

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

Created 11/06/2024 @ 04:10:57 PM

Local Governing Body Report

**LICENSE**

Number: 06070655                      Type: 006 BAR  
Name: NEIGHBOR'S BAR  
State: Pending  
Issue Date:                              Expiration Date: 01/31/2025  
Original Issue Date: 04/15/1983  
Location: 7530 W PEORIA AVENUE  
              #F  
              PEORIA, AZ 85345  
              USA  
  
Mailing Address:  
Phone: (623)878-4154  
Alt. Phone: (623)694-0207  
Email: TAMMYZOLLMAN@YAHOO.COM

Currently, this license has pending applications.

**AGENT**

Name: NICHOLE MARIE GALLA  
Gender: Female  
Correspondence Address: 7530 W PEORIA AVENUE  
                                  # F  
                                  PEORIA, AZ 85345  
                                  USA  
  
Phone: (480)390-3517  
Alt. Phone:  
Email: NMGALLA@HOTMAIL.COM

**OWNER**

Name: LMN SWEET CHEEKS LLC  
Contact Name: NICHOLE MARIE GALLA  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 23701781                      State of Incorporation: AZ  
Incorporation Date: 07/08/2024  
Correspondence Address: 7530 W PEORIA  
                                  STE F  
                                  PEORIA, AZ 85345  
                                  USA  
  
Phone: (480)390-3517  
Alt. Phone:  
Email: NMGALLA@HOTMAIL.COM

Officers / Stockholders

Name:  
NICHOLE MARIE GALLA

Title:  
Member

% Interest:  
98.00

**LMN SWEET CHEEKS LLC - Member**

Name: NICHOLE MARIE GALLA  
Gender: Female  
Correspondence Address: 7530 W PEORIA AVENUE  
# F  
PEORIA, AZ 85345  
USA  
Phone: (623)878-4154  
Alt. Phone: (480)390-3517  
Email: NMHALLA@HOTMAIL.COM

## APPLICATION INFORMATION

Application Number: 311879  
Application Type: Owner Transfer  
Created Date: 10/01/2024

## QUESTIONS & ANSWERS

### 006 Bar

- 1) Are you applying for an Interim Permit (INP)?  
Yes  
What date are you taking ownership? Please upload the Interim Permit Notary page when you reach the upload page.  
10/30/24
- 8) Did the Premises phone number change?  
No
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)  
ACADEMY OF MATH & SCIENCE  
7785 W PEORIA AVE  
PEORIA, AZ 85345 - 0.3FT
- 11) Are you one of the following? Please indicate below.  
Property Tenant  
Sub-tenant  
Property Owner  
Property Purchaser  
Property Management Company  
TENANT
- 12) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
25.00 DAILY
- 13) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
400,000.00
- 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?  
No
- 17) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
275000.00

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

Created 11/06/2024 @ 04:10:39 PM

Local Governing Body Report

**LICENSE**

Number:	INP070030675	Type:	INP INTERIM PERMIT
Name:	NEIGHBOR'S BAR		
State:	Active		
Issue Date:	11/06/2024	Expiration Date:	02/19/2025
Original Issue Date:	11/06/2024		
Location:	7530 W PEORIA AVENUE #F PEORIA, AZ 85345 USA		
Mailing Address:			
Phone:	(623)878-4154		
Alt. Phone:	(623)694-0207		
Email:	TAMMYZOLLMAN@YAHOO.COM		

**AGENT**

Name:	NICHOLE MARIE GALLA
Gender:	Female
Correspondence Address:	7530 W PEORIA AVENUE # F PEORIA, AZ 85345 USA
Phone:	(480)390-3517
Alt. Phone:	
Email:	NMGALLA@HOTMAIL.COM

**OWNER**

Name:	LMN SWEET CHEEKS LLC		
Contact Name:	NICHOLE MARIE GALLA		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23701781	State of Incorporation:	AZ
Incorporation Date:	07/08/2024		
Correspondence Address:	7530 W PEORIA STE F PEORIA, AZ 85345 USA		
Phone:	(480)390-3517		
Alt. Phone:			
Email:	NMGALLA@HOTMAIL.COM		

Officers / Stockholders

Name:  
NICHOLE MARIE GALLA

Title:  
Member

% Interest:  
98.00

### LMN SWEET CHEEKS LLC - Member

Name: NICHOLE MARIE GALLA  
Gender: Female  
Correspondence Address: 7530 W PEORIA AVENUE  
# F  
PEORIA, AZ 85345  
USA  
Phone: (623)878-4154  
Alt. Phone: (480)390-3517  
Email: NMHALLA@HOTMAIL.COM

## APPLICATION INFORMATION

Application Number: 311880  
Application Type: New Application  
Created Date: 10/01/2024

## QUESTIONS & ANSWERS

### INP Interim Permit

- 1) Enter License Number currently at location  
06070655
- 2) Is the license currently in use?  
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?  
Yes  
A Document of type INTERIM NOTARY PAGE is required.

10-24

24 OCT 1 AM 11:35 AZD.LLC

CSR:
Amount:



## TRANSFER SERIES 6 BAR LICENSE

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

D.L.L.C. USE ONLY	
Job #:	311879
Date Accepted:	
CSR:	

Type or Print with **Black Ink**

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE**

**SECTION 1 Type of License**

- Interim Permit
  - Person Transfer series 6
  - Location Transfer series 6
- License # 06070655

**SECTION 2 Type of Ownership (Legal Entity)**

- J.T.W.R.O.S.
- Corporation
- Trust
- Individual
- Limited Liability Co
- Tribe
- Partnership
- Club
- Other (Explain) \_\_\_\_\_

Apply to become an Arizona Lottery retailer.

**SECTION 3 Applicants**

- Agent's Name: Galla Nichole Marie  
Last First Middle
- Legal Entity/Sole Proprietor Name: LMN Sweet Cheeks LLC  
Ownership name for type of ownership checked in section 2) Last First Middle
- Premises Name (Doing Business As-DBA): Neighbor's Bar
- Premises Address: 7530 W. Peoria Ave Stef Peoria AZ 85345 Maricopa  
(Do not use PO Box) Street City State Zip Code County
- Mailing Address: 7530 W. Peoria Ave Stef Peoria AZ 85345  
(All correspondence will be mailed to this address) Street City State Zip Code
- Premises Phone: 623 878 4154 Cell Number: 480 390 3517
- Email Address: nmgalla@hotmail.com
- Is the Business located within the incorporated limits of the above city or town?  Yes  No  
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? PEORIA
- Total Price paid for Series 6 Liquor Store License \$ 345000.00

Department Use Only				
Fees:	Application	Interim Permit	Site Inspection	Finger Prints
				\$ _____
				Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input type="checkbox"/> Yes <input type="checkbox"/> No				

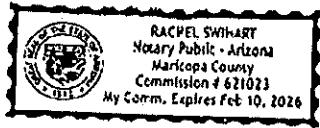
**SECTION 4 Interim Permit**

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S. § 4-203.01. For approval of an interim permit: There must be a valid license of the same series currently issued to the location.

1. Current license number at the premises: 06070655
2. If the license is **NOT** currently in use, how long has it been since the license was last used at this location? \_\_\_\_\_

I (Print Full Name) JAMMY DIANE ZOLLMAN hereby declare [Redacted]  
 Controlling Person on the stated license and location.  
 Sign in front of Notary: [Redacted]

State of Arizona  
 County of Maricopa  
 Signed before me on this 13<sup>th</sup> day of September 2024  
 Notary Signer: [Redacted]  
 My commission expires on 2/10/26

  
 Notary Seal

**SECTION 5 Background Check**

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions 1a-b.
  - a) Date Incorporated/Organized: 7-8-2024 State where Incorporated/Organized: ARIZONA
  - b) AZ Corporation or AZ LLC. Entity No: 23701781 ✓ Approval Date: 7-8-2024

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
Galla	Nichole	Marie	member owner	98%	7530 W. Peoria	Peoria	AZ	85345
<del>Schrader</del>	<del>David</del>	<del>P</del>	<del>manager</del>	<del>2%</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>	<del>[Redacted]</del>
None else owns 10% or more								

(Attach additional sheet if necessary)

## BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

**\*\*\*TEN DOLLARS AND NO CENTS\*\*\*** lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

**CTR Boots LLC, an Arizona limited liability company**

hereby grants, bargains, sells and transfers unto the BUYER:

**LMN Sweet Cheeks LLC, an Arizona limited liability company**

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain business known as **Neighbors**, presently located at **7530 West Peoria Avenue, Suite# F, Peoria, AZ 85345**, and all right, title and interest in and to all assets described in the Purchase Agreement, including but not limited to, the business trade name, trade style, goodwill, leasehold interest and improvements, a covenant not to compete, inventory, Liquor License No. **06070655**, and that certain equipment per the attached Exhibit "A", which exhibit is incorporated herein by reference.

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above-described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: October 1, 2024

**CTR Boots LLC,**  
an Arizona limited liability company

By: \_\_\_\_\_

  
Charles Zollman, Member

By: \_\_\_\_\_

  
Tammy Zollman, Member

STATE OF ARIZONA

COUNTY OF MARICOPA

The foregoing instrument was acknowledged before me this 1st day of October, 2024 by Charles Zollman and Tammy Zollman, the Members of CTR Boots LLC, an Arizona limited liability company, on behalf of said limited liability company.



Printed Name: Darci Lyn Finsterwalder  
My Commission Expires: May 10, 2028



Exhibit "A"

All equipment associated with the business located on the premise as of 10/1/2024.

The Zollman Revocable Trust of 2010,  
dated August 6, 2010

LMN Sweet Cheeks LLC,  
an Arizona limited liability company

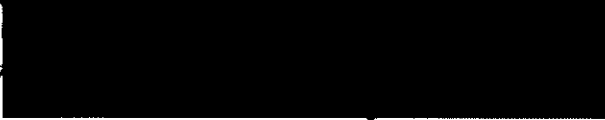
By:   
Charles L. Zollman, Trustee

By:   
Nicole Marie Galla, Manager

By:   
Tammy D. Zollman, Trustee

**SECTION 6 Person to Person Transfer ARS§4-203(C), (D), (G)**  
(Current License Information)

24 OCT 1 AM 11:35 AZD LLC

- 1. License #: 06040655
- 2. Current Agent Name / Individual Name: ZOLLMAN TAMMY DIANE  
Last First Middle
- 3. Current Ownership Name (Legal Entity): CTR BOOTS LLC  
(Exactly as it appears on the license)
- 4. Premises Name: NEIGHBORS BAR  
(Exactly as it appears on the license)
- 5. Premises Location Address: 7530 W. PEORIA AVE F, PEORIA, AZ 85345  
Street City State County Zip
- 6. Does current licensee intend to operate the business while this application is pending?  Yes  No
- 7. I, (Signature):  authorize the transfer of this license to the applicant.

**SECTION 7 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)**

- 1. License #: \_\_\_\_\_
- 2. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Exactly as it appears on license)
- 3. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**SECTION 8 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 growers  
Series 13 Farm Winery  
Series 18 Craft Distillery

Distance to nearest School: 0.3 FT Name of School: Academy of math & science  
(If less than one (1) mile, note footage)  
School Address: 7785 W. Peoria Ave  
Peoria, AZ 85345

**SECTION 9 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:

Lessors Name: CTRZ Investments  
 Lessors Address: 18354 W. Hatcher Rd Waddell, AZ 85355  
Street City State Zip

3. What is the penalty for tenant/sub-tenant if the lease is not fulfilled? \$ 25<sup>00</sup> daily

4. Total money borrowed for the Business, not including lease? \$ 400,000.00

List Lenders/People you owe money to for business:

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Zollman	Revdikade	Trust	400,000.00	18354 W. Hatcher Rd Waddell,	AZ		85355

(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.

**SECTION 10 Diagram of Premises**



Check ALL boxes that apply to your business:

- No patio
- Walk-up or drive-through windows
- Patio: Contiguous
- 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

'24 OCT 1 AM 11:35 AZD.LLC

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 Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

## SIGNATURE

**Declaration:**

I, (Print Name) TATIANA DIANE ZOLLMAN declare under penalty of perjury that I am authorized by the licensee 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

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees: enforcement; notice**

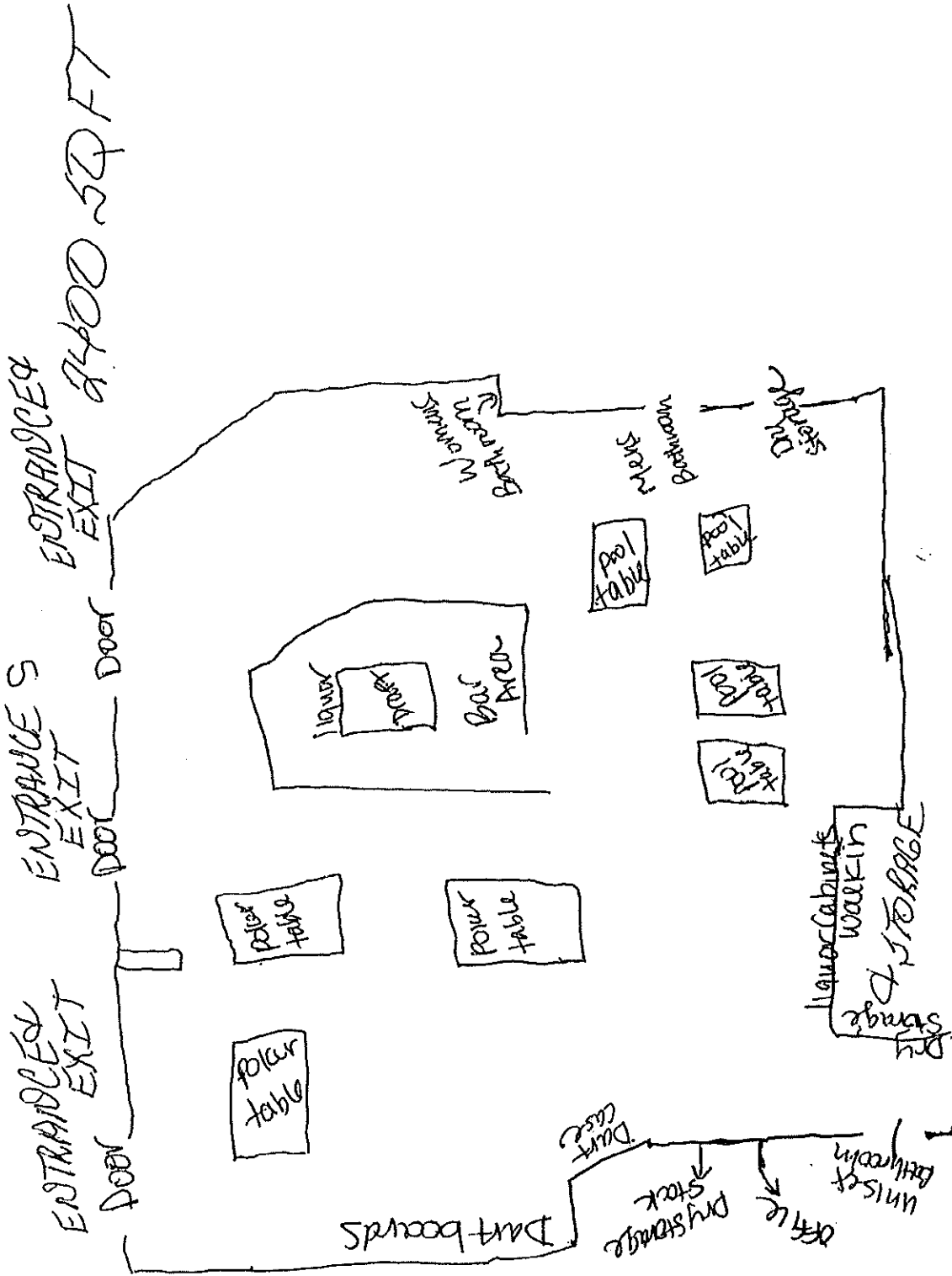
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

W



N

E



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

24 OCT 1 AM 11:35 AZDLLC  
 DLLC USE ONLY

Fee:	311879
Job #:	
Date Accepted:	
CSR:	

## Personal Information Questionnaire

805-604

**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. 54-202(A).

**Controlling Person:** person directly or indirectly possessing control of an applicant or licensee.  
 A.R.S. 54-101(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. 54-101(22) and A.R.S. 54-202(C)

### SECTION - 1 INDIVIDUAL INFORMATION

AGENT       CONTROLLING PERSON       MANAGER

1. Name: Galla Nichole Marie  
Last 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: 7/26/1982
6. Email address: mgalla@hotmail.com
7. Home Address: [REDACTED]
8. Daytime phone #: 480 390 3517 Alternative phone #: \_\_\_\_\_

### SECTION 2 - LICENSED BUSINESS INFORMATION

1. License Number: 06070655
2. Business Name (doing business as): Neighbor's
3. Business Address: 7530 W. Peoria Ave Ste f Peoria, AZ 85345

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: Nichole M. Galla

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) Nichole M. Galla 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: 9-13-2024



# ALIEN STATUS

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

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

## SECTION I - APPLICANT INFORMATION

APPLICANT NAME (Print or type) Nichole M. Gralla

## SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?  Yes  No - If yes, indicate place of birth:  
City Mesa State Arizona COUNTRY U.S.A.

If you answered Yes, 1) Attach a legible copy of a document from the list below.  
2) Name of document: Arizona Drivers license

If you answered No, you must complete Sections III.

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after Jan. 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

**SECTION III – QUALIFIED ALIEN DECLARATION**

Applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

\_\_\_\_\_  
Name of document provided

**Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))**

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States

**Nonimmigrant Status (8 U.S.C. § 1621(a)(2))**

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

**Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))**

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

**Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))**

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.

Nichole M. Galla  
Print Name



10-1-24  
Date



# FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY	
Job #:	311879
Date Accepted:	
CSR:	

**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:

<b>Date</b>	<b>Name of Applicant:</b>		
9-13-2024	Nichole M. Galla		
<b>Name of Fingerprint Technician:</b>			
Brayden Creek			
<b>Fingerprint technician's Signature:</b>			
<b>Fingerprint technician's Agency/company Name:</b>		<b>Phone Number:</b>	
Data Fast		623-486-9200	
<b>Type of Photo ID Provided (check one):</b>			
<input checked="" type="checkbox"/> <b>Driver's License</b> <input type="checkbox"/> <b>Passport</b> <input type="checkbox"/> <b>Other (Please specify)</b>			

Certificate # AZB-ON-01236817

24 OCT 1 AM 11:35 AZD LLC

24 10 1

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

Nichole Marie Galla



08/15/2024

Training Completion Date

7912

08/15/2027

Certificate Expiration Date

(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, certify that the above named individual did successfully complete  
Instructor Name (please print)

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



Instructor Signature

08/15/2024

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)  
Conveyance (series 8)  
Restaurant (series 12)

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

Bar (series 6)  
Private Club (series 14)

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

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

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # AZM-ON01204811

24 10 1 Lic. Dept 81105

# 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

Nichole Marie Galla

[Redacted Signature]

Signature

08/06/2022

Training Completion Date

1912

08/05/2025

Certificate Expiration Date

(three years from completion date)

### Training Provider Information

360training.com Inc.

Company Name

5000 Plaza on the Lake, Suite 305, Austin, TX 78746

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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

08/06/2022

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

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Conveyance (series 8)  
Restaurant (series 12)

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Liquor Store (series 9)  
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Private Club (series 14)

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