

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

NOTIFICATION TO LOCAL GOVERNING BODY

	HANGE ION OF CONTROL AND AGENT C ION OF CONTROL	HANGE	□ ▽
LIQUOR LICENSE NO:	09110003 05/10/2017	APPLICATION ACCEPTED BY:	JB/AP 07/09/2017

A.R.S. § 4-203.F

If a person other than those persons originally licensed acquires control over a license or licensee, the person shall file notice of the acquisition with the Director within fifteen business days after such acquisition of control and a list of officers, directors or other controlling persons on a form prescribed by the Director. All officers, directors or other controlling persons shall meet the qualifications for licensure as prescribed by this title. On request, the director shall conduct a pre-investigation prior to the assignment, sale or transfer of control of a license or licensee, the reasonable costs of which, not to exceed one thousand dollars. shall be borne by the applicant. The pre-investigation shall determine whether the qualifications for licensure as prescribed by this title are met. On receipt of notice of an acquisition of control or request of a pre-investigation, the Director shall forward the notice within fifteen days to the local governing body of the city or town, if the licensed premises is in an incorporated area, or the county, if the licensed premises is in an unincorporated area. The Local Governing Body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control. If the Director does not receive any protests, the Director may protest the acquisition of control or approve the acquisition of control based on the capability, reliability and qualification of the person acquiring control. Any protest shall be set for a hearing before the Board. Any transfer shall be approved or disapproved within one hundred five days of the filing of the notice of acquisition and control. The person who has acquired control of a license or licensee has the burden of an original application at the hearing, and the board shall make its determination pursuant to section 4-202 and this section with respect to capability, reliability and qualification.



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

DLLC	USE ONLY
Date Proce	ssed 5-11-17
CSR:	Jh AP
60 th Day:	07-09-17

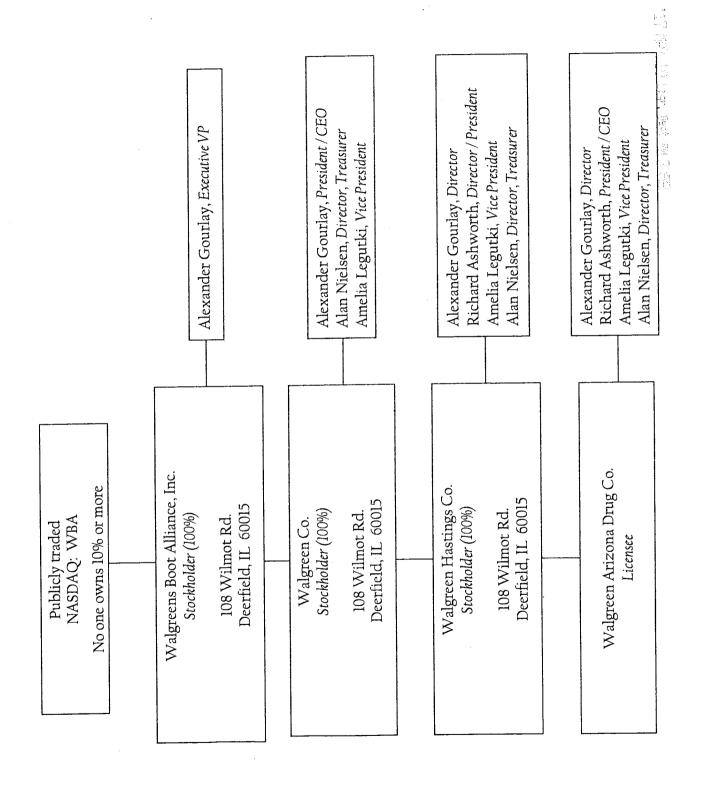
APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1	be submitted w	vith this application	i. (A.R.S. 4-209.A)		
Check the appropriate poxes	Agent Change Complete Sections 1,2,3,4,5 & 7		on of Control tions 1,2, 3 & 7	Restruc Complete Sectio	
ECTION 2	(COMPLETE THIS SECTION FOR AGEN	IT CHANGE, ACQU	ISITION OF CONTRO	L OR RESTRUCTURE)	1, 201 1, 12 1, 13 1, 13 1, 13
1. Name:(EX	LEWKOWITZ (ISTING AGENT OR NEW AGENT) Last	ANDREA First	DAHLMAN Middle	09110003 Liquor Li	cense #
2. Owner Na	me: WALGREEN ARIZONA DRUG	CO. rs on Liquor License)	Corp File =	#: <u>00449518</u>	(1) (1) (1) (1) (1) (1) (1) (1)
3. Business N	gme: WALGREENS #4188		Emai	ANIDDEACHEIL	•
	cation Address: 55 W. APACHE TR (Do not use P.C	rs on Liquor License) D. Box Number)	APACHE JUNC	TION PINAL COUNTY	85220 Zip
5. Is the Busin	ess located within the incorporated limits	of the above City o	or Town?XYesNo		·
	usiness location address have a street addrest vation? \prod Yes X No If Yes, what City, Towr	•	•		• "
7. Mailing Ad	dress: <u>2600 N. CENTRAL AVE. STE. 17</u>	75	PHOENIX City	AZ State	85004 Zip
8. Business Ph	one:(602) 864-0176	Daytime Cont	(40.5)	200-7222	
submit a c	ransaction involve the sale of any portion ertified copy of minutes. Deen any change of Controlling Persons? On and/or amended operating agreemen	X Yes No if yes,			
obtained at th	(COMPLETE THIS SECTION FOR AGEN on listed in section III must submit a question Department of Liquor. A Controlling Person	nnaire (form LIC0101) on already disclosed	and a Department ap	proved fingerprint card	which may be questionnaire.
1. List all Co	ontrolling Persons to be disclosed, current <u>First</u> <u>Middle</u>	and new. Title	Address	City State	Zip
SEE A	TTACHED				
<u></u>	(АПАС	H ADDITIONAL SHEET(S)	F NECESSARY)		
2. List stockt	nolders, percentage owners and/or Cont First Middle		ning 10% or more Address	City State	Zip
SEE A	TTACHED				

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



SECTION 4	(COMPLETE THIS SECTION FOR AGE	·	
i. As an Agent, will you be physically pr If you answered YES, you must provide a Liquor Law training provider BEFORE YOU answered NO, go to question 2.	copy of your Basic and Management	Training Certificate obtain	ined from a Department approved RUCTURE CAN BE SUBMITTED. If you
2. Is there a current Manager at this lice Certificate? Yes No If yes, Name of current Manager:			
	Last	First	Middle
Basic Training Yes [-	ent Training Yes	∐ No
If "NO" for 1 and 2, a Manager with a culture training provider must be submitted	rrent Basic and Management Training within 30 days after filing the applicati	Certificate obtained from on for Agent Change, Ac	a Department approved Liquor quisition of Control or Restructure.
SECTION 5 To be completed by the IND	OMPLETE THIS SECTION FOR AGENT C IVIDUAL OR EXISTING AGENT OR CORPO	HANGE) ORATE OFFICER OR L.L.C.	CONTROLLING MEMBER:
1. License #			
Current Agent Name; (Exactly as It appears on lice)	inse) Last First	<u></u>	Middle
	in the event that I am unable to disch (5) years.		
convicted of a relong in the last live	(a) years.		
X (Cantrolling Person/Existing Ager	State	Of(County of ant was acknowledged before me this
, , ,		∖ of	
My commission expires on:	D	yay A	Nonth Year
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature of	NOTARY PUBLIC
			
SECTION 6 (CO Is there more than one licensed premises If YES, <u>SEPARATE APPLICATIONS</u> must be fill Type of current ownership:	ed and fees paid for each license/locat	ion.	
Is there more than one licensed premises If YES, <u>SEPARATE APPLICATIONS</u> must be fil Type of current ownership:	involved? YES NO ed and fees paid for each license/locat Type of new ow	ion. rnership:	
Is there more than one licensed premises If YES, <u>SEPARATE APPLICATIONS</u> must be fil	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T	ion.	
Is there more than one licensed premises If YES, <u>SEPARATE APPLICATIONS</u> must be fil Type of current ownership: J.T.W.R.O.S.	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T	ion. rnership: I.W.R.O.S.	
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T. IN P.F. C.C.	rion. rnership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION	
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO.	involved?	rion. rnership: T.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO.	
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Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETE THIS SECTION 10 be completed by Controlling Person Section 2 Question 1.	involved? YES NO ed and fees paid for each license/locat Type of new ow J. IN P. CI LII M TR TR O ON FOR AGENT CHANGE, ACQUISITIO or existing Agent (if no agent changes)	ion. rnership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO. ANAGEMENT CO. EIBE EUST THER (Explain) ON OF CONTROL OR REST	ng for Agent change as listed in
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETE THIS SECTION To be completed by Controlling Person of the complete of	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T. IN P.F. C.C. LIFT M. TR TR TR O ON FOR AGENT CHANGE, ACQUISITION or existing Agent (if no agent changes) N LEWKOWITZ hereby declare the	ion. Invership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO. ANAGEMENT CO. IBE PUST THER (Explain) ON OF CONTROL OR REST ON OR NEW Agent if applying the property of the p	ing for Agent change as listed in ing this application. I have read
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETE THIS SECTION Section 2 Question 1.	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T. IN P.P. C.C. IN TR TR TR TR ON ON FOR AGENT CHANGE, ACQUISITION or existing Agent (if no agent changes) N. LEWKOWITZ hereby declare the listatements are true, correct and consisting to the correct and consistency to the correct and consiste	ion. Invership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO. ANAGEMENT CO. ISBE BUST ITHER (Explain) OR NEW Agent if applying the property of the property	ng for Agent change as listed in
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETE THIS SECTION Section 2 Question 1. I, (Print full name) ANDREA DAHLMAT the application and the contents and of the contents are contents.	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T. IN P.F. C.C. LIFE D. FOR AGENT CHANGE, ACQUISITION or existing Agent (if no agent changes) N. LEWKOWITZ hereby declare the listatements are true, correct and con State of the control of the	ion. Invership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO. ANAGEMENT CO. IBE BUST THER (Explain) OR NEW Agent if applying the properties of MAY of MAY	ing for Agent change as listed in ing this application. I have read
Is there more than one licensed premises If YES, SEPARATE APPLICATIONS must be fil Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST OTHER (Explain) SECTION 7 (COMPLETE THIS SECTION To be completed by Controlling Person Section 2 Question 1. I, (Print full name) ANDREA DAHLMA. The application and the contents and a	involved? YES NO ed and fees paid for each license/locat Type of new ow J.T. IN P.F. C.C. IN TR TR TR TR TR O ON FOR AGENT CHANGE, ACQUISITION or existing Agent (if no agent changes) N LEWKOWITZ hereby declare the listatements are true, correct and con State of the county context of the context of the context of the context of the county context of the context of the county context of the county context of the county context of the context o	ion. Invership: I.W.R.O.S. IDIVIDUAL ARTNERSHIP ORPORATION MITED LIABILITY CO. ANAGEMENT CO. IBE BUST THER (Explain) OR NEW Agent if applying the properties of MAY of MAY	ing for Agent change as listed in ing this application. I have read Unity of MARICOPA as acknowledged before me this The Year

Page 2 of 3
Individuals requiring ADA accommodations please call (602)542-9027



Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

QUESTIONNAIRE
A.R.S.§ 4-202, 4-210

Type or Print with Black Ink



The fees allowed by A.R.S.§4-6852 will be charged for all dishonored checks.

21056227

09110003

(If the location is currently licensed)

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#:

Appropriate Box		☐ Controlling Person ☐ Agent (complete all questions)				(complete all questions except #12)			
2. Name:	LEWKOV Last	WITZ	ANDREA First	Ι	AHLMAN Middle	4	Birth Date: _ (NOT a public record)	
3. Social Secur	ity #: (NOT	a public record)	Driver Lic	cense#: Bl3	135937		State: <u>AZ</u>		
4. Place of birt	h: <u>MANKAT</u> c ity	O MN State	USA COUNTRY (not c	Heigh	: <u>5' 8*</u>	_ Weight: <u>140</u>	Eyes: <u>HZ</u>	L Hair: <u>BLN</u>	
5. Name of cu	rrent/most rec	ent spouse:	LEWKOWITZ Last	HAROLD First	JEROME Middle	Maiden	Birth Date:	(NOT a public record)	
A.R.S. 84-20	2(A) and (C)		? XYes			•			
8. Business Nar	ne:	WALGREEN	JS #4188			Bu:	siness Phone: _6	602 , 864 , 0176	
9. Business Loc		55 W. APA	ACHE TRL	APACHE JUN	CTION	AZ	PINAL	85220	
			(do not use PO Box) ss during the pa	st five (5) year				zıp idence address.	
FROM Month/Year	TO Month/Year	DESCRIBE	POSITION OR BUSINE	SS			OR NAME OF BUSIN s, City, State & Zip)	ESS	
01/2004	CURRENT	A	TTORNEY	LEWK	OWITZ L	AW OFFICE P	LC, 2600 N CEN	NTRAL AVE. #1775	
							PHOENIX,	AZ 85004	
								<u>-</u>	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
02/1998	CURRENT	OWN	5745 N 25th STREET	PHOENIX	AZ	85016
		1	(ATTACH ADDITIONAL SHEET IF NECESSARY)	<u> </u>	1	
12. As a Co If you a	ontrolling Personswered YES,	on or Ager then answ	nt will you be physically present and operating the lice ver #13 below. If NO, skip to #14.	ensed premises	ś	□Yes X No
13. Have yo (Must pi	ou attended or rovide the DL	a DLLC-ap LC-approv	proved Liquor Law Training Course within the past 3 yourse certificate of completion issued by a course provi	ears? der.)		□Yes XNC
regardle	ess of the disc	osition, ev	, <u>indicted or summoned</u> into court for violation of <u>ANY</u> ven if dismissed or expunged, within the past five (5) you are alcohol and/or drug related.) A.R.S. §4-202	law or ordinan ears? (For traffic	ice,	∐Yes XNC
15. Are the summor	re <u>ANY</u> admir nses <u>pendin</u> g	nistrative lo against yo	aw citations, compliance actions or consents, criminal pu? Include only criminal traffic tickets and complaint	arrest, indictmos. A.R.S.§4-202,	ents or 4-210	∐Yes∑No
	vone <u>EVER</u> ob esentation.	tained a j	udgement against you, the subject of which involved	<u>fraud or</u>		□Yes XNo
	ou had a liqu §4-202(D)	or applica	tion or license rejected, denied, revoked, suspended	or fined in Arizo	na in?	∐Yes XNC
	If you d		"YES" to any Question 14 through 17 YOU MUST attack	d dispositions.	ment.	
anakus Di			CHANGES TO THIS APPLICATION MAY NOT BE ACCEP	160		
gnature Bl (Print Name)	ANIDDE	A DAHLMA	AN LEWKOWITZ hereby declare that I am t	ne Owner/Ager	nt filing this	application
		and verify	the content and all statements are true, correct and co			
SIGNATURE:	(//	ry f	 			
			NOTARY			
State of	Arizona		\mathcal{L}			
	of MARIC	COPA				
18	_		, 20 $\frac{17}{\text{Year}}$ before me personally appeared $\frac{A}{A}$	NDREA DAHLI	MAN LEV	VKOWITZ
whose id	entity was nro	oven to me	on the basis of satisfactory evidence to be the person	-		
acknowl	edgéd that h	e or she sig	ned the above/attached document.	- 01-4-01	i	
			Notary Public - Arizona L U 1 14 7	of NOTARY PUB		
(Affix Seal Abo	ve)	February 12, 2021		∼	
GNATURE F	OR CONTROL	LING PERSO	ON OR AGENT APPROVING A MANAGER'S APPLICATION	N	· . ·	
(Print Full Name	e)		, hereby authorize the person n		uestionno	nire to act as
anager for	the named li	quor licen	se.	·		
GNATURE: _						
/24/2017			Page 2 of 2 Individuals requiring ADA accommodations please call (602)54			



2600 North Central Avenue
Suite 1775
Phoenix, Arizona 85004
602.200.7222
602.200.7234
www.lewkowitzlaw.com

Andrea D. Lewkowitz H.J. Lewkowitz

May 8, 2017

Cynthia Bejar, Licensing Manager Department of Liquor Licensing & Control 800 West Washington Street, 5th Floor Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Bejar:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

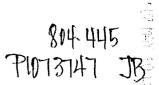
Sincerely,

ndrea D. Lewkowitz

ADL/als



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



											. 7.6.
agencies for	the purpose of	backgrour	ecurity and birth date nd checks only.								legt.
			ument. Type or print in								ed. False
or incomplete	e answers could	d result in c	riminal prosecution an	d the deni	al or the s	ubsequer	<u>nt revocation</u>	on of a licer	nse or permit.		1.53
AN "APPLICAN LAW ENFORCE FEE. IN ADDITION	IT" TYPE FINGER MENT AGENCIE ON TO OTHER FIN	RPRINT CAF ES, BONA F NGERPRINT	ACH CONTROLLING PERD AVAILABLE AT THIS IDE FINGERPRINT SERVINE SERVINGERS, A \$22.00 DPS BAINE CHARGE FOR CONTROLLING PER PROPERSION OF THE	OFFICE FINICES OR TH CKGROUN	IGERPRINT IE DEPART D CHECK	S ON FBI MENT OF FEE WILL I	APPROVED	CARDS (BI	LUE LINED) A MENT OF LIQU	RE ACCEP OR CHAR	TED FROM
inc ices dilov	ved by A.R.o.	3 4 0002	Will be ellarged for v	an districti		uor Lice	ansa#·		09110003		
					LIC	DOI LICE	στι ουπ.	(if the l	ocation is curre	ntly license	\d\)
1.Check the		VIC	olling Person	Agent						inly neerise	·u)
appropriate						_			lanager		_
box	→	(CO	mplete questions 1-	19)					ns except #		
	L					Co	ntrolling P	erson or A	gent must o	omplete	#21)
											_
2. Name:	ASH	IWORTH	RICHA	RD	N	ИARK		Birt	h Date: 🔙		
	Las	†	First			Middle				T a public re	ecord)
0.0	21 11		D.:	1.1	. 4	762.7527	.5011	61	. 11		
3. Social Secu	Jnty #:	NOT o public i	record)	License#	A	203-1331	-3011	Sto	ite: <u>IL</u>		
		-	-	٨		510		100	CDM	-	20.37
4. Place of bi	rth: IAMP	1 [TL US.		_Height:	39	_ Weight:		yes: <u>GRN</u>	Hair: <u>_</u>	BRIN
	City	21	ate COUNTRY (n	or county)							
5. Marital stat	single		ХМс	arriad			Divor	rced			dowed
J. Mamai siai	iossirigle		EX TIME	inea				ceu			Jowed
6 Name of a	urrent/most re	scent inc	use: ASHWOR	TH IFNN	HEFR !	MARIF	BON	D B	irth Date:		
(List all for past 5	-vears, use additi	ional sheet i	necessary) Last	First		Viddle	Maid			NOT a public	record)
	,,		• • • • • • • • • • • • • • • • • • • •						,		,
7. You are a b	oona fide resi	dent of w	hat state? <u> IL </u>		- 11	Arizona	, date of i	residency:			
8. Daytime te	elephone num	nber to co	ontact you during bu	usiness ho	urs for qu	estions:	847-94	12-9704			
9. E-mail add	ress: <u>RICH</u>	ARD.ASH	WORTH@WALGRE	ENS.COM	Л						
10. Business N	lame:	WAL	GREENS #4188					Busines	s Phone: <u>60</u>	2 / 864	/_0176
11 Business L	ocation Addr	ess· 55	W. APACHE TRL	APACE	HE JUNC	TION	AZ	Z PI te	NAL	85220	
1 1. DO3111033 E	oculion Addi	JJJ	Street (do not use P O bo)x#)		City	Sta	le	County	Zip	<u> </u>
12 List vour e	molovment o	rtype of I	business during the p	ast five (5) vears	lf unemr	oloved re				dress
FROM	TO		SCRIBE POSITION OR BUSI		1,50,5.	0, 10111			ME OF BUSINES		۵, حری
Month/Yeor	Month/Year	DE	SCRIDE POSITION OR BUSI	ME22			(Street	Address, City,	State & Zip)		
09/2014	CURRENT	PRES.	PHARMACY & RET	AIL OP	WALGI	REENS -	IO8 WILM	IOT RD. D	EERFIELD, 1	L 60015	
01/2014	09/2014		HEALTHCARE, HEALTH						TTINGHA		
09/2010	12/2013	CORI	PORATE OPERATIO					10T RD. D	EERFIELD,	IL 60015	
12 Indicate:	(OUR rocidono	addram		ADDITIONA	L SHEET IF N	ECESSARY))				<u>-</u>
1		<u>address</u>	for the last five (5) y	ECITS:	eet Addres	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
FROM Month/Yeor	TO Month/Year	Rent or Own	(IF RENTED ATTACH AD		EET WITH, N	AME ADDR	RESS, AND	City	Stote		Zip
	CURRENT			EATTAC							
											
	Ì								1		
											
									r		

Attachment to Questionnaire

Richard Mark Ashworth

#13 Residence History:

From	То	Rent/Own	Address
11/2014	CURRENT	OWN	70 Tournament Dr. North Hawthorn Woods, IL 60047
12/2013	10/2014	OWNED	41 Valley Road Nottingham, England NA 261G
10/2011	12/2013	OWNED	5_ West Peter Lane Hawthorn Woods, IL 60047
10/2010	10/2011	OWNED	1104 Longwood Court Matthews, NC 28104

If you checked the Manager box on the front of this form skip to # 15.	
14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day?, and answer #14a below. If NO, skip to #15.	Yes X No
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.	YesNo
15. Have you been <u>cited, arrested, indicted or summoned</u> into court for violation of <u>ANY</u> law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)	Yes XNo
16. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which you are now involved? Include only criminal traffic tickets and complaints.	Yes_XNo
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or <u>liquor application or license rejected, denied, revoked, suspended</u> or fined in this or any other state in the last <u>10 years</u> ?	X Yes No
18. Has anyone <u>EVER filed suit or obtained a judgment against you</u> , the subject of which involved <u>fraud or misrepresentation</u> ?	Yes X No
19. Are you NOW or have you <u>EVER</u> held <u>ownership</u> , been a <u>controlling person</u> , been an <u>officer</u> , <u>member</u> , <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or any other state?	X Yes No
If you answered " <u>YES</u> " to any Question 15 through 19 <u>YOU MUST</u> attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED	
20. I, (Print Full Name) RICHARD MARK ASHWORTH hereby declare that I am a CONTROLLING PERSON / AGE Controlling Person / Agent / Manager	
filing this notification. I have read this document and the contents and all statements are true, correct and comple	ete.
X (Signature) State of THINGIS County of the foregoing instrument was acknowledged	before me this
My commission expires on: 314/26TARY PUBLIC - STATE OF ILLINOIS My commission expires on: 314/26TARY PUBLIC - STATE OF ILLINOIS Signature of NOTARY PUBLIC	2016 Year C
COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION	
21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named lic The manager named must be at least 21 years of age.	quor license.
(Print Name)	
X (Signature) State of County of Controlling Person / Agent the foregoing instrument was acknowledged be	fore me this
of	
My commission expires on:	Year
Signature of NOTARY PUBLIC	

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027

10/26/2015

Richard Mark Ashworth Supplement to Questionnaire

#17 + 19 - YES

I have served as a "controlling person" for many corporate liquor licenses, some of which may have been cited for alleged liquor violations. I have not been cited personally for a liquor violation.

* Walgreens

Richard Mark Ashworth



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



	al governments the purpose of t		ecurity and birth do	ate information	on is conf	idential. This inform	nation may be g	iven to lo	w enforcement
or incomplete	e answers could	result in c	ument. Type or print riminal prosecution of ACH CONTROLLING RD AVAILABLE AT THI	and the denice PERSON, AGI	al or the su	bsequent revocation	on of a license or ERSON COMPLETII	permit. NG THIS FO	ORM MUST SUBMIT
LAW ENFORCE FEE. IN ADDITIO	MENT AGENCIE ON TO OTHER FIN	S, BONA F IGERPRINT	IDE FINGERPRINT SER FEES, A \$22.00 DPS B will be charged fo	IVICES OR TH ACKGROUNI	E DEPARTA D CHECK F ored che c	MENT OF LIQUOR. TH EE WILL BE CHARGE :ks.	HE DEPARTMENT (ED FOR EACH FING	OF LIQUOI GERPRINT	R CHARGES A \$13
					Liqu	or License#:		10003	hy liganted)
1.Check the appropriate box	→		olling Person mplete questions	Agent		•	(If the location Manag all questions ex Person or Agent	jer cept #14	1, 14a & 21,
2. Name:	GOL Last	JRLAY	ALEX First	KANDER		ALLACE Middle	Birth Dat		public record)
3. Social Sec	urity #:	IOT a public	Drive	er License#:	:G6	40-0195-9363	State:	IL	
4. Place of b	-		SCOTLAND COUNTRY	UK (not caunty)	_Height: _	6'0" Weight:	180 Eyes:	BRN	Hair: GRY
5. Marital sta	tus: Single		XN	Married		Divo	rced		Widowed
6. Name of c	current/most re 5-years, use additi	ecent spo ional sheet i	ouse: <u>GOURL</u> f necessary) Last	AY MARC First	GARET "	KENNE			T a public record)
7. You are a	bona fide resi	dent of w	hat state? IL		lf	Arizona, date of	residency:		
lf you have registration c	been an Ariz ard.	ona resid	dent for less than	three (3) n	nonths, s	ubmit a copy of	your Arizona	Drivers li	cense or voters
8. Daytime te	elephone num	ber to co	ontact you during l	business ho	urs for que	estions: <u>847-315</u>	-2500		
9. E-mail ado	ress: ALEX.G	OURLAY	@WALGREENS.C	OM					
10. Business N	Name:	WA	LGREENS#4188				Business Pho	ne: _602	864 0176
11. Business L	ocation Addr	ess:5	5 W. APACHE TRI	_ APAC	HEJUNC	TION A	AZ PINAI		85220 Zip
12. List vour e	employment o	r type of	business during the	e past five (5) years. I	f unemployed, re			nce address.
FROM Month/Year	TO Month/Year		ESCRIBE POSITION OR BU			EMPLOYERS	NAME OR NAME OF Address, City, State	BUSINESS	
09/2013	CURRENT	F	EVP/CEO/PRESIDE	NT	WALGR	EENS CO 108 V	VILMOT RD. DE	ERFIELI	D, IL 60015
12/1981	08/2013	(CEO		WALGR	EENS BOOTS AL	LIANCE, UK - N	IG2 3AA	NOTTINGHAM, U
	<u></u>		(ATTA)	CH ADDITIONA	L SHEET IF NE	CESSARY)			
13. Indicate	your residence	e address	for the last five (5)	years:	· · · · · ·	· •	T***		
FROM Month/Year	TO Month/Year	Rent or Own	(IF RENTED ATTACH	RESIDENTIAL STA ADDITIONAL SH ONE NUMBER C	IEET WITH, N.		City	State	Zip
11/2013	CURRENT	OWN	607 LONGWOOD	AVENUE			GLENCOE	IL	60022
10/2013	11/2013	RENT	1801 TOWER DRI	VE (ALOFT A	AT THE GI	.EN (847) 486-1234)	GLENVIEW	IL	60026
07/2006	10/2013	OWN	CEDAR LAWN, P	ACKWOOL	LANE		LAPWORTH	UK	B946AU
		- t- *t	<u></u>		-				
			(ATTA	CH ADDITIONA	I SHEET IF N	CESSARY)			

if you checked the Manager box on the front at this form skip to # 15.	
14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day?, and answer #14a below. If NO, skip to #15.	Yes X No
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.	YesNo
15. Have you been <u>cited, arrested, indicted or summoned</u> into court for violation of <u>ANY</u> law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)	Yes X No
16. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which you are now involved? Include only criminal traffic tickets and complaints.	Yes X No
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or <u>liquor application or license rejected, denied, revoked, suspended</u> or fined in this or any other state in the last <u>10 years</u> ?	X Yes No
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?	Yes X No
19. Are you NOW or have you <u>EVER</u> held <u>ownership</u> , been a <u>controlling person</u> , been an <u>officer</u> , <u>member</u> , <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or any other state?	X Yes No
If you answered " <u>YES</u> " to any Question 15 through 19 <u>YOU MUST</u> attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED	
20. I, (Print Full Name) ALEXANDER WALLACE GOURLAY hereby declare that I am a CONTROLLING PERSON / AGEI	NT / MANAGER
filing this notification. I have read this document and the contents and all statements are true, correct and comple	te.
X (Signature) State of	9KE
OFFICIAL SCAL KELLY WARE My commission expires on: 31417 HOTARY PUBLIC - STATE OF IELINOIS Month My COMMISSION EXPIRES 6074-879 SIgnature of NOTARY PUBLIC SIgnature of NOTARY PUBLIC	Zolk Year UNL
COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION	
21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liq The manager named must be at least 21 years of age.	uor license.
(Print Name)	
X (Signature) State of County of the foregoing Instrument was acknowledged bef	ore me this
in siegong month in additional party and action to get ber	
Day Month	Year
My commission expires on:	i eui
Signature of NOTARY PUBLIC	

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-9027

10/26/2015

Alexander Wallace Gourlay Supplement to Questionnaire

#17 + 19 - YES

I have served as a "controlling person" for many corporate liquor licenses, some of which may have been cited for alleged liquor violations. I have not been cited personally for a liquor violation.

*Walgreens

Alexander Wallace Gourlay



license or permit.

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

QUESTIONNAIRE A.R.S.§4-202, 4-210 Type or Print with <u>Black</u> Ink

804.445 71078246 J

The fees allowed by A.R.S.§4-6852 will be charged for all dishonored checks.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES.

OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED. 09110003 Liquor License#: (If the location is currently licensed) 1. Check the Agent Manager X Controlling Person Appropriate (complete all questions except #12) Box (complete all questions) **AMELIA** DOROTHY LEGUTKI Birth Date: 4 2. Name: First Middle (NOT a public record) L232-0046-6888 State: ^{IL} Driver License#: _ 3. Social Security #:_ (NOT a public record) Height: 5'5" Weight: 180 Eyes: GRN Hair: BRN 4. Place of birth: _ HAMMOND IN **USA** COUNTRY (not county) State 5. Name of current/most recent spouse: __LEGUTKI RICHARD CHARLES Middle 6. Are you a bona fide resident of Arizona? Tyes XNo If yes, what is your date of residency: _ A.R.S. §4-202(A) and (C) E-mail address: AMELIA.LEGUTKI@WALGREENS.COM 7. Daytime telephone number: 847.315.2500 WALGREENS #4188 Business Phone: 8. Business Name: __ APACHE JUNCTION PINAL 55 W. APACHE TRL 85220 9. Business Location Address: State Street (do not use PO Box) County Zip 10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address. EMPLOYERS NAME OR NAME OF BUSINESS FROM **DESCRIBE POSITION OR BUSINESS** Month/Year Month/Year (Street Address, City, State & Zlp) WALGREENS CO. 300 WILMOT RD, DEERFIELD, IL 60015 10/2010 VICE PRESIDENT CURRENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
12/1998	CURRENT	OWN	130 HOMEWOOD AVE.	LIBERTYVILLE	IL	60048
		<u> </u>		-		
		<u> </u>	(ATTACH ADDITIONAL SHEET IF NECESSARY)		<u> </u>
			ent will you be physically present and operating wer #13 below. If NO, skip to #14.	g the licensed premises?		□Yes\\\\\
			oproved Liquor Law Training Course within the ved certificate of completion issued by a cou			∐Yes⊠N
reaardl	ess of the dis	position, e	d, indicted or summoned into court for violation ven if dismissed or expunged, within the past function are alcohol and/or drug related.) A.R.S. §	ive (5) years? (For traffic	ce,	∐Yes⊠N
			aw citations, compliance actions or consents, ou? Include only criminal traffic tickets and co			∐Yes⊠N
	yone <u>EVER</u> ob esentation.	otained a	judgement against you, the subject of which i	nvolved <u>fraud or</u>		∐Yes∑N
	ou had a liqu §4-202(D)	or applic	ation or license rejected, denied, revoked, susp	pended or fined in Arizor	na? ixo€	∑Yes□N
	If you		" <u>YES</u> " to any Question 14 through 17 <u>YOU MU:</u> mplete details including dates, agencies invo	lved and dispositions.	ment.	
anature Bl			CHANGES TO THIS APPLICATION MAY NOT BI	ACCEPTED		
(Print Name	AMELIA D		LEGUTKI hereby declare the content and all statements are true, correc			
	7		NOTARY			
State of County of On this 2	XXXXXX II of LAIKE Day of	LINOIS AML		ared AMELIA DOROT	HY LEGU	JTKI
acknow	dentity was prededed that the	oven to m	e on the basis of satisfactory evidence to be the gned the powerfattached document. OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires March 14, 2021	(This reality)	laims to b	signer)
GNATURE F	OR CONTROL	LING PERS	ON OR AGENT APPROVING A MANAGER'S APP	LICATION		
(Print Full Na m anager for	e) the named l	iquor lice	hereby authorize the pase.	person named on this qu	estionno	nire to act as
GNATURE: _						

18.

Amelia Dorothy Legutki Supplement to Questionnaire

#17. YES

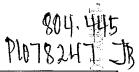
I have served as a "controlling person" for many corporate liquor licenses, some of which may have been cited for alleged liquor violations. I have not been cited personally for a liquor violation.

*Walgreens

Amelia Dorothy Legutki



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



	the purpose of I	backgrour	nd checks only.	ation is confidential. This info			-ii
Attention app	<u>plicant</u> : This is a s e answers could	sworn doci Fresult in c	ument. Type or print in black i triminal prosecution and the de	nk. An extensive investigation enial or the subsequent revoca	ot your background tion of a license or 1	d will be c permit.	onducted. False
QUESTIONNAIF AN "APPLICAN AW ENFORCE	RE TO BE COMPL NT" TYPE FINGER EMENT AGENCIE	ETED BY EAPRINT CAR S. BONA F	ACH CONTROLLING PERSON, ARD AVAILABLE AT THIS OFFICE FIDE FINGERPRINT SERVICES OR	AGENT AND MANAGER. EACH FINGERPRINTS ON FBI APPROVI THE DEPARTMENT OF LIQUOR. JND CHECK FEE WILL BE CHARG	PERSON COMPLETINED CARDS (BLUE LINTHE DEPARTMENT C	NG THIS FO NED) ARE OF LIQUOR	ACCEPTED FROM CHARGES A \$13
The fees allo	wed by A.R.S.	§ 4-6852	will be charged for all dish	onored checks.			SARD.
				Liquor License#:	091100		
1.Check the		Y Contr	olling Person Ager	(If the location is currently licensed) Manager			
appropriate box	` .		mplete questions 1-19)	(complete all questions except #14, 14a & 21,			
					Person or Agent		
2. Name:	NIELS	EN	ALAN	TROY	Birth Dat	e. 1	
z. Name	Last		First	Middle	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(NOT a	public record)
3. Social Sec	urity #:	IOT a public i		e#: <u>N425-0186-5194</u>	State: <u>II</u>	-	
4. Place of b	oirth: WATSE		IL USA	Height:5'10 ' Weigh	t: ¹³⁵ Eves:	BRN	Hair: BRN
	City	St	tate COUNTRY (not county				
5. Marital sta	ıtus: Single		X Married	Div	orced		Widowed
6. Name of c	current/most re	ecent spo	ouse: NIELSEN SHI	ELLEY DIANE GHA	ST Birth Do	ate:	
(List all for past	5-years, use additi	onal sheet i	f necessary) Last First	Middle Mo	olden	(No	T a public record)
e							
egistration o	card.		-) months, submit a copy		Orivers lic	cense or voters
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14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day?, and answer #14a below. If NO, skip to #15.	Yes X No						
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.	YesNo						
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19. Are you NOW or have you <u>EVER</u> held <u>ownership</u> , been a <u>controlling person</u> , been an <u>officer</u> , <u>member</u> , <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or any other state?							
If you diswered "YES" to any Question 15 through 19 YOU MUST attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED							
20. I, (Print Full Name) ALAN TROY NIELSEN , hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filling this notification I have read this document and the contents and all statements are true, correct and complete.							
X (Signature) State of The County of the foregoing instrument was acknowledged	LALC						
OFFICIAL SEAL KELLY WARE My commission expires on: Month	Zolle Year						
COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION							
21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liq The manager named must be at least 21 years of age.	uor license.						
(Print Name)							
X (Signature) State ofCounty of Controlling Persan / Agent							
My commission expires on:	Year						
Signature of NOTARY PUBLIC							

10/26/2015

Alan Troy Nielsen Supplement to Questionnaire

#17 + 19 - YES

I have served as a "controlling person" for many corporate liquor licenses, some of which may have been cited for alleged liquor violations. I have not been cited personally for a liquor violation.

*Walgreens

Alan Troy Nielsen