

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

AC	COUISITION OF CONTROL AND AGENT CHANGE COUISITION OF CONTROL	
LIQUOR LICENSE I	05/10/2017	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

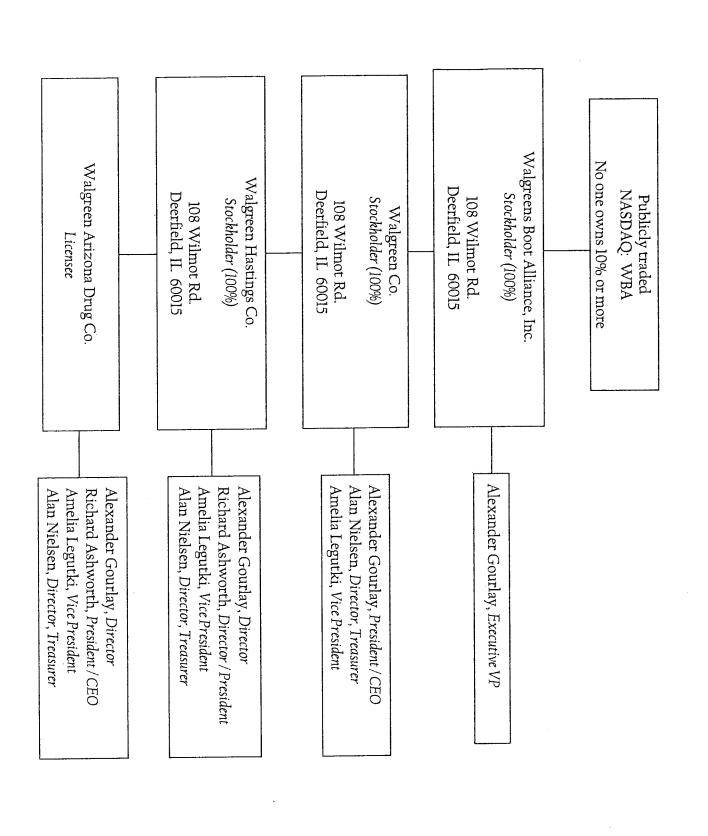
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Date Processed:
5-10-17
CSR: 10 100
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60th Day: 7 0 17
1-9-1 H

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee fee	an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for ec	neth.
NOIE: I) the ree for	an agent change must be subtrimed with this application. 2100.00 for the character than 300.00 for the	101
additional applicat	ion, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control M	וכטי
	be submitted with this application, (A.R.S. 4-209.A)	(T)

		1			cture ns 1,2,3,6 & 7		
Check the appropriate boxes	Agent Change Complete Sections 1,2,3,4,5 & 7		on of Control ctions 1,2, 3 & 7	Restructure Complete Sections 1,2,3,6 8			
SECTION 2	(COMPLETE THIS SECTION FOR AGE	NT CHANGE, ACQL	ISITION OF CONTROL				
1. Name:	LEWKOWITZ KISTING AGENT OR NEW AGENT) Last	ANDREA First	DAHLMAN Middle	10113198 Liquor Li	icense #		
2. Owner Na	me: WALGREEN ARIZONA DRUC	GCO. ears on Liquor License)	Corp File #	00449518 (If applie	cable)		
3. Business N	WALGREENS #06333	ears on Liquor License)	Email:	(A)DDE (CIEII	· · · · · · · · · · · · · · · · · · ·		
	ocation Address: 2440 S. IRONWOO		APACHE JUNCTION	ON PINAL COUNTY	85220 Zip		
5. Is the Busin	less located within the incorporated limit	-		COUNT	zip		
	usiness location address have a street add						
	vation? Yes X No If Yes, what City, Tow		n is this Business located PHOENIX	lin: AZ	85004		
_	ddress: 2600 N. CENTRAL AVE. STE. 1		City	State 00-7222	Zip		
	none: (480) 288-0428		<u> </u>				
O D	the state of the section of the section of the			11 1			
y. Does this to submit a c	ransaction involve the sale of any portio ertified copy of minutes.	n of the percentage	e of ownership or corpo	rate stock?[X]Yes[No If yes,		
submit a c	ransaction involve the sale of any portion certified copy of minutes. been any change of Controlling Persons on and/or amended operating agreeme	? X Yes No if yes	, submit a copy of the r				
submit a c 10. Has there to organization SECTION 3 Each new persobtained at the control of th	certified copy of minutes. been any change of Controlling Persons on and/or amended operating agreement (COMPLETE THIS SECTION FOR AGES on listed in section III must submit a question Department of Liquor. A Controlling Persons to be disclosed, current operation of the description of the description of the description of the description of the disclosed, current operation of the disclosed, current of the disclosed of the	? X Yes No if yes ent showing change NT CHANGE, ACQUonnaire (form LIC0101 son already disclosed)	. submit a copy of the r ISITION OF CONTROL () and a Department app I to the Department is no	minutes, amended ar OR RESTRUCTURE) proved fingerprint card it required to submit a	which may be questionnaire.		
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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	
1. As an Agent, will you be physically present and operating the licensed If you answered YES, you must provide a copy of your Basic and Manage Liquor Law training provider <u>BEFORE YOUR APPLICATION FOR AGENT ACQ</u> answered NO, go to question 2.	ement Training Certificate obtained from a Department approved UISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you
2. Is there a current Manager at this license premises disclosed to the De Certificate? Yes No If yes, Name of current Manager:	partment with the current Basic and Management Training First Middle
7	<u> </u>
If "NO" for 1 and 2, a Manager with a current Basic and Management Tra Law training provider must be submitted within 30 days after filing the app	ining Certificate obtained from a Department approved Liquor Dication for Agent Change, Acquisition of Control or Restructure.
SECTION 5 (COMPLETE THIS SECTION FOR AGI To be completed by the INDIVIDUAL OR EXISTING AGENT OR C	ENT CHANGE)
To be completed by the INDIVIDUAL OR EXISTING AGENT OR	CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:
1. License #	
Current Agent Name:	
(Exactly as It appears on license) Last	First Middle
l, (Print full name) to immediately assign a new Agent in the event that I am Unable to convicted of a felony in the last five (5) years.	consent to the appointment of Agent for this license. I agree discharge the duties of Agent for this license. I have not been
	Challe of Countries
(Controlling Person/Existing Agent)	State ofCounty of The foregoing instrument was acknowledged before me this
	of,
My commission expires on:	Day Month Year
-	Signature of NOTARY PUBLIC
	Signature of Northern Forder
SECTION 6 (COMPLETE THIS SECTION FOR RESTR Is there more than one licensed premises involved? YES NO If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license.	Mocation.
Is there more than one licensed premises involved? YES NO If YES, <u>SEPARATE APPLICATIONS</u> must be filed and fees paid for each license,	/location. ew ownership:
Is there more than one licensed premises involved? YES NO If YES, <u>SEPARATE APPLICATIONS</u> must be filed and fees paid for each license, Type of current ownership: Type of ne	/location. ew ownership: J.T.W.R.O.S.
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1. Check the

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)

Appropriate Box	•	Controlling Person X Agent (complete all questions)				☐ Manager (complete all questions except #12)					
2. Name:	LEWKO'	WITZ	ANDREA First		DAHLMAN Middle	Ň	Birth Date:	(NOT a public record)			
3. Social Secu	rity #: (NO	a public record)	Driver Lic	ense#:_	B13135937		_State: <u>AZ</u>				
	th: <u>MANKAT</u> City	O MN State	USA COUNTRY (not c	ounty)	leight: <u>5' 8*</u>	_ Weight: <u>140</u>	Eyes: <u>H</u> 2	ZL Hair: <u>BLN</u>			
5. Name of cu	rrent/most rec	ent spouse:	LEWKOWITZ Last	HARC First	LD JEROME Middle	Maiden	Birth Date:	(NOT a public record)			
A.R.S. 84-20	21AL and ICL	ent of Arizona? er: <u>(602)</u> 200-				e of residency: _ drea@lewklaw.co					
3. Business Nar	me:	WALGREENS	#06333			Busi	ness Phone: _	480 / 288 / 0428			
9. Business Loc	ation Address:		RONWOOD DR	APACH	E JUNCTION City	AZ State	PINAL	85220 Zip			
10. List your en FROM Month/Year 01/2004	nployment or t TO Month/Year CURRENT	DESCRIBE F	s during the pastosition or Busines	ss		EMPLOYERS NAME C (Street Address,	student list re R NAME OF BUSII City, State & Zip) C, 2600 N CE	sidence address.			
							THOLINIA	,72 03004			

(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
					ļ	
			(ATTACH ADDITIONAL SHEET IF NECESSARY)	<u> </u>	<u> </u>	
			nt will you be physically present and operating the lice ver #13 below. If NO, skip to #14.	ensed premises	?	□Yes XNo
			proved Liquor Law Training Course within the past 3 yeard certificate of completion issued by a course provi			□Yes XNo
regardle	ess of the disp	osition, ev	, <u>indicted or summoned</u> into court for violation of <u>ANY</u> ren if dismissed or expunged, within the past five (5) year are alcohol and/or drug related.) A.R.S. §4-202	law or ordinan ears? (For traffic	ce,	□Yes XNo
			aw citations, compliance actions or consents, criminal ou? Include only criminal traffic tickets and complaints			□Yes⊠No
	one <u>EVER</u> obtes esentation.	tained a ju	udgement against you, the subject of which involved	fraud or		□Yes∑No
	ou had a liquo 4-202(D)	or applicat	tion or license rejected, denied, revoked, suspended o	or fined in Arizoi	na in?	□Yes XNo
	If you a		'YES" to any Question 14 through 17 YOU MUST attach nplete details including dates, agencies involved and CHANGES TO THIS APPLICATION MAY NOT BE ACCEPT	dispositions.	ment.	
Signature Blo	L ock		CHARLES TO THE AT ELECTION MAT NOT BE ACCEST		· T	
l, (Print Name)	ANDREA		N LEWKOWITZ hereby declare that I am the pointent and all statements are true, correct and con	e Owner/Agent mplete, to the b	filing this est of my	application, l knowledge.
			\ NOTARY			
State of A	ırizona		<u>)</u> .			
County o	f MARICO	OPA)			
18			$\frac{17}{h}$, 20 $\frac{17}{Year}$ before me personally appeared $\frac{A1}{Y}$	NDREA DAHLM	IAN LEW	KOWITZ
whose ide	entity was prov	ven to me	on the basis of satisfactory evidence to be the person v			81
acknowle	edgéd that he	or she sign	ned the above/attached document.	01		
		3	Notary Public - Arizona Maricona County	Ture of NOTARY PUBLI	-	
(A	ffix Seal Above	e)]	February 12, 2021			
SIGNATURE FO	R CONTROLLI	NG PERSO	N OR AGENTAPPROVING A MANAGER'S APPLICATION			
, (Print Full Name) manager for t)_ he named liq	uor license	, hereby authorize the person na	med on this que	estionnair	e to act as
SIGNATURE:						
2/24/2017			Page 2 of 2			



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,

Indrea 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

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			ntact you during b			estions:	847-94	2-9704			
. E-mail ado	lress: RICH	ARD.ASH	WORTH@WALGE	REENS.CON	<u>/ </u>						
0. Business N	Name:	WALGR	EENS #06333						none:4 <u>80</u>	288	/ 0428
1. Business L	ocation Addr	ess: <u>24</u>	40 S IRONWOOD Street (do not use P O	DR APACI	HEJUNC	TION City	AZ State	PINA	L 852	20	<i>I</i> ip
		r type of b	ousiness during the	e past five (5) years.	If unem				ce ac	ddress.
FROM Month/Year	TO Month/Year	DE	SCRIBE POSITION OR BU	SINESS				NAME OR NAME address, City, Sta			
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09/2010	12/2013	CORI	PORATE OPERATI		Į.			OT RD. DEEI	RFIELD, IL	50015	
3 Indicates	vour residence	e address	(Aπας for the last five (5)	CH ADDITIONA Vegrs:	L SHEET IF N	ECESSARY)				
FROM Month/Year	TO Month/Year	Rent or Own	(IF RENTED ATTACH	RESIDENTIAL ST	IEET WITH, N	AME ADD	RESS, AND	City	State		Zip
	CURRENT			SEE ATTAC		· <u>-</u>		· • • • • • • • • • • • • • • • • • • •			
		-									
	<u> </u>	L	(ATTA)	CH ADDITIONA	L SHEET IF N	ECESSARY)				

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

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 <u>answer #14a below</u> . If NO, skip to #15.	YesXNo
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 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 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 EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?	☐Yes XNo
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 "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 / AGEN Controlling Person / Agent / Manager filling this notification. I have read this document and the contents and all statements are true, correct and complet	
X (Signature) State of The foregoing instrument was acknowledged by the foregoing instrument was acknowledged b	u/ C
	efore me this
OFFICIAL SEAL KELLY WARE My commission expires on: MY COMMISSION EXPIRES:03/14/17 Signature of NOTARY PUBLIC Signature of NOTARY PUBLIC	perfore me this 2016 Year
My commission expires on: KELLY WARE Day Month MY COMMISSION EXPIRES:03/14/17	2016
My commission expires on: KELLY WARE Day Month MY COMMISSION EXPIRES:03/14/17	2016
My commission expires on: My commission expires on: My commission expires: 03/14/17 Month My commission expires on: Month My commission expires: 03/14/17 Signature of NOTARY PUBLIC	2016 Year
My commission expires on: KELLY WARE Day Month 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 liquid the manager named must be at least 21 years of age.	2016 Year
My commission expires on: My commission expires on: My commission expires: 03/14/17 Month My commission expires on: My commission expires: 03/14/17 Signature of NOTARY PUBLIC	Zol 6 Year Uor license.
My commission expires on: KELLY WARE Day Month 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 lique The manager named must be at least 21 years of age. (Print Name)	Zol 6 Year Uor license.
My commission expires on: My commission expires on: My commission expires: 03/14/17 Month My commission expires on: My commission expires: 03/14/17 Signature of NOTARY PUBLIC	Zol 6 Year Uor license.

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

17 NW 10 Liv. Best 891241

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#: (If the location is currently licensed) 1.Check the X Controlling Person Agent Manager appropriate (complete questions 1-19) (complete all questions except #14, 14a & 21, box Controlling Person or Agent must complete #21) WALLACE **GOURLAY ALEXANDER** Birth Date! 2. Name: ___ Middle (NOT a public record) G640-0195-9363 II. Driver License#: State: 3. Social Security #: (NOT a public record) SPRINGBURN, SCOTLAND Height: <u>6'0'</u> UK __ Weight: <u>180</u>__ ____Eyes: BRN Hair: GRY 4. Place of birth: COUNTRY (not county) X Married Divorced 5. Marital status: Single GOURLAY MARGARET KENNEDY Birth Date: 6. Name of current/most recent spouse: Middle (List all for past 5-years, use additional sheet if necessary) Last NOT a public record IL__If Arizona, date of residency: _ 7. You are a bona fide resident of what state? 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 0428 WALGREENS #06333 288 Business Phone: 10. Business Name: 2440 S IRONWOOD DR APACHE JUNCTION ΑZ PINAL 11. Business Location Address: Street (do not use P O box#) State County 12, 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 TO DESCRIBE POSITION OR BUSINESS Month/Year Month/Year (Street Address, City, State & Zip) CURRENT EVP/CEO/PRESIDENT WALGREENS CO. - 108 WILMOT RD. DEERFIELD, IL 60015 09/2013 WALGREENS BOOTS ALLIANCE, UK - NG2 3AA NOTTINGHAM, UK CEO 08/2013 12/1981 (ATTACH ADDITIONAL SHEET IF NECESSARY) 13. Indicate your residence address for the last five (5) years: **RESIDENTIAL Street Address** FROM Rent or (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND City State Zip Month/Year Month/Year Own PHONE NUMBER OF LANDLORD) **GLENCOE** IL 60022 OWN 607 LONGWOOD AVENUE 11/2013 CURRENT 1801 TOWER DRIVE (ALOFT AT THE GLEN (847) 486-1234) **GLENVIEW** 60026 RENT IL 10/2013 11/2013 CEDAR LAWN, PACKWOOD LANE LAPWORTH UK B946AU 10/2013 OWN 07/2006

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 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</u> , <u>denied</u> , <u>revoked</u> , <u>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 "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. 1, (Print Full Name) ALEXANDER WALLACE GOURLAY hereby declare that I am a CONTROLLING PERSON / AGEI Controlling Person / Agent / Manager filing this notification. I have regard this document and the contents and all statements are true, correct and complete	
X (Signature) State of	9KE
My commission expires on: OFFICIAL SEAL KELLY WARE NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/14/17 Signature of NOTARY PUBLIC Signature of NOTARY PUBLIC	2016 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 liquid The manager named must be at least 21 years of age. (Print Name)	uor license,
X (Signature) State of Country of Controlling Person / Agent the foregoing instrument was acknowledged before	
My commission expires on:	Year
Signature of NOTARY PUBLIC	

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

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									
1. Check the Appropriate Box					(If the location is currently licensed) Manager (complete all questions except #12)					
2. Name:	LEGUTKI Last		AMELIA First		DOROTHY Middle		Birth Date	NOT a public record)		
3. Social Security	/ #:(NOT	a public record)	Drive	r License#:	L232-004	16-6888	•	TOT a possic recordy		
4. Place of birth:	HAMMON City	ND IN State	USA COUNTRY (not county)	Height: 5'5"	_ Weight: <u>180</u>	Eyes: <u>GR</u>	N Hair: BRN		
5. Name of curre	ent/most rece	ent spouse: _	LEGUTKI Last	RICHAR First	D CHARLES Middle	Malden	Birth Date	(NOT a public record)		
6. Are you a bon A.R.S. §4-202(7. Daytime telep8. Business Name	(A) and (C) hone numbe	er: <u>847.315.2</u>	500	E-mc	ail address: <u>AN</u>	MELIA.LEGUTK	I@WALGREE	NS.COM 480/288_/0428		
9. Business Locat	ion Address:		IRONWOOI (do not use PO Bo		CHE JUNCTION CITY	AZ State	PINAL County	85220 zip		
10. List your emp	oloyment or ty TO Month/Year		ess during the			EMPLOYERS NAME (
10/2010	CURRENT	VICE PR	ESIDENT		WALGREENS (ELD, 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)			
			ent will you be physically present and operating the lic wer #13 below. If NO, skip to #14.	ensed premises?		□Yes\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			oproved Liquor Law Training Course within the past 3 year certificate of completion issued by a course prov			∐Yes⊠N
regarál	ess of the dis	position, e	d, indicted or summoned into court for violation of \underline{AN} ven if dismissed or expunged, within the past five (5) y hat are alcohol and/or drug related.) A.R.S. §4-202		₽,	∐Yes⊠h
			aw citations, compliance actions or consents, crimino ou? Include only criminal traffic tickets and complain			∐Yes⊠h
	yone <u>EVER</u> ob esentation.	otained a	judgement against you, the subject of which involved	fraud or		∐Yes⊠h
	ou had a liqu §4-202(D)	or applica	ation or license rejected, denied, revoked, suspended	or fined in Arizono	o? ixo €	⊠Yes□h
	If you	answered	"YES" to any Question 14 through 17 YOU MUST attac	h a signed statem	ent	7
	/55		mplete details including dates, agencies involved an CHANGES TO THIS APPLICATION MAY NOT BE ACCE	d dispositions.		
<u>ınature Bl</u>			CHARGE TO THE ATTEMPT TO THE ACCE.			
	AMELIA D	OROTHY	LEGUTKI, hereby declare that I am t	he Owner/Agent f	ilina this	application
			the content and all statements are true, correct and co			
GNATURE:		My				
			NOTARY			
	XXXXXX II	/				
	i (.	HIVON	' }			
County	of LAKE	An.i		MELIA DOROTH	VIEGIT	דעז
On this 🗲	Day of 1	30 191 L	nth, 20 Year before me personally appeared.			
_				(Print Name of D	ocument 2	gner)
whose id	lentity was pro	oven to me	e on the basis of satisfactory evidence to be the person	•		• ,
whose id acknowl	lentity was pro edged that n	e e e ció	gned the prove fattached document. OFFICIAL SEAL	•		• ,
whose id acknowl	lentity was pro edged that i	e e e ció	OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires Sign	•	ims to be	• ,
acknowl	lentity was produced the real state of the real	ne sk	OFFICIAL SEAL Notary Public, State of Illinois	who he or she cla	ims to be	• ,
acknowl	edged that have a second secon	l sign	OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires Sign	who he or she cla	ims to be	• ,
acknowl	Affix Seal Abo	LING PERS	OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires March 14, 2021 ON OR AGENT APPROVING A MANAGER'S APPLICATIO hereby authorize the person n	who he or she cla What Grune of NOTARY PUBLIC N	ims to be	e and
acknowl (/ CNATURE FO Print Full Name anager for	Affix Seal Abo OR CONTROL the named li	LING PERS	OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires March 14, 2021 ON OR AGENT APPROVING A MANAGER'S APPLICATIO hereby authorize the person n	who he or she cla What Grune of NOTARY PUBLIC N	ims to be	e and

18.

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

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.

*Walqreens

Amelia Dorothy Legutki



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

Department of Liquor Licenses and Control QUESTIONNAIRE

			nd checks only.	are intomia	1011 IS COI	maermar.	11115 11110[11	idilon may be (given 10	iuw eniorcemen		
Attention ap	plicant : This is a	sworn doc	ument. Type or prin							conducted. False		
			riminal prosecution ACH CONTROLLING							ARILO TOLINA NAGO		
AN "APPLICAI LAW ENFORC FEE. IN ADDITION	NT" TYPE FINGEI EMENT AGENCI ON TO OTHER FI	RPRINT CAF ES, BONA F NGERPRINT	RD AVAILABLE AT TH TIDE FINGERPRINT SE FEES, A \$22.00 DPS	HIS OFFICE FIN RVICES OR TH BACKGROUN	IGERPRINT TE DEPART ID CHECK	S ON FBI A MENT OF L FEE WILL BI	APPROVED LIQUOR. TH	CARDS (BLUE LI HE DEPARTMENT (NED) ARE	E ACCEPTED FRO		
The tees allo	wed by A.R.S.	§ 4-6852	will be charged fo	or all dishon		<u>cks.</u> uor Lice	nse#·	101131	98			
1.Check the						OO! LICE	Π36π.	(If the locatio		tly licensed)		
appropriate		X Controlling Person Agent					Manager					
box	→	(complete questions 1-19)					(complete all questions except #14, 14a & 21,					
						Cor	ntrolling P	erson or Agent	must co	omplete #21)		
0.11	NIELS	SFN	AT A	ALAN		TROY		D: 11 D				
2. Name:	Las	-	First		Middle			Birth Da	Birth Date. (NOT a public			
					N	425 DIGE	5104	T	•	- ,		
3. Social Sec	curity #:	NOT a public	Driv	er License#	:	423-0100-	73194	State: <u>I</u>	<u>L</u>			
4 Place of b	irth: WATSE	· · ·	IL USA		Hojaht.	5'10 '	Waiaht:	135 Eyes:	BRN	Hair: BRN		
4. Flace of b	Clty	S		Y (not county)	_ neigni.		weight.	Eyes:		Hair:		
5. Marital sto	ıtus: Single		. X	Married			Divor	ced		Widowed		
6 Name of a	current/most re	ecent spo	use: NIELSEN	SHEL	LEY D	IANE	GHAS'	T Birth D	ate			
			necessary) Last	First		Middle	Maid			OT a public record)		
7. You are a	bona fide resi	ident of w	hat state? <u>IL</u>		I1	Arizona,	date of r	esidency:				
If you have registration o		zona resic	lent for less than	three (3) r	months, s	ubmit a	copy of	your Arizona	Drivers 1	icense or vote		
B. Daytime to	elephone num	nber to co	entact you during	business ho	urs for qu	estions: _{	847-315-3	523				
9. E-mail add	dress: <u>ALAN.</u>	NIELSEN	@WALGREENS.C	OM								
10. Business 1	Name:V	VALGREE	NS #06333					Business Pho	A80 <u>2</u>	8 % 0 / 128		
11. Business l	ocation Addr	ess:	2440 S IRONW Street (do not use P C	OOD DR A	PACHE JI	UNCTION City	V AZ	Z PI	NAL unty	85220 zip		
12. List your e	employment c	or type of	business during th	e past five (5) years.					nce address.		
FROM Month/Year	TO Month/Year	DE	SCRIBE POSITION OR B	USINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)							
06/1987	CURRENT		VARIOUS POSIT	TIONS				VILMOT RD., DEERFIELD, IL 60015				
						TELL 10 C		TEMOT ROS, DI				
			 									
				CH ADDITIONA	L SHEET IF N	ECESSARY)						
	/ 		for the last five (5) years: RESIDENTIAL SH	eet Address							
FROM Month/Year	TO Month/Year	Rent or Own	(IF RENTED ATTACH		EET WITH, N	AME ADDRE	SS, AND	City	State	Zip		
12/2001	CURRENT	OWN	1263 WILLIAMS	BURG LAN	E			CRYSTAL LK	1L	60014		
									<u> </u>			
										 		

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.)	YesXNo
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 "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. L (Print Full Name) ALAN TROY NIELSEN , hereby declare that I am a CONTROLLING PERSON / AGEN	NT / MANAGER
filing this notification. I have read this document and the contents and all statements are true, correct and complet	e.
X (Signature) State of The Country of Light State of the foregoing instrument was acknowledged to the foregoing in the foregoing instrument was acknowledged to the foregoing in the foregoing in the for	ALC perore me this
OFFICIAL SEAL KELLY WARE NOTARY PUBLIC - STATE OF ILLINOIS My commission expires on: My commission expires on: OFFICIAL SEAL KELLY WARE NOTARY PUBLIC - STATE OF ILLINOIS Day Of Month	2016 Year
Signature of NOTARY PUBLIC	
	
COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION	
21. The applicant bereby authorizes the person named on this questionnaire to act as manager for the named liquent the manager named must be at least 21 years of age.	or license.
(Print Name)	
X (Signature) State of County of	
Controlling Person / Agent the foregoing instrument was acknowledged before	re me this
OfOf	Year
My commission expires on:	
Signature of NOTARY PUBLIC	

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

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