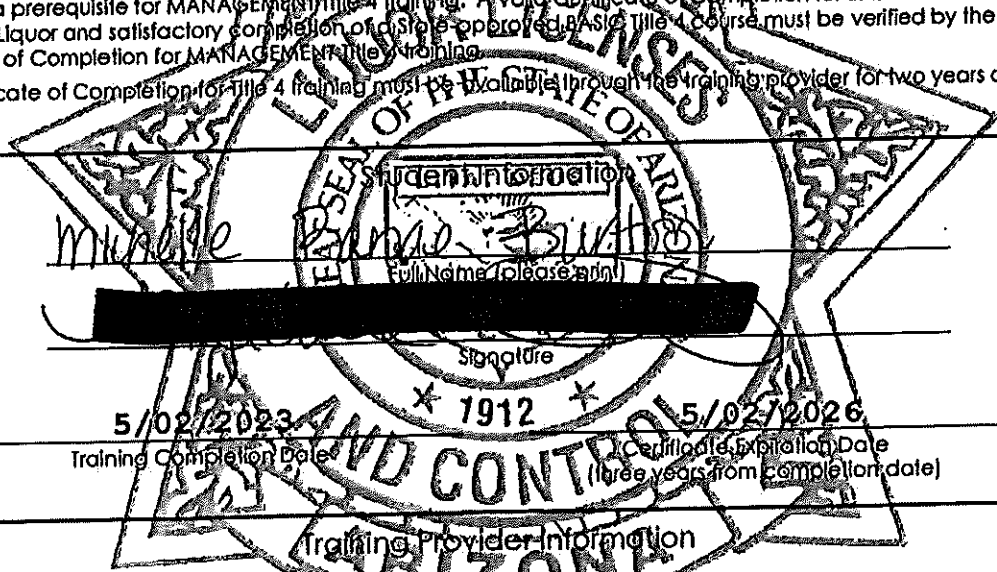
Certificate # ALIC5022023

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 Licenses and Control. 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.



Miranda  
Participant Information  
Full Name (please print)  
[Redacted]  
Signature

5/02/2023 \* 7912 \* 5/02/2026  
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

I, Keyln 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] 5 / 02 / 2023  
Instructor Signature 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)        |

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LC:  
Amount:

4/18/23 8:25 AM



# PREMISES MANAGER QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 297de2  
Date Accepted: 4/18/23  
CSR: [Redacted]

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

Type or Print with **Black Ink**

License Number: 297de2

FP  
Current  
4-12-26

**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.**

- Name: Herman Maria A Birth Date: [Redacted]  
Last First Middle (NOT a public record)
- Social Security #: [Redacted] Driver's License #: [Redacted] State Issued: [Redacted]
- Place of birth: [Redacted] Height: [Redacted] Weight: [Redacted] Eyes: [Redacted] Hair: [Redacted]  
City State COUNTRY
- Name of current/most recent spouse: Herman Bryan Birth Date: [Redacted]  
Last First Middle (NOT a public record)
- Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 6/94
- Daytime telephone number: 602881760 Email address: angie.herman@frysfood.com
- Premises Name: Fry's Fuel Center #683 Business Phone:           /          /            
Pending
- Premises Address: 29665 N El Mirage Rd 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	DM	Frys 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

- 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) Maria 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 question [Redacted] as [Redacted] of the above License.

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

Certificate # B-05172022

241111 2300 8103 811111

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

Certificate of Completion  
For  
Title 4 **BASIC** 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

**Maria Herman**

Full Name (please print)

[Redacted Signature]

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 as provided by A.A.C. R19-1-103(E) and (F).

[Redacted Signature]

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)        |

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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.

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

1912

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 Groleau, 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 / 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)  
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:

24191 23 01 8 29 AZELL



# PREMISES MANAGER QUESTIONNAIRE

**DLIC USE ONLY**  
Job #: 297062  
Date Accepted: 6/18/24  
CSR: [Redacted]

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

Type or Print with Black Ink

License Number: 297062

FP  
Current  
1-6-25

**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: Houck Megan Margaret Birth Date: [Redacted]  
Last 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: Kirby Spencer Colt 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? 18

6. Daytime telephone number: 2105694836 Email address: megan.houck@frysfood.com

7. Premises Name: Fry's Fuel Center #683 Business Phone: [Redacted] Pending

8. Premises Address: 29665 N El Mirage Rd 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)
9/22	CURRENT	District Manager	Fry's 1500 S 99th Ave Bldg A Tolleson AZ 85363
9/20	9/22	Store Manager	Fry's 20797 N John Wayne Pkwy Maricopa AZ 85139
5/16	9/20	Store Manager	Fry's 28528 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	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) Megan Margaret Huck 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: Jeffrey C Miller 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.

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

*Manan Hanick*

[Redacted Signature]

Signature

**06 September 2022**

**06 Sept 2025**

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, **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 [Redacted] as provided by A.A.C. R19-1-103(E) and (F).

[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) | 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/reslaurant (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

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

Megan Hauck  
Full Name

Full Name

9/06/2022  
Training Completion Date

Training Completion Date

1912  
Year

9/06/2025  
Certificate Expiration Date

Certificate Expiration Date  
(three years from completion date)

### Training Provider Information

**Arizona Liquor Industry Consultants**  
Company Name

Company Name

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

Mailing Address

(480) 730-2675  
Daytime Contact Phone Number

Daytime Contact Phone Number

I, Kevin Grojean, 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  
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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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LC:  
Amount:



# PREMISES MANAGER QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 297062  
Date Accepted: 4/18/24  
CSR: [Redacted]

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

Type or Print with Black Ink

License Number: 297062

FP  
Current  
4-12-24

**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: Wolek Shawn Corey 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 Fuel Center #683 Business Phone: Pending / /

8. Premises Address: 29665 N El Mirage Rd 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	EMPLOYER'S NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
4/07	CURRENT	DM	Krups 5005. 99 More Tolleson Av 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

- 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 my agent for the above License.

Print Name: Jeffrey C Muller Sign: [Redacted] Date: 5/22/24

Certificate # **FRYS06302021**

24 MAY 23 AM 8 29 AZDLCC

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

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

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Student Information

*Shawn Wolek*

[Redacted Name]

Signature

**06/30/2021**

**06/30/2024**

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 Grojean**, 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 provided by A.A.C. R19-1-103(E) and (F).

Instructor Name (please print)

[Redacted Signature]

Instructor Signature

**06 / 30 / 2021**

Mo Day Year

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Certificate # FRYS06302021

Certificate of Completion  
For  
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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

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Instructor Name (please print)

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[Redacted]  
Instructor Signature

06 / 30 / 2021  
Mo Day Year

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