

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

Created 09/06/2024 @ 03:42:53 PM

Local Governing Body Report

LICENSE

Number:	09070411	Type:	009 LIQUOR STORE
Name:	SAFEWAY #0072		
State:	Pending		
Issue Date:		Expiration Date:	12/31/2024
Original Issue Date:	03/18/1981		
Location:	8010 W HAPPY VALLEY ROAD PEORIA, AZ 85383 USA		
Mailing Address:	1850 N CENTRAL AVENUE #1700 C/O BURCH & CRACCHIOLO P.A. PHOENIX, AZ 85004 USA		
Phone:	(602)274-8773		
Alt. Phone:			
Email:	BCLIQUOR@BCATTORNEYS.COM		

Currently, this license has pending applications.

AGENT

Name:	RYAN WITNER ANDERSON
Gender:	Male
Correspondence Address:	1850 N CENTRAL AVENUE #1700 C/O BURCH & CRACCHIOLO P.A. PHOENIX, AZ 85004 USA
Phone:	(602)274-8773
Alt. Phone:	
Email:	BCLIQUOR@BCATTORNEYS.COM

OWNER

Name: SAFEWAY INC
Contact Name: RYAN WITNER ANDERSON
Type: CORPORATION
AZ CC File Number: F00372050 State of Incorporation: DE
Incorporation Date: 11/13/1986
Correspondence Address: 1850 N CENTRAL AVENUE
#1700 C/O BURCH & CRACCHIOLO P.A.
PHOENIX, AZ 85004
USA
Phone: (602)274-8773
Alt. Phone:
Email: BCLIQUOR@BCATTORNEYS.COM

Officers / Stockholders

Name:	Title:	% Interest:
ALBERTSONS COMPANIES INC	Member	100.00
CODY MATTHEW PERDUE	Vice President	
VIVEKANAND SANKARAN	President/CEO	
BRADLEY REED BECKSTROM	Vice-President/SEC	

SAFEWAY INC - Vice President

Name: CODY MATTHEW PERDUE
Gender: Male
Correspondence Address: 1850 N CENTRAL AVENUE
#1700 C/O BURCH & CRACCHIOLO P.A.
PHOENIX, AZ 85004
USA
Phone: (208)395-3216
Alt. Phone:
Email: BCLIQUOR@BCATTORNEYS.COM

SAFEWAY INC - President/CEO

Name: VIVEKANAND SANKARAN
Gender: Male
Correspondence Address: 1850 N CENTRAL AVENUE
#1700 C/O BURCH & CRACCHIOLO P.A.
PHOENIX, AZ 85004
USA
Phone: (602)234-8763
Alt. Phone:
Email: BCLIQUOR@BCATTORNEYS.COM

SAFEWAY INC - Member

Name: ALBERTSONS COMPANIES INC
Contact Name: NICHOLAS CARL GUTTILLA
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)304-8300
Alt. Phone:
Email: PSINES@GAMLAW.COM

SAFEWAY INC - Vice-President/SEC

Name: BRADLEY REED BECKSTROM
Gender: Male
Correspondence Address: 1850 N CENTRAL AVENUE
#1700 C/O BURCH & CRACCHIOLO P.A.
PHOENIX, AZ 85004
USA
Phone: (208)395-5886
Alt. Phone:
Email: BCLIQUOR@BCATTORNEYS.COM

MANAGERS

Name: SCOTT ALAN FARNSWORTH
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)229-4863
Alt. Phone:
Email: PSINES@GAMLAW.COM

APPLICATION INFORMATION

Application Number: 306608
Application Type: Location Transfer
Created Date: 08/22/2024

QUESTIONS & ANSWERS

009 Liquor Store

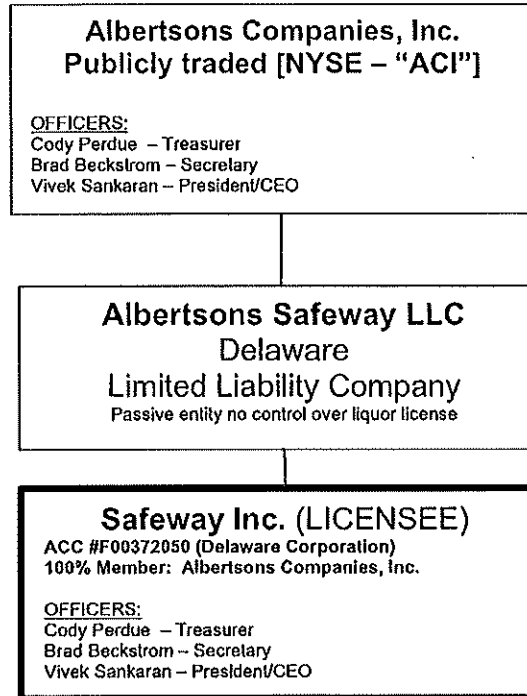
- 1) Are you applying for an Interim Permit (INP)?
No

- 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)
Happy Valley School
7140 W Happy Valley Rd
Peoria, AZ 85383
Approx. 5,280 feet
- 11) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
unpaid rent - eviction, termination of lease
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$0
- 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
N/A
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
10/09/2024

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Cover Letter - Application.pdf	08/22/2024
ORGANIZATIONAL DOCUMENTS	Safeway Flow Chart.pdf	08/22/2024
DIAGRAM/FLOOR PLAN	Diagram.pdf	08/22/2024
QUESTIONNAIRE	Ryan W. Anderson PQ.pdf	08/22/2024
ALIEN STATUS	Ryan W. Anderson Alien Status Statement.pdf	08/22/2024
QUESTIONNAIRE	Colby Schwartz PQ with TAMS.pdf	08/22/2024
QUESTIONNAIRE	Bradley Beckstrom PQ.pdf	08/22/2024
QUESTIONNAIRE	Cody Perdue PQ.pdf	08/22/2024
QUESTIONNAIRE	Vivek Sankaran PQ.pdf	08/22/2024
SAMPLING PRIVILEGES	Safeway #0072 Sampling Application.pdf	08/22/2024

Safeway Inc. Organizational Chart



CSR:
Amount:

24 8 28 Lic. Sect. 1745



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 #:	306608
Date Accepted:	09-06-2024
<input checked="" type="checkbox"/> Liquor Store (series 9)	
<input type="checkbox"/> Beer and Wine Store (series 10)	
CSR:	[REDACTED]

Type or Print with Black Ink

★ App Pending

License #: 09070411

Applicant's Name: Agent Sole Proprietor Anderson Ryan Witner
Last First Middle

Premises Name: Safeway #0072

Premises Address: 8010 W Happy Valley Rd Peoria AZ Maricopa 85383
Street Address City State County Zip Code

Mailing Address: c/o Burch & Cracchiolo, P.A. - 1850 N Central Avenue #1700, Phoenix, AZ Maricopa 85004
Street Address City State County Zip Code

Business Phone #: Pending Daytime Contact #: (602) 234-8763 Email Address: bcliquor@bcattorneys.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) Ryan Witner Anderson, Agent, 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 complete.

Signature

LOCAL GOVERNING BOARD

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official Signature) (Title)
on behalf of _____
(City, Town, County) Phone Date

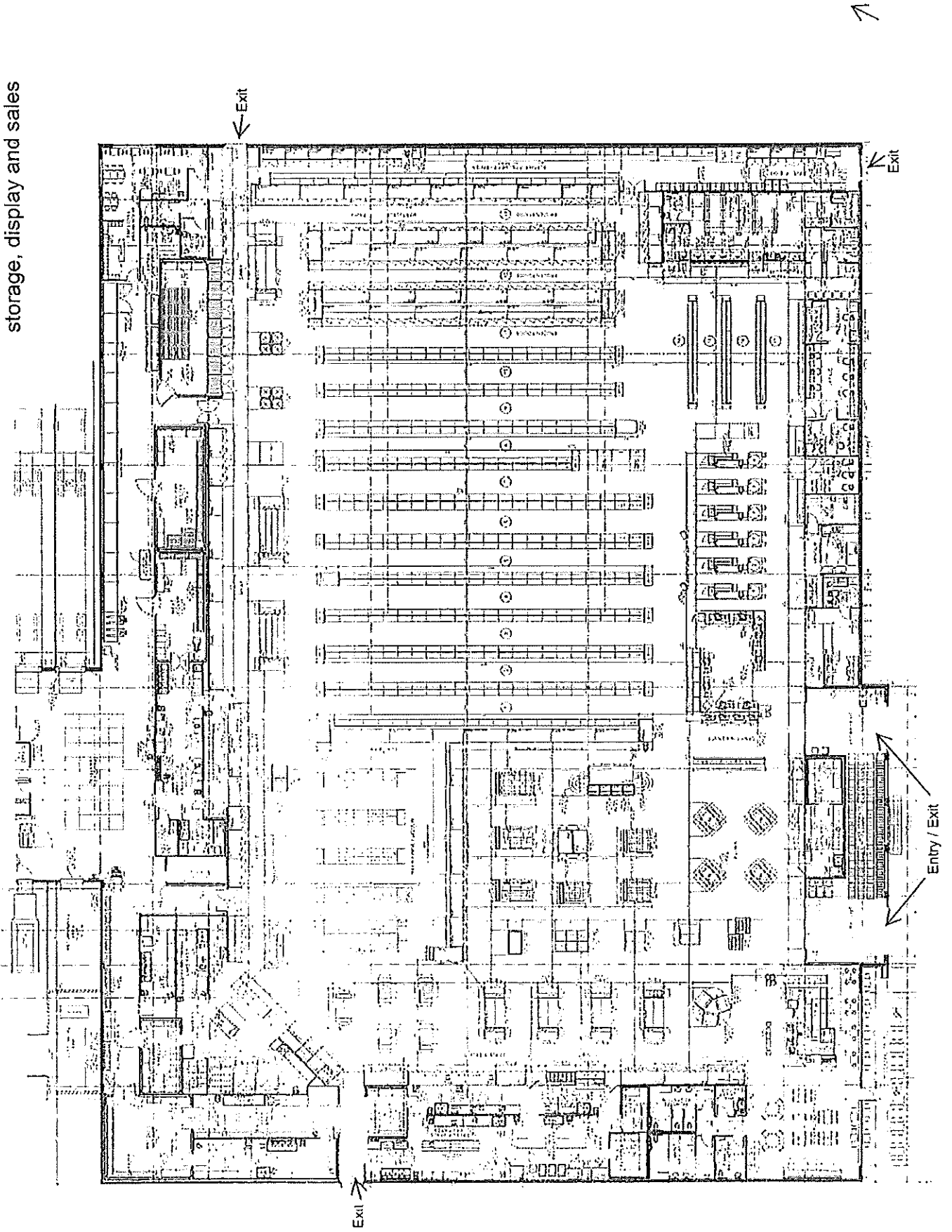
DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___
Director Signature required for Disapprovals: _____ Date: ___/___/___

Safeway #0072

Approx 62,950 SF

Entire premise licensed for alcohol storage, display and sales



5th Floor Level 00 3 100

SAFEWAY
HAPPY VALLEY
PC 0101 VALLEY RD
PRINS AZ



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:
Job #: 306608
Date Accepted: 09-08-2024
CSR: [redacted]

Personal Information Questionnaire

FP current 11-10-2023

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.
A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

[X] AGENT [] CONTROLLING PERSON [] MANAGER

- 1. Name: Anderson Ryan Witner
2. Social Security # [redacted] Birth Date: [redacted]
3. Driver's License # [redacted] State Issued: [redacted]
5. Are you a resident of Arizona? [X] Yes [] No Date of residency: 08 / 23 / 2001
6. Email address: bcliquor@bcattorneys.com
7. Home Address: [redacted]
8. Daytime phone #: (602) 234-8763 Alternative phone #: (602) 274-7611

SECTION 2 - LICENSED BUSINESS INFORMATION

- 1. License Number: 09070411
2. Business Name (doing business as): Safeway #0072
3. Business Address: 8010 W Happy Valley Road, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

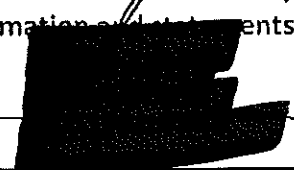
Name of persons who will be handling the day to day operations: Colby Schwarz

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

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

Signature:  Date: 8/8/24

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

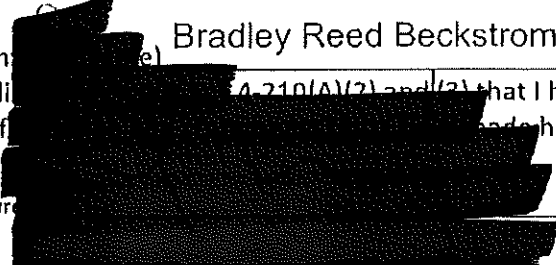
Name of persons who will be handling the day to day operations: Colby Schwartz

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? A.R.S. §4-202(D) Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Name) Bradley Reed Beckstrom 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 provided herein are true and correct to the best of my knowledge.

Signature:  Date: 08/15/24



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

Fee:
Job #: 306608
Date Accepted: 04-06-2024
CSR: [redacted]

Personal Information Questionnaire

Fp current 05-26-2023

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.
A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

[] AGENT [x] CONTROLLING PERSON [] MANAGER

- 1. Name: Perdue Cody Matthew
2. Social Security # [redacted] Birth Date: [redacted]
3. Driver's License #: [redacted] State Issued: [redacted]
5. Are you a resident of Arizona? [] Yes [x] No Date of residency: ___/___/___
6. Email address: bcliqur@bcattorneys.com
7. Home Address: [redacted]
8. Daytime phone #: (208) 395-3216 Alternative phone #: (602) 234-8763

SECTION 2 - LICENSED BUSINESS INFORMATION

- 1. License Number: 09070411
2. Business Name (doing business as): Safeway #0072
3. Business Address: 8010 W Happy Valley Road, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager


Name of persons who will be handling the day to day operations: Colby Schwartz

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

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

Signature:  Date: 8/16/24



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:
Job #: 306608
Date Accepted: 09-06-2024
CSR: [Redacted]

Personal Information Questionnaire

805-582

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor licensed business.
A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

[] AGENT [x] CONTROLLING PERSON [] MANAGER

- 1. Name: Sankara Vivekanad NMN
2. Social Security [Redacted] Birth Date [Redacted]
3. Driver's License #: [Redacted] State Issued [Redacted]
5. Are you a resident of Arizona? [] Yes [x] No Date of residency: ___/___/___
6. Email address: bcliqur@bcattorneys.com
7. Home Address: [Redacted]
8. Daytime phone #: (208) 395-6700 Alternative phone #: (602) 234-8763

SECTION 2 - LICENSED BUSINESS INFORMATION

- 1. License Number: 09070411
2. Business Name (doing business as): Safeway #0072
3. Business Address: 8010 W Happy Valled Road, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager


Name of persons who will be handling the day to day operations: Colby Schwartz

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
3. 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 5 years? *A.R.S. §4-202(D)* Yes No
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full-Name) Vivekanand Sankaran hereby swear under penalty of perjury and in compliance with A.R.S. §4-202(1)(2) and (3) that I have read and understand the foregoing and verify that the information I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 8/20/24



Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Fee:
Job #: 306608
Date Accepted: 09-00-2024
CSR: [redacted]

Personal Information Questionnaire

805-582

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.
A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.
A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.
A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

[] AGENT [] CONTROLLING PERSON [x] MANAGER

- 1. Name: Schwartz Colby Martin
2. Social Security #: [redacted] Birth Date: [redacted]
3. Driver's License #: [redacted] State Issued: [redacted]
5. Are you a resident of Arizona? [x] Yes [] No Date of residency: 06 / 20 / 2001
6. Email address: bcliqur@bcattorneys.com
7. Home Address: [redacted]
8. Daytime phone #: (602) 284-2352 Alternative phone #: (602) 234-8763

SECTION 2 - LICENSED BUSINESS INFORMATION

- 1. License Number: 09070411
2. Business Name (doing business as): Safeway #0072
3. Business Address: 8010 W Happy Valley Road, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

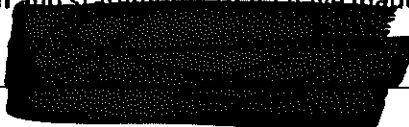
Name of persons who will be handling the day to day operations: Colby Schwartz

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

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

Signature:  Date: 8/12/2024

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 liquor consultant. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of 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 to the training provider for two years after the training completion date.

Student Information
Colby Schwartz

08/16/2024

08/16/2027

Training Completion Date: _____ Certificate Expiration Date: _____
(Time given from completion date)

Training Provider Information
ABC - Arizona Business Council for Alcohol Education

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesús Altamirano**

(Instructor Name (please print))

certify that the above named individual did successfully complete 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).

8 / 16 / 2024
Day MO Year

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

- | | | |
|---------------------------|----------------------------------|--------------------------------------|
| Private Winery (series 3) | Government (series 6) | Beer (series 7) |
| Caterer (series 4) | Liquor Store (series 9) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 5) | In-state Farm Winery (series 10) | Beer & Wine Store (series 10) |
| Bar (series 6) | Private Club (series 14) | |

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

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 2 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 some times 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
Colby Schwartz

08/13/2024

Training Completion Date

08/13/2027

Certificate Expiration Date
 (Two years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Jesus Altamirano

Instructor Name (please print)

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

8 / 13 / 2024
 Day Mo Year

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

In-state Microbrewery (series 3)
 Government (series 5)
 Conveyance (series 8)
 Restaurant (series 12)
 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.



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 #:	306608
Date Accepted:	08-12-2024
CSR:	[REDACTED]

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date 8-12-2024	Name of Applicant: COLBY SCHWARTZ
Name of Fingerprint Technician: Lisa Mercer	
Fingerprint technician's Signature: [REDACTED]	
Fingerprint technician's Agency/company Name: ARIZONA LIVESCAN FINGERPRINTING	Number: 602-246-3444
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport
<input type="checkbox"/> Other (Please specify)	