



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

AGENT CHANGE

☐

ACQUISITION OF CONTROL AND AGENT CHANGE

☒

ACQUISITION OF CONTROL

☐

LIQUOR LICENSE NO: 10113198
DATE PROCESSED: 05/10/2017

APPLICATION ACCEPTED BY: JB/AP
60TH DAY: 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 Processed:	5-10-17
CSR:	JB/AP
60 th Day:	7-9-17

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

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- Name: LEWKOWITZ ANDREA DAHLMAN 10113198
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
- Owner Name: WALGREEN ARIZONA DRUG CO. Corp File #: 00449518
(Exactly as it appears on Liquor License) (If applicable)
- Business Name: WALGREENS #06333 Email: ANDREA@LEWKLAW.COM
(Exactly as it appears on Liquor License)
- Business Location Address: 2440 S. IRONWOOD DR. APACHE JUNCTION PINAL 85220
(Do not use P.O. Box Number) City COUNTY Zip
- Is the Business located within the incorporated limits of the above City or Town? ☒ Yes ☐ No
- 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? ☐ Yes ☒ No If Yes, what City, Town or Tribal Reservation is this Business located in: _____
- Mailing Address: 2600 N. CENTRAL AVE. STE. 1775 PHOENIX AZ 85004
City State Zip
- Business Phone: (480) 288-0428 Daytime Contact Phone (602) 200-7222
- Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☒ Yes ☐ No If yes, submit a certified copy of minutes.
- Has there been any change of Controlling Persons? ☒ Yes ☐ No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	SEE ATTACHED							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	SEE ATTACHED							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(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.

Publicly traded
NASDAQ: WBA
No one owns 10% or more

Walgreens Boot Alliance, Inc.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, Executive VP

Walgreen Co.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, President / CEO
Alan Nielsen, Director, Treasurer
Amelia Legutki, Vice President

Walgreen Hastings Co.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, Director
Richard Ashworth, Director / President
Amelia Legutki, Vice President
Alan Nielsen, Director, Treasurer

Walgreen Arizona Drug Co.
Licensee

Alexander Gourlay, Director
Richard Ashworth, President / CEO
Amelia Legutki, Vice President
Alan Nielsen, Director, Treasurer

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? ☐ Yes ☐ No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider **BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.** If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☐ Yes ☐ No
If yes, Name of current Manager: _____
Last First Middle

Basic Training ☐ Yes ☐ No

Management Training ☐ Yes ☐ No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # _____

2. Current Agent Name: _____
(Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____
(Controlling Person/Existing Agent)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ of _____, _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO

If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

SECTION 7

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

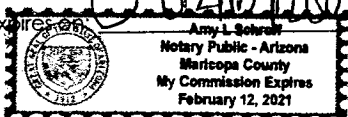
I, (Print full name) ANDREA DAHLMAN LEWKOWITZ, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Signature]
(Controlling Person/Existing Agent)

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My commission expires on: _____

8 of MAY, 2017
Day Month Year



[Signature]
Signature of NOTARY PUBLIC



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.

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#: 10113198

(If the location is currently licensed)

1. Check the
Appropriate
Box →

☐ Controlling Person
(complete all questions)

☒ Agent

☐ Manager
(complete all questions except #12)

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: B13135937 State: AZ
(NOT a public record)

4. Place of birth: MANKATO MN USA Height: 5' 8" Weight: 140 Eyes: HZL Hair: BLN
City State COUNTRY (not county)

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: [REDACTED]
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 04/1961
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: WALGREENS #06333 Business Phone: 480 / 288 / 0428

9. Business Location Address: 2440 S IRONWOOD DR APACHE JUNCTION AZ PINAL 85220
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC, 2600 N CENTRAL AVE. #1775 PHOENIX, AZ 85004

(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

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☒ No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) ☐ Yes ☒ No
14. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202 ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in?
A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) ANDREA DAHLMAN LEWKOWITZ, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: 

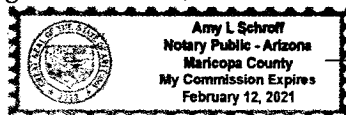
NOTARY

State of Arizona)

County of MARICOPA)

On this 8 Day of MAY, 20 17 before me personally appeared ANDREA DAHLMAN LEWKOWITZ
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



(Affix Seal Above)


Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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,

A handwritten signature in black ink that reads 'Andrea D. Lewkowitz'. The signature is fluid and cursive.

Andrea 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

17 MAY 10 4:44 PM EDT

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of 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 TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

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

Liquor License#: 10113198

(If the location is currently licensed)

1. Check the appropriate box →

☒ Controlling Person (complete questions 1-19)

☐ Agent

☐ Manager

(complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)

2. Name: ASHWORTH RICHARD MARK Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: A263-7537-5011 State: IL
(NOT a public record)

4. Place of birth: TAMPA FL USA Height: 5'9" Weight: 190 Eyes: GRN Hair: BRN
City State COUNTRY (not county)

5. Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

6. Name of current/most recent spouse: ASHWORTH JENNIFER MARIE BOND Birth Date: [REDACTED]
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? IL If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 847-942-9704

9. E-mail address: RICHARD.ASHWORTH@WALGREENS.COM

10. Business Name: WALGREENS #06333 Business Phone: 480 288 / 0428

11. Business Location Address: 2440 S IRONWOOD DR APACHE JUNCTION AZ PINAL 85220
Street (do not use P O box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2014	CURRENT	PRES. PHARMACY & RETAIL OP	WALGREENS - 108 WILMOT RD. DEERFIELD, IL 60015
01/2014	09/2014	DIR OF HEALTHCARE, HEALTH + BEAUTY	BOOTS UK LIMITED - NG2 3AA, NOTTINGHAM, UK
09/2010	12/2013	CORPORATE OPERATIONS VP	WALGREENS - 108 WILMOT RD. DEERFIELD, IL 60015

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
	CURRENT		SEE ATTACHMENT			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Attachment to Questionnaire

Richard Mark Ashworth

#13 Residence History:

From	To	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	<u>5</u> 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 ☒ 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. ☐ Yes ☐ No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY 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 ☒ No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. ☐ Yes ☒ 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 liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? ☒ Yes ☐ No

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ Yes ☐ No

If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.
Give complete details 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 / AGENT / MANAGER
Controlling Person / Agent / Manager
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of ILLINOIS County of LAKE
the foregoing instrument was acknowledged before me this

My commission expires on: 3/14/17
OFFICIAL SEAL
KELLY WARE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/14/17

23 of July 2016
Day Month Year
[Signature]
Signature of NOTARY PUBLIC

**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 liquor license.
The manager named must be at least 21 years of age.

(Print Name)

X (Signature) _____
Controlling Person / Agent

State of _____ County of _____
the foregoing instrument was acknowledged before me this

My commission expires on: _____

Day Month Year

Signature of NOTARY PUBLIC

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

1718810 LW, Dept M124

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of 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 TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

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

Liquor License#: 10113198
(If the location is currently licensed)

1. Check the appropriate box

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
---	--

2. Name: GOURLAY ALEXANDER WALLACE Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: G640-0195-9363 State: IL
(NOT a public record)

4. Place of birth: SPRINGBURN, SCOTLAND UK Height: 6'0" Weight: 180 Eyes: BRN Hair: GRY
City State COUNTRY (not county)

5. Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

6. Name of current/most recent spouse: GOURLAY MARGARET KENNEDY Birth Date: [REDACTED]
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? IL If Arizona, date of residency:

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 847-315-2500

9. E-mail address: ALEX.GOURLAY@WALGREENS.COM

10. Business Name: WALGREENS #06333 Business Phone: 480 / 288 / 0428

11. Business Location Address: 2440 S IRONWOOD DR APACHE JUNCTION AZ PINAL 85220
Street (do not use P O box #) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2013	CURRENT	EVP/CEO/PRESIDENT	WALGREENS CO. - 108 WILMOT RD. DEERFIELD, IL 60015
12/1981	08/2013	CEO	WALGREENS BOOTS ALLIANCE, UK - NG2 3AA NOTTINGHAM, UK

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
11/2013	CURRENT	OWN	607 LONGWOOD AVENUE	GLENCOE	IL	60022
10/2013	11/2013	RENT	1801 TOWER DRIVE (ALOFT AT THE GLEN (847) 486-1234)	GLENVIEW	IL	60026
07/2006	10/2013	OWN	CEDAR LAWN, PACKWOOD LANE	LAPWORTH	UK	B946AU

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 ☒ No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? ☐ Yes ☐ No
(Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license.

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY 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 ☒ No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints. ☐ Yes ☒ 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 liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? ☒ Yes ☐ No

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ Yes ☐ No

If you answered "YES" to any Question 15 through 19 **YOU MUST** attach a signed statement.
Give complete details 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 / AGENT / MANAGER
Controlling Person / Agent / Manager
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of IL County of LAKE
the foregoing instrument was acknowledged before me this
20th of June 2016
Day Month Year
[Signature]
Signature of NOTARY PUBLIC

My commission expires on: 3/14/17 OFFICIAL SEAL
KELLY WARE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/14/17

**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 liquor license.
The manager named must be at least 21 years of age.

(Print Name)

X (Signature) _____
Controlling Person / Agent

State of _____ County of _____
the foregoing instrument was acknowledged before me this

Day of _____ Month Year

My commission expires on: _____


Signature of NOTARY PUBLIC

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



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.

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#: 10113198
(If the location is currently licensed)

1. Check the Appropriate Box

☒ Controlling Person (complete all questions) ☐ Agent

☐ Manager (complete all questions except #12)

2. Name: LEGUTKI AMELIA DOROTHY Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: L232-0046-6888 State: IL
(NOT a public record)

4. Place of birth: HAMMOND IN USA Height: 5'5" Weight: 180 Eyes: GRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: LEGUTKI RICHARD CHARLES Birth Date: [REDACTED]
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? ☐ Yes ☒ No If yes, what is your date of residency: _____
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 847.315.2500 E-mail address: AMELIA.LEGUTKI@WALGREENS.COM

8. Business Name: WALGREENS #06333 Business Phone: 480/ 288/ 0428

9. Business Location Address: 2440 S IRONWOOD DR APACHE JUNCTION AZ PINAL 85220
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
10/2010	CURRENT	VICE PRESIDENT	WALGREENS CO. 300 WILMOT RD, DEERFIELD, IL 60015

(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

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☒ No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) ☐ Yes ☒ No
14. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance,
regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic
violations, include only those that are alcohol and/or drug related.) A.R.S. §4-202 ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or
summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or
misrepresentation. ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona? ☒ Yes ☐ No
A.R.S. §4-202(D)

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

18. Signature Block

I, (Print Name) AMELIA DOROTHY LEGUTKI, hereby declare that I am the Owner/Agent filing this application, I
have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: [Signature]

NOTARY

State of ~~ARIZONA~~ ILLINOIS)

County of LAKE)

On this 28 Day of APRIL, 20 17 before me personally appeared AMELIA DOROTHY LEGUTKI
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and
acknowledged that he or she signed the above attached document.



OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 14, 2021

[Signature]

Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as
manager for the named liquor license.

SIGNATURE: _____

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

17 MAY 10 10:49 AM DEPT PM241



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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of 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 TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

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

Liquor License#: 10113198

(If the location is currently licensed)

1. Check the appropriate box →

☒ Controlling Person ☐ Agent
(complete questions 1-19)

☐ Manager
(complete all questions except #14, 14a & 21,
Controlling Person or Agent must complete #21)

2. Name: NIELSEN ALAN TROY Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: N425-0186-5194 State: IL
(NOT a public record)

4. Place of birth: WATSEKA IL USA Height: 5'10" Weight: 135 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Marital status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

6. Name of current/most recent spouse: NIELSEN SHELLEY DIANE GHAST Birth Date: [REDACTED]
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? IL If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 847-315-3523

9. E-mail address: ALAN.NIELSEN@WALGREENS.COM

10. Business Name: WALGREENS #06333 Business Phone: 480 288 0428

11. Business Location Address: 2440 S IRONWOOD DR APACHE JUNCTION AZ PINAL 85220
Street (do not use P O box#) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
06/1987	CURRENT	VARIOUS POSITIONS	WALGREENS CO. - 108 WILMOT RD., DEERFIELD, IL 60015

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
12/2001	CURRENT	OWN	1263 WILLIAMSBURG LANE	CRYSTAL LK	IL	60014

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 ☒ No

14a. Have you attended a DILLC-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.

☐ Yes ☐ No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY 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 ☒ No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.

☐ Yes ☒ 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 liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years?

☒ Yes ☐ No

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?

☐ Yes ☒ No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?

☒ Yes ☐ No

If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.
Give complete details 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
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature)

[Signature]

Controlling Person / Agent

State of

Illinois County of Lake

the foregoing instrument was acknowledged before me this

My commission expires on:

3/14/17

OFFICIAL SEAL
KELLY WARE
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/14/17

20 of June 2016
Day Month Year

[Signature]
Signature of NOTARY PUBLIC

**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 liquor license.
The manager named must be at least 21 years of age.

(Print Name)

X (Signature)

Controlling Person / Agent

State of

County of

the foregoing instrument was acknowledged before me this

Day of Month Year

My commission expires on:

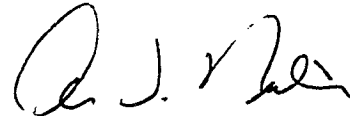
[Signature]
Signature of NOTARY PUBLIC

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