

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

Created 10/19/2024 @ 09:00:06 AM

Local Governing Body Report

LICENSE

Number:	09070375	Type:	009 LIQUOR STORE
Name:	SAFEWAY #5831		
State:	Pending		
Issue Date:		Expiration Date:	12/31/2024
Original Issue Date:	11/18/1980		
Location:	7970 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:	(000)000-0000		
Alt. Phone:	(602)234-8763		
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

Name: COLBY MARTIN SCHWARTZ
Gender: Male
Correspondence Address: 1850 N CENTRAL AVENUE
#1700 C/O BURCH & CRACCHIOLO P.A.
PHOENIX, AZ 85004
USA
Phone: (602)284-2352
Alt. Phone:
Email: BCLIQUOR@BCATTORNEYS.COM

APPLICATION INFORMATION

Application Number: 306660
Application Type: Location Transfer
Created Date: 08/23/2024

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)
Happy Valley School
7140 W Happy Valley Rd
Peoria, AZ 85383
Approx 10,560 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?
June 2025

DOCUMENTS

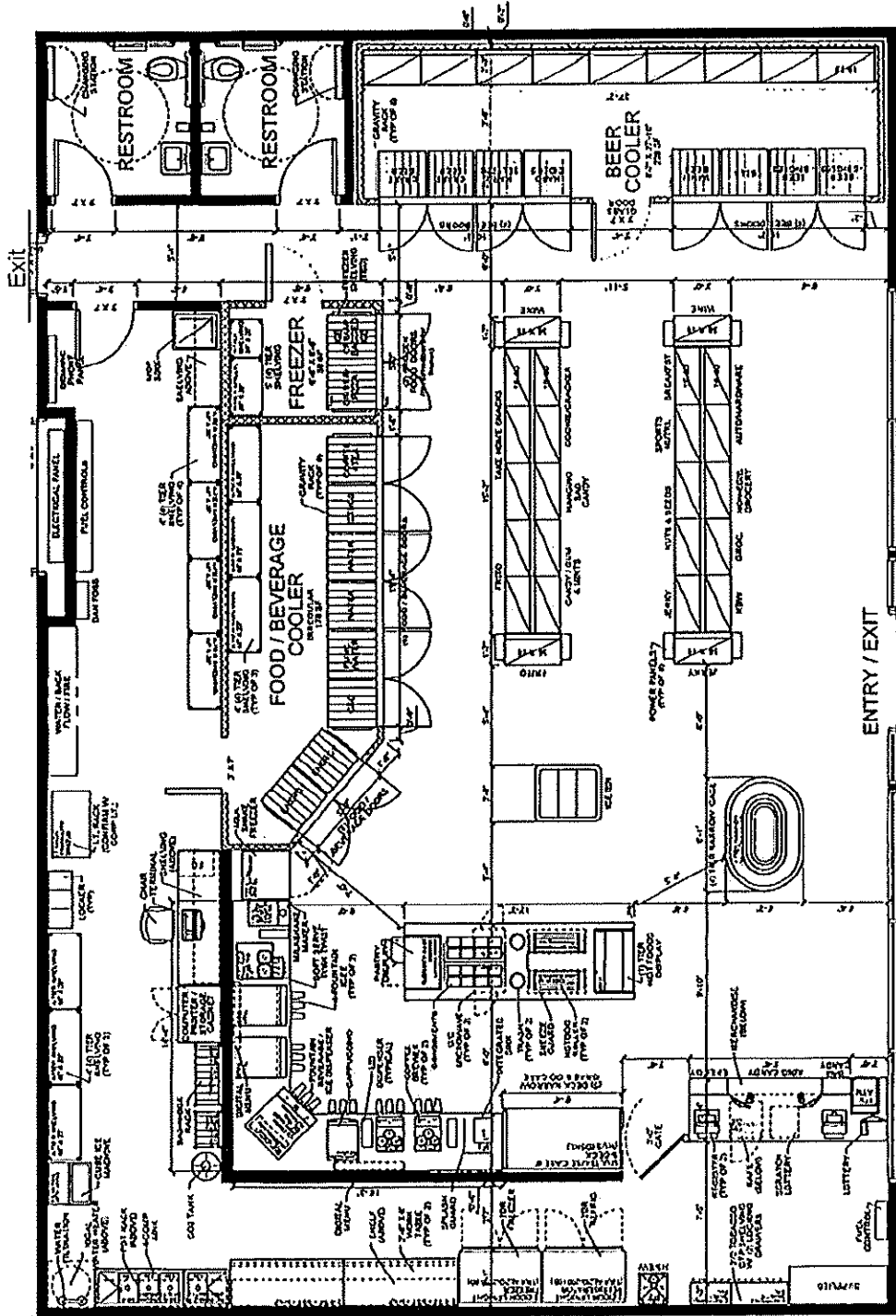
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Cover Letter.pdf	08/23/2024
ORGANIZATIONAL DOCUMENTS	ORG Chart.pdf	08/23/2024
DIAGRAM/FLOOR PLAN	Diagram.pdf	08/23/2024
QUESTIONNAIRE	Ryan Anderson PQ.pdf	08/23/2024
QUESTIONNAIRE	Colby Schwartz PQ with TAMS.pdf	08/23/2024

ALIEN STATUS	Ryan Anderson Alien Status Statement.pdf	08/23/2024
QUESTIONNAIRE	Bradley Beckstrom PQ.pdf	08/23/2024
QUESTIONNAIRE	Cody Perdue PQ.pdf	08/23/2024
QUESTIONNAIRE	Vivek Sankaran PQ.pdf	08/23/2024

Safeway Fuel #5831
 Approx 3,083 SF
 Entire premise licensed for
 alcohol storage, display and
 sales

AZ DLLC
 AUG 23 2024

SAFeway FUEL CENTER NFC HAPPY VALLEY/330D PEORIA, AZ		DATE 00072	SCALE FUEL PICTURE PLAN	NO. 01.1
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Safeway Inc. Organizational Chart

Albertsons Companies, Inc.
Publicly traded [NYSE - "ACI"]

OFFICERS:
Cody Perdue - Treasurer
Brad Beckstrom - Secretary
Vivek Sankaran - President/CEO

Safeway Inc. (LICENSEE)
ACC #F00372050 (Delaware Corporation)
100% Member: Albertsons Companies, Inc.

OFFICERS:
Cody Perdue - Treasurer
Brad Beckstrom - Secretary
Vivek Sankaran - President/CEO



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

DLLC USE ONLY

Fee:
Job #: 3066010
Date Accepted: 8/23/24
CSR: [Redacted]

Personal Information Questionnaire

AZ DLLC

AUG 23 2024

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.

ff current 11/10/23

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: bliquor@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: 09070375
2. Business Name (doing business as): Safeway Fuel #5831
3. Business Address: 7970 W Happy Valley Road, Peoria, AZ 85383

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

AUG 23 2024

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

20240823 13:04:00

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 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 that I have made herein are true and correct to the best of my knowledge.

Signature: _____ Date: 8.8.24

Alien Status form for Ryan Anderson is current at the ADLLC.

AZ DLLC

AUG 23 2024

24 10 19 AM EST 8035



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

DLLC USE ONLY

Fee:	
Job #:	306660
Date Accepted:	8/23/17
CSR:	[Redacted]

Personal Information Questionnaire

AZ DLLC
AUG 23 2017

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A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

205-542 pending

AGENT CONTROLLING PERSON MANAGER

- Name: Sankara Vivekanad NMN
Last First Middle
- Social Security # [Redacted] Birth Date: [Redacted]
(NOT a public record) (NOT a public record)
- Driver's License #: [Redacted] State Issued: [Redacted]
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: ___/___/___
- Email address: bcliquor@bcattorneys.com
- Home Address: [Redacted]
- Daytime phone #: (208) 395-6700 Alternative phone #: (602) 234-8763

SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: 09070375
- Business Name (doing business as): Safeway Fuel #5831
- Business Address: 7970 W Happy Valley Road, Peoria, AZ 85383

AUG 23 2024
DLLC USE ONLY

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



Personal Information Questionnaire

Fee:	
Job #:	306660
Date Accepted:	8/23/24
CSR:	[REDACTED]

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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

fp current 6/5/23

AGENT CONTROLLING PERSON MANAGER

- Name: Beckstrom Bradley Reed
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: [REDACTED]
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: / /
- Email address: bcliquor@bcattorneys.com
- Home Address: [REDACTED]
- Daytime phone #: (208) 395-5886 Alternative phone #: (602) 234-8763

SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: 09070375
- Business Name (doing business as): Safeway Fuel #5831
- Business Address: 7970 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

24 10 19 14:04:00 AM 8:55

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) Bradley Reed Beckstrom hereby swear under penalty of perjury and in compliance with the Arizona Liquor License Act 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

DLLC USE ONLY

Fee:	
Job #:	306660D
Date Accepted:	8/23/24
CSR:	[REDACTED]

Personal Information Questionnaire

AZ DLLC

AUG 23 2024

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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 *ff current 5/22/25*

AGENT CONTROLLING PERSON MANAGER

1. Name: Perdue Cody Matthew
Last First Middle

2. Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)

3. Driver's License #: [REDACTED] State Issued: [REDACTED]
(NOT a public record)

5. Are you a resident of Arizona? Yes No Date of residency: / /

6. Email address: bcliquor@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: 09070375

2. Business Name (doing business as): Safeway Fuel #5831

3. Business Address: 7970 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

24 10 19 AM EDT #835

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. 54-202(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. 54-202, 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 #: 3044660
Date Accepted: 8/23/24
CSR: [Redacted]

Personal Information Questionnaire

AZ DLLC

AUG 23 2024

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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 otherwise exercise the day-to-day operations of a licensed business.
A.R.S. §4-121(2) and A.P.S. §4-121

SECTION - 1 INDIVIDUAL INFORMATION

COI-522 pending

[] 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: bcliquor@bcattorneys.com
7. Home Address: [Redacted]
8. Daytime phone #: (602) 284-2352 Alternative phone #: (602) 234-8763

SECTION 2 - LICENSED BUSINESS INFORMATION

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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

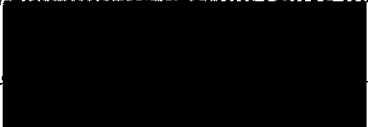
2024 10 19 12:49:13 PM Dept 20000000

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 issued by the training provider to all persons who successfully complete the training. Certificates are submitted by a store and must be filed with the Department of Liquor, Beer & Wine. The Certificate is signed by the course participant. Successful completion of the training is a prerequisite for the issuance of a Certificate of Completion for BASIC Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file with the Department of Liquor, Beer & Wine. This 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
Colby Schwartz

08/16/2024

Training Completion Date

08/16/2027

Certificate Expiration Date
(The date 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 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).

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 2)
Convenience (series 6)
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 considered for all required persons have been submitted to the Department of Liquor.

The signatory (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.

ABCA-121 REV. 06/18

AZ DLLC
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22 10 15 13 PM Sep 18 2024

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

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Student Information
 Colby Schwartz

08/13/2027

Certificate Expiration Date (in years from completion date)

08/13/2024

Training 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, 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) Liquor Store (series 9)
 Restaurant (series 12) In-state Farm Winery (series 13)
 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.