

RECEIVED  
CITY CLERK DEPT.

State of Arizona

2019 APR - Department of Liquor Licenses and Control

# 56761  
Jm

CITY OF APACHE JUNCTION

Created 03/20/2019 @ 08:57:29 AM

Local Governing Body Report

### LICENSE

Number: 06110012 Type: 006 BAR  
Name: LUCKY SKIES  
State: Pending  
Issue Date: Expiration Date: 08/31/2019  
Original Issue Date: 10/02/1984  
Location: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA  
Mailing Address: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

THIS COPY  
[REDACTED]  
REDACTED

Currently, this license has pending applications.

### AGENT

Name: DEBORAH LEE WOHLER  
Gender: Female  
Correspondence Address: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

### OWNER

Name: LUCKY SKIES LLC  
Contact Name: DEBORAH LEE WOHLER  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: 1945990 State of Incorporation: AZ  
Incorporation Date: 02/11/2019  
Correspondence Address: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

REDACTED

Officers / Stockholders

Name:

Title:

% Interest:

DEBORAH LEE WOHLER  
JANET RAE SOTOMAYOR

MANAGING MEMBER  
CREDITOR

100.00

### LUCKY SKIES LLC - MANAGING MEMBER

Name: DEBORAH LEE WOHLER  
Gender: Female  
Correspondence Address: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: COOLDEB.CHIPS@GMAIL.COM

### LUCKY SKIES LLC - CREDITOR

Name: JANET RAE SOTOMAYOR  
Gender: [REDACTED]  
Correspondence Address: 400 E SAN ANGELO AVENUE  
GILBERT, AZ 85234  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

## APPLICATION INFORMATION

Application Number: 56761  
Application Type: Owner Transfer  
Created Date: 03/20/2019

## QUESTIONS & ANSWERS

006 Bar

- 1) If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S. §4-203.01. Would you like to apply for an Interim Permit?  
Yes  
A Document of type INTERIM PERMIT is required.
- 4) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.  
Yes
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes
- 6) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
No
- 15) Please provide name, address, and Distance of nearest school.  
2 MI APACHE JUNCTION UNIFIED SCHOOL 801 W SOUTHERN AVE APACHE  
JUNCTION AZ 85120
- 16) Please provide name, address, and distance of nearest church.  
3500 FT LIGHTHOUSE CHURCH 624 S TOMAHAWK RD APACHE JUNCTION AZ 85119

- 17) Are you a tenant? (A person who holds the lease of a property; a lessee)  
No
- 18) Is there a penalty if lease is not fulfilled?  
No
- 19) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)  
No
- 20) Are you the owner?  
Yes
- 21) Are you a purchaser?  
No
- 22) Are you a management company?  
No
- 23) What is the total money borrowed for the business not including the lease?  
Please list lenders/people owed money for the business.  
\$650,000.00 THE JANET SOTOMAYOR BLOOMER LIVING TRUST 12/14/1992 400 E  
SAN ANGELO AVE GILBERT AZ 85234
- 24) Is there a drive through window on the premises?  
No
- 25) Have you provided a diagram of your premises?  
Yes
- 26) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
CONTIGUOUS
- 27) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

1P

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

Created 03/20/2019 @ 08:53:09 AM

Local Governing Body Report

**LICENSE**

Number:	INP110005386	Type:	INP INTERIM PERMIT
Name:	LUCKY SKIES		
State:	Active		
Issue Date:	03/20/2019	Expiration Date:	07/03/2019
Original Issue Date:	03/20/2019		
Location:	945 E SCENIC STREET APACHE JUNCTION, AZ 85119 USA		
Mailing Address:	945 E SCENIC STREET APACHE JUNCTION, AZ 85119 USA		
Phone:	[REDACTED]		
Alt. Phone:	[REDACTED]		
Email:	[REDACTED]		

**AGENT**

Name:	DEBORAH LEE WOHL
Gender:	Female
Correspondence Address:	945 E SCENIC STREET APACHE JUNCTION, AZ 85119 USA
Phone:	[REDACTED]
Alt. Phone:	[REDACTED]
Email:	COOLDEB.CHIPS@GMAIL.COM

**OWNER**

Name:	LUCKY SKIES LLC		
Contact Name:	DEBORAH LEE WOHL		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	1945990	State of Incorporation:	AZ
Incorporation Date:	02/11/2019		
Correspondence Address:	945 E SCENIC STREET APACHE JUNCTION, AZ 85119 USA		
Phone:	[REDACTED]		
Alt. Phone:	[REDACTED]		
Email:	[REDACTED]		

**Officers / Stockholders**

Name:	Title:	% Interest:
-------	--------	-------------

DEBORAH LEE WOHLER  
JANET RAE SOTOMAYOR

MANAGING MEMBER  
CREDITOR

100.00

### LUCKY SKIES LLC - MANAGING MEMBER

Name: DEBORAH LEE WOHLER  
Gender: [REDACTED]  
Correspondence Address: 945 E SCENIC STREET  
APACHE JUNCTION, AZ 85119  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

### LUCKY SKIES LLC - CREDITOR

Name: JANET RAE SOTOMAYOR  
Gender: [REDACTED]  
Correspondence Address: 400 E SAN ANGELO AVENUE  
GILBERT, AZ 85234  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

## APPLICATION INFORMATION

Application Number: 56762  
Application Type: New Application  
Created Date: 03/20/2019

## QUESTIONS & ANSWERS

### INP Interim Permit

- 1) Enter License Number currently at location  
06110012
- 2) Is the license currently in use?  
Yes
- 3) Please submit section 5, page 6, of the license application when you reach the upload page.  
Yes

STATE OF ARIZONA  
DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

License 06110012

Issue Date: 8/15/2018

Expiration Date: 8/31/2019

Issued To:

JANET RAE SOTOMAYOR, Owner

Location:

SUPERSTITION SKIES RESTAURANT & BAR  
945 E SCENIC  
APACHE JUNCTION, AZ 85119  
USA



Mailing Address:

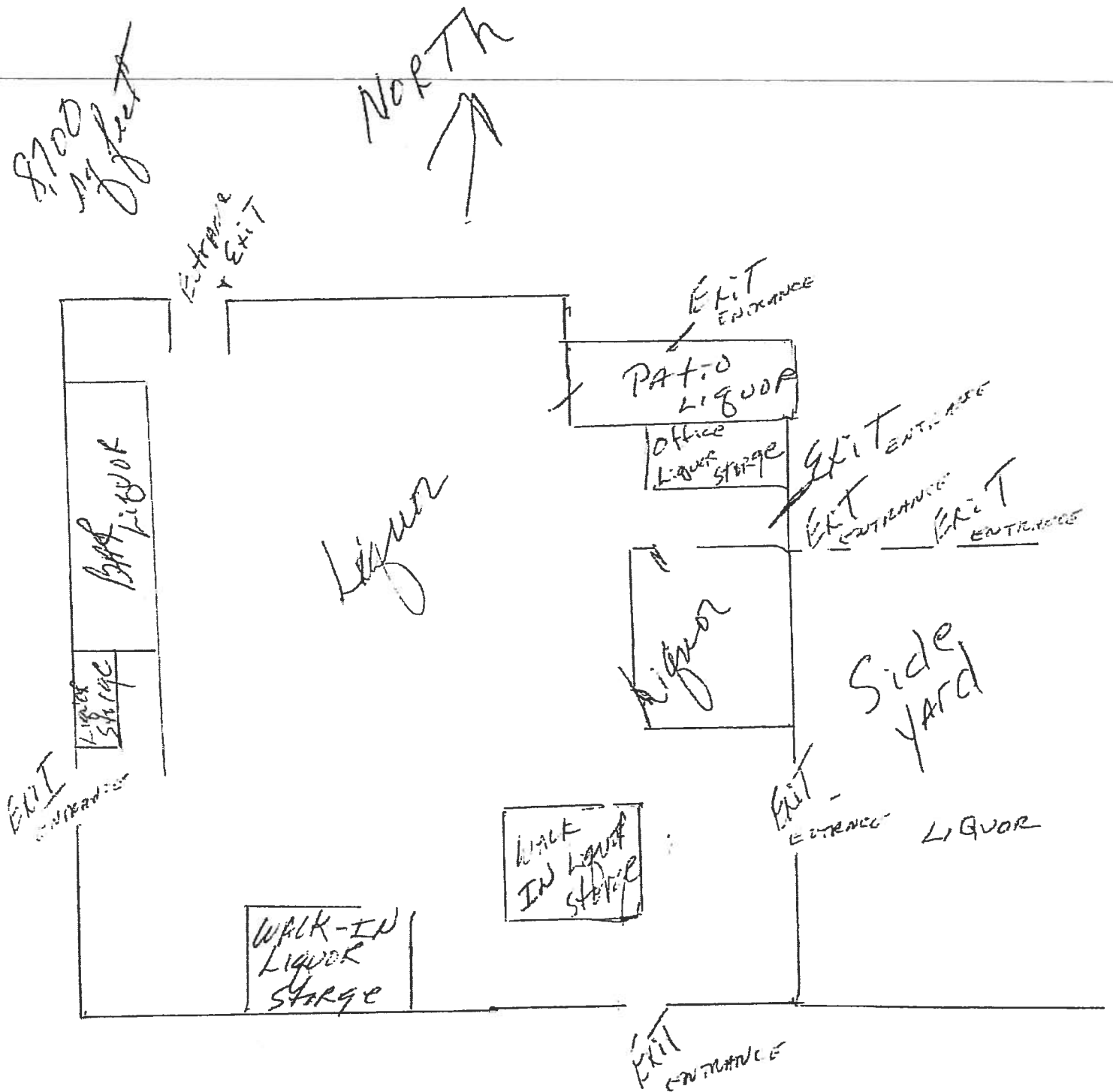
JANET RAE SOTOMAYOR  
SUPERSTITION SKIES RESTAURANT & BAR  
400 E SAN ANGELO AVENUE  
GILBERT, AZ 85234  
USA



POST THIS LICENSE IN A CONSPICUOUS PLACE

19 MAR 20 14. Lic. RM 9 42

'19 MAR 20 LIG. LIC. AM 9 42



19 MAR 20 Liqu. Lic. # 942



Arizona Department of Liquor Licenses and Control  
800 W Washington 5<sup>th</sup> 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 R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: \_\_\_\_\_

1. Check the  
Appropriate  
Box →

☐ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? ☐ Yes ☐ No If yes, what is your date of residency: \_\_\_\_\_

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: Lucky Skies Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: \_\_\_\_\_  
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, or 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)
04/2015	CURRENT	Owner, Lucky Strikes Bar	1985 W. Apache Trail #2, Apache Junction, AZ 85120
07/2016	03/2018	Owner, Lucky's Grill	1985 W. Apache Trail #3, Apache Junction, AZ 85120
11/2014	03/2016	Owner, Village Antiques	1985 W. Apache Trail #4, Apache Junction, AZ 85120
03/2014	11/2014	Retired-Unemployed	4922 N. Cedar Dr., Apache Junction, AZ 85120

(ATTACH ADDITIONAL SHEET IF NECESSARY)





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

19 MAR 20 147. Lic. # 9142

**QUESTIONNAIRE**  
A.R.S. §4-202, 4-210  
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804,705  
Jr

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 06110012 / 50701

1. Check the  
Appropriate  
Box →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	---	--

2. Name: Wohle Deborah Lee  
Last First Middle (NOT a public record)

3. Social Security #: 564-90-2561 Driver License#: [REDACTED] State: AZ

4. Place of birth: [REDACTED] City State COUNTRY (not country) Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]

5. Name of current/most recent spouse: Wohle Henry C Birth Date: 6/1/11 (NOT a public record)

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 2013

7. Daytime telephone number: [REDACTED] E-mail address: [REDACTED]

8. Business Name: Lucky Skies LLC Business Phone: 1 1

9. Business Location Address: 945 E Scenic ST Apache Junction AZ 85119  
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, or 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)
2014-	CURRENT	Lucky strikes Bar	1985 W Apache Trail Apache Junction AZ 85120

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: *A.R.S. 54-202(D)*

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
04/2013	CURRENT	4922 N. Cedar Dr., Apache Junction, AZ 85120
01/2008	04/2013	100 W. Spring Mountain Vista Ave., Pahrump, NV 89060

(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 DILC approved Basic & Management Liquor Law Training Course within the past 3 years? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☐ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) *A.R.S. 54-202, 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 or suspended in or outside of Arizona within the last five years? *A.R.S. 54-202(D)* ☐ Yes ☐ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? *A.R.S. 54-202(D)* ☐ Yes ☐ No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
2013	CURRENT	4922 N Cedar DR Apache Junction, AZ 85120

(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 Basic & Management Liquor Law Training Course within the past 3 years? ☒ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☒ Yes ☐ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) Deborah Wohle hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Deborah Wohle

State of AZ County of PINAL  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 12-15-2020

04 Day of 03 2019  
Day Month Year



TRISHA GETZ  
Notary Public - State of Arizona  
PINALE COUNTY  
My Commission Expires  
December 15, 2020

[Signature]  
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

\*19 MAR 20 Lic. Lic. # 9/42

3/18/2019

Deborah L. Wohle  
4922 N. Cedar Dr.  
Apache Junction, AZ 85120  
March 18, 2019

[REDACTED]

[REDACTED]



Deborah L. Wohle

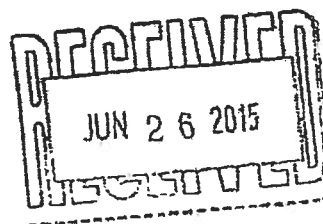


ARIZONA DEPARTMENT OF PUBLIC SAFETY  
SCIENTIFIC EXAMINATION REPORT

DR NO. 2015707264

Page 1 of 1

AGENCY Apache Junction Police Department  
Apache Junction, AZ 85734  
AGENCY NO. 150326001  
OFFICER BUEHLER, #241  
DATE June 04, 2015  
NAME(S) WOHLER, DEBORAH



EXAMINATION REQUESTED

Alcohol Analysis

ITEMS

65169.A. Blood specimen

RESULTS / INTERPRETATIONS

65169.A. Analysis of the specimen showed it to contain  $0.204 \pm 0.011$  grams of ethanol per 100 mL of blood.

Contact the laboratory if further testing for drugs is still required. Resubmission of the evidence may be necessary.

19 MAR 20 11:49 AM 942

GREGORY B. OHLSON, #6312, Criminalist  
Central Regional Crime Laboratory  
2102 W. Encanto Blvd., Phoenix, AZ 85009  
602-223-2861

Uncertainty of the concentration is given  
at a level of confidence greater than  
99.73%.

*Laboratory System Accredited by the ASCLD/LAB - International (ISO)*

*Any notes, photographs, charts, or graphs generated during the examination are retained in the laboratory.*

19 MAR 20 14, 11:00 AM

OFFENSE REPORT  
ALCOHOLIC INFLUENCE RECORD

## APACHE JUNCTION POLICE DEPARTMENT

DR. No.  
150326001

S U S P E C T	FIRST <b>DEBORAH</b>		MIDDLE <b>L.</b>		LAST NAME <b>WOLLE</b>		SOCIAL SECURITY NO. [REDACTED]	
	ADDRESS (RESIDENCE) [REDACTED]				CITY [REDACTED]		STATE [REDACTED]	
	SEX <b>F</b>	WEIGHT [REDACTED]	HEIGHT [REDACTED]	HAIR [REDACTED]	EYES [REDACTED]	ORIGIN <b>W</b>	D.O.B. <b>50</b>	PLACE OF BIRTH [REDACTED]
	OCCUPATION <b>BUSINESS WIFE</b>				BUSINESS ADDRESS <b>APACHE JCT AZ</b>		JURISDICTION [REDACTED]	
V E H	PLATE NO. [REDACTED]		YEAR [REDACTED]	STATE [REDACTED]	COLOR [REDACTED]	YEAR [REDACTED]	MAKE [REDACTED]	TYPE [REDACTED]
	OWNER [REDACTED]		INCARCERATED <input type="checkbox"/>		RELEASED O.R. <input checked="" type="checkbox"/>			
OCCURRENCE		DATE/TIME <b>03 25/15</b>		LOCATION <b>UNIVERSITY 196th</b>		ARREST		DATE/TIME [REDACTED]
EXAMINATION: (DRAW CIRCLES AROUND WORDS DESCRIBING OBSERVED CONDITIONS.)		TEST SURFACE <b>BLACK TOP</b>						
BREATH		Odor of alcoholic beverage		none		faint		moderate
COLOR OF FACE		Apparently Normal		Flushed		Pale		
CLOTHES		Orderly		Mussed		Soiled		Disarranged
ATTITUDE		Polite		Excited		Antagonistic		Disorderly
UNUSUAL ACTIONS		Profanity		Hiccough		Belching		Vomiting
EYES		Apparently normal		Watery		Bloodshot		
C H E C K S Q U A R E S I F T E S T S A R E M A D E	<input type="checkbox"/> PUPILS		Apparently normal		Dilated		Contracted	
	<input checked="" type="checkbox"/> BALANCE		Fair		Sure		Swaying	
	<input type="checkbox"/> WALK &		Fair		Sure		Swaying	
	TURNING		Fair		Sure		Swaying	
	<input type="checkbox"/> FINGER-TO-NOSE TEST		Right - Sure		Uncertain		Left - Sure	
	<input type="checkbox"/> STAND ON ONE FOOT		Sure		Swaying		Staggering	
<input checked="" type="checkbox"/> SPEECH		Fair		Stuttered		Stuttering		
ANY PHYSICAL IMPAIRMENT?		<b>MANLY</b>		ADVISED: INDEPENDENT BLOOD TEST		<b>Yes</b>		
ARE YOU ILL? . . . . . HAVE YOU BEEN TO A DOCTOR OR DENTIST RECENTLY? <b>NO</b> . . . . . IF SO, WHEN? . . . . . ARE YOU TAKING MEDICINE? . . . . . IF SO, WHAT? . . . . . LAST DOSE . . . . . DO YOU HAVE DIABETES? <b>NO</b> . . . . . ARE YOU TAKING INSULIN? . . . . . HAVE YOU USED A MOUTH WASH RECENTLY? <b>NO</b> . . . . . ARE YOU INJURED? <b>DISABLED</b> . . . . . HOW MUCH SLEEP DID YOU HAVE LAST NIGHT? <b>NONE</b> . . . . . HOW MUCH TODAY? <b>NONE</b> . . . . . WHEN DID YOU LAST EAT? <b>15 Hrs</b> . . . . . WHAT? <b>Bacon</b> . . . . . WERE YOU OPERATING THIS VEHICLE? <b>Yes</b> . . . . . WHERE WERE YOU GOING? <b>Home</b> . . . . . WHERE DID YOU START FROM? <b>BAR</b> . . . . . WHEN DID YOU LEAVE? <b>Few min ago</b> . . . . . WHERE ARE YOU NOW? <b>Superette's Dept</b> . . . . . WHAT TIME IS IT NOW? <b>2330 - 0000</b> . . . . . HAVE YOU BEEN DRINKING? <b>Yes</b> . . . . . WHAT? <b>3 glasses wine</b> . . . . . WHERE? <b>BAR</b> . . . . . HOW MUCH? <b>391.55</b> . . . . . COMMENCED <b>1800</b> . . . . . STOPPED <b>2030</b> . . . . . HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? <b>N/A</b> . . . . . WHAT? . . . . . HOW MUCH? . . . . .								
THE FOLLOWING WARNINGS WERE GIVEN TO THE ARRESTED PERSON: 1. YOU HAVE THE RIGHT TO REMAIN SILENT. 2. ANY STATEMENT YOU MAKE CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW. 3. YOU HAVE THE RIGHT TO CONSULT WITH AN ATTORNEY AND HAVE HIM PRESENT PRIOR TO AND DURING QUESTIONING. 4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU PRIOR TO ANY FURTHER QUESTIONING, IF YOU SO DESIRE.				SUBJECT INFORMED OF THE OFFENSE (S) FOR WHICH ARRESTED . . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SUBJECT ADVISED OF HIS RIGHTS. . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SUBJECT INDICATED HE UNDERSTOOD. . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SUBJECT WAIVED HIS RIGHTS. . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> JUVENILE ADVISED THAT HE MAY BE REMANDED TO ADULT COURT. . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARENTAL APPROVAL OBTAINED FOR QUESTIONING OF JUV. . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> FILE BY ARRESTING OFFICER? . . . . . YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARENT OR JUVENILE P.O. CONTACTED (HOUR) . . . . . SUBJECT ADVISED OF RIGHTS (HOUR) . . . . . <b>0035</b>				
PENDING <input checked="" type="radio"/> CLOSED BY ARREST <input type="radio"/> CLOSED, OTHER <input type="radio"/>		OFFICER(S) <b>Cpl BUCKLER</b>		I.D. <b>241</b>		DISTRICT [REDACTED]		REVIEWED BY: [REDACTED]
								DATE & TIME TYPED [REDACTED]
								CLERK NO. [REDACTED]

802-01215 3/80

CRIMINAL IDENTIFICATION SECTION

APACHE JUNCTION MUNICIPAL COURT  
300 E SUPERSTITION BOULEVARD, APACHE JUNCTION, AZ 85119 PH - 480-982-8250

STATE OF ARIZONA Plaintiff	Case No: M1149TR2015001324	COMMITMENT ORDER
Vs  DEBORAH L WOHLER Defendant		

Booking Number:

Date of Birth 07/14/1950 Date of Violation: 03/25/2015  
Prior:

Charge(s) : 28-1382A1 - DUI EXTREME BAC .15 - .19 1ST  
DR Number: 150326001

To the County Sheriff/Police Department:

IT IS ORDERED that the defendant be confined to the PINAL COUNTY JAIL for a period of 9 days.

Sentence to be served as follows: Begin on: 11/06/2015 AT: 7:00PM  
End on: AT:  
First: Hours Straight time

Give Credit For: 0 Days Time Served  
Give Credit for: for each day served on fine of

WORK RELEASE: Serve Jail from: N/A till N/A  
From: through and all day on

WEEKENDS Serve jail from: N/A each  
Through: N/A each until time is served.

IT IS FURTHER ORDERED that the Defendant report to:

Date: 10/07/2015

Judge Name: HONORABLE JAMES W HAZEL

Judge Signature: \_\_\_\_\_

The health case certification form was given to the defendant.

Defendant Initials: \_\_\_\_\_

19 MAR 20 11:41 AM 942

APACHE JUNCTION MUNICIPAL 300 E SUPERSTITION BOULEVARD APACHE JUNCTION , ARIZONA 85119

480-982-8250

STATE OF ARIZONA vs DEBORAH L WOHLER

Case Number : M1149TR2015001324

JUDGMENT AND SENTENCE ORDER

Assigned Courtroom : COURT ROOM

☐ Amended

Date of Birth 07/14/1950 Attorney for State State of Arizona Attorney for Defendant WILLIAM PEARLMAN

The State is represented by the above named attorney. The Defendant is present with above named counsel.  
The Defendant is advised of the charge(s), the determination of guilt, and is given the opportunity to speak.

Pursuant to ARS § 13-607, the Court finds as follows:

- ☐ **WAIVER OF COUNSEL** The Defendant knowingly, intelligently, and voluntarily waived the right to be represented by counsel after being advised of the right to be represented by counsel, including the right to have counsel appointed free of charge if the Defendant is indigent and jail were to be imposed.
- ☒ **PLEA** The Defendant knowingly, intelligently, and voluntarily waived the right to a trial with or without a jury, the right to confront and cross examine witnesses, the right to testify or remain silent, the right to present evidence and to have the State compel witnesses of choice to appear and testify, and the right to be presumed innocent until proven guilty beyond a reasonable doubt after having been advised of these rights. By signing below, the judge is certifying that Rule 17, Arizona Rules of Criminal Procedure, was complied with before the plea was taken. The determination of guilt was based upon a plea of guilty/no contest.
- ☐ **WAIVER OF JURY TRIAL AND THEN TRIAL TO THE COURT** The Defendant knowingly, intelligently, and voluntarily waived the right to a trial by jury after having been advised of the right to same. The determination of guilt was based upon a trial to the Court.
- ☐ **JURY VERDICT** The determination of guilt was based upon a verdict of guilty after a jury trial.

Complaint Number(s): 0111300111

**FINES, SANCTIONS, AND FEES**

You are guilty and / or responsible of a misdemeanor and / or civil traffic offense(s). You are to pay the Court the TOTAL sum of \$3,833.71 which includes the following.

CHARGE	DISPOSITION	DISP.DATE	FINE AMT	RESTITUTION
28-1381A1	44-CHARGE DISMISSED BY PROSECUTOR	10/07/2015		
28-1381A2	44-CHARGE DISMISSED BY PROSECUTOR	10/07/2015		
28-1382A1	11-PLEA GUILTY/RESP SENT IMPOSED	10/07/2015	<u>\$2779.10</u>	
28-1382A2	44-CHARGE DISMISSED BY PROSECUTOR	10/07/2015		

And the following Case Fees:

83% Surcharge - Prosecutor Recovery Fee	<u>\$157.38</u>
INCARCERATION FEES IMPOSED	<u>\$772.23</u>
Indigent Assessment Fee	<u>\$125.00</u>

**CONDITIONAL AND OTHER SENTENCING OPTIONS - NOT APPLICABLE**

CHARGE	CONDITION	BY DATE	REDUCE TO
--------	-----------	---------	-----------

**INCARCERATION**

A total of 30 Jail Days Imposed  
21 days of Jail Sentence is postponed  
Comments: \_\_\_\_\_

Credit for 0 days time served  
Serve 9 days in jail



480-982-8250

WOHLE, DEBORAH L

Case Number : M1149TR2015001324

JUDGMENT AND SENTENCE ORDER

Assigned Courtroom : COURT ROOM

☐ Amended

PROBATION

Defendant is placed on probation for 48 months starting on 10/07/2015.  
Defendant shall comply with the terms and conditions of probation as follows:

1. OBEY ALL LAWS

Do Not Contact: \_\_\_\_\_  
Do Not Harm, Threaten, Harass, or Assault: \_\_\_\_\_  
Do Not Return to: \_\_\_\_\_  
Other Probation Terms: \_\_\_\_\_

RESTITUTION - NOT APPLICABLE

Pay restitution to the victims in the case through the Court. The Court shall forward payment as follows:

COURT MANDATES / SCREENING AND MONITORING

Complete ALCOHOL SCREENING screening/classes/treatment/service as directed, by 01/11/2016.  
Complete MADD VICTIM IMPACT PANEL screening/classes/treatment/service as directed, by 01/11/2016.  
Comments:

FUTURE HEARING - NOT APPLICABLE

Appear at a \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ in Courtroom \_\_\_\_\_

Judge

10-7-15  
Date

Courtroom Staff: I certify that the Defendant's fingerprint was permanently affixed to this document at the time of sentencing.

\_\_\_\_\_  
Date

☐ Current Address on file: HC 61 BOX 159 BATTLE MOUNTAIN NEVADA 89820

☐ Current Phone Number on file: 725 374 6267

Check either/both above only if correct

Please provide correct Address and/or Phone Number:

Corrected Mailing Address: 4922 North Cedar DR Apache Junction

Corrected Primary Phone Number: \_\_\_\_\_

AZ  
85120

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

APACHE JUNCTION MUNICIPAL COURT

300 E SUPERSTITION BOULEVARD, APACHE JUNCTION, AZ 85119 PH - 480-982-8250

STATE OF ARIZONA Plaintiff	Case Number: M1149TR2015001324	Case Status Review
Vs	Complaint Number: 0111300111	
DEBORAH L WOHLER Defendant		

This matter has been scheduled for a CASE STATUS REVIEW on 01/11/2016 at 9:00AM in COURT ROOM 1 at the above address.

YOU MUST APPEAR for this court date. If you fail to appear, any bond that has been posted will be subject to forfeiture, and a warrant being issued for your arrest and / or driver license being suspended.

IT IS YOUR RESPONSIBILITY TO BE AWARE OF ALL FUTURE COURT DATES SHOULD ANY SCHEDULED MATTER BE CONTINUED, YOU MUST CONTACT THE COURT OR YOUR ATTORNEY TO GET THE NEW DATE.

You are required to notify the Court of any change of address in order to continue receiving court notices.

Date: 10/07/2015

Judge Name: HONORABLE JAMES W HAZEL

Judge Signature: \_\_\_\_\_

Defendant signature: \_\_\_\_\_

Defendant Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAYMENT METHODS:

Online at [www.aicity.net/courtpay](http://www.aicity.net/courtpay). In person or by mail at the above address

19 MAR 20 11:41 AM 9:42

1-11-16  
Court date vacated  
after proof of counseling  
provided  
BL

**APACHE JUNCTION MUNICIPAL COURT**  
**300 E SUPERSTITION BOULEVARD, APACHE JUNCTION, AZ 85119 PH - 480-982-8250**

STATE OF ARIZONA Plaintiff	Case Number: M1149TR2015001324	PROBATION (UNSUPERVISED)
Vs	Complaint number: 0111300111	
DEBORAH L WOHLER Defendant 07/14/1950 DOB		

IT IS THE JUDGMENT OF THIS COURT THAT THE DEFENDANT IS GUILTY OF ARS 28-1382A1 - DUI EXTREME BAC .15 - .19 1ST AND IS PLACED ON 48 MONTHS OF UNSUPERVISED PROBATION STARTING ON 10/07/2015. IN ADDITION, AS STANDARD TERMS, SHALL:

1. Maintain a crime-free lifestyle by obeying all laws and not engaging or participating in any criminal activity.
2. Not leave the State of Arizona nor change the place of residence without any notification and approval of the Court.
3. Report to the Court or its designated officer at least once each month in writing, in person or by way of payments until payments are complete.
4. Be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation
5. Do not contact:
6. Do not Harm, Threaten, Harass or Assault:
7. Do Not Return To :
8. ☒ Serve 9 days in the County Jail as directed on commitment order.
9. ☐ Complete a total of 0 hours of community restitution.
10. Attend alcohol screening and one MADD Victim Impact Panel as directed by the court.

**SPECIAL CONDITIONS:**

11. COMPLY WITH ALL OF THE TERMS:
12. OBEY ALL LAWS

**DEFENDANT TO READ AND SIGN:** I understand that if I violate any term or condition, the Court may revoke and terminate my probation and impose a sentence on me in accordance with the law. I agree to waive extradition for any probation revocation proceedings which occur with reference to probation herein granted.

**WARNING:** This is an official order, if you disobey this order the Court may find you in contempt of court. You may also be arrested and prosecuted for the crime of "Interfering With Judicial Proceedings" as provided by ARS 13-2810 and if civil traffic charges are included, your driving privilege will be suspended as provided by ARS 28-1601.

DATE: \_\_\_\_\_

JUDGE SIGNATURE: \_\_\_\_\_ /s/

DATE: \_\_\_\_\_

DEFENDANT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**APACHE JUNCTION MUNICIPAL COURT**  
**300 E SUPERSTITION BOULEVARD, APACHE JUNCTION, AZ 85119 PH - 480-982-8250**

STATE OF ARIZONA Plaintiff	CASE NUMBER: M1149TR2015001324	CERTIFICATION OF RULE 17.2 (e) DISCLOSURE NOTICE OF RIGHT TO POST- CONVICTION RELIEF AND DOMESTIC VIOLENCE CONVICTION WARNINGS
Vs  DEBORAH L WOHLER Defendant	COMPLAINT NUMBER: 0111300111	

**WAIVER OF RIGHT TO APPEAL**

I understand that by pleading either guilty or no contest that I am giving up the right to have a higher court review these proceedings by way of an appeal and that I may only seek review of these proceedings or raise any claim of error by filing a petition for post-conviction relief by way of Rule 32, Arizona Rules of Criminal Procedure.

**RIGHT TO POST CONVICTION RELIEF**

You have a right to petition the municipal court for post-conviction relief, Rule 32, Rules of Criminal Procedure, 17 ARS. In order to begin such a procedure you must first file a NOTICE OF POST-CONVICTION RELIEF with the municipal court within 90 days of the entry of judgment and sentence. If you do not timely file a Notice of Post-Conviction Relief you may never have another opportunity to have any errors made in your case corrected by another court. After filing a Notice of Post-Conviction Relief, you or your attorney must file a timely petition detailing the basis for your claim together with affidavits, records, a transcripts, or other evidence supporting the allegations of the petition. See Rule 32.5 Arizona Rules of Criminal Procedure.

If a jail sentence was imposed, you can file an Affidavit of Indigence with the Notice of Post-Conviction Relief to request a lawyer be appointed to represent you if you cannot afford to hire a lawyer.

**RIGHT TO APPLY FOR SET ASIDE JUDGMENT OF GUILT**

ARS § 13-907 provides that every person convicted of certain criminal offenses may, upon fulfillment of the conditions of probation or sentence apply to the judge who pronounced sentence or imposed probation to have the judgment of guilt set aside. The application to set aside the judgment may be made by the convicted person or by his/her attorney in writing. Forms can be obtained at this Court. If the judge grants the application, the judge shall set aside the judgment of guilt, dismiss the complaint and order that the person be released from all penalties and disabilities resulting from the conviction other than those imposed by the department of transportation. The conviction may be used as a conviction if it would have been admissible had it not been set aside and may be pled and proved in any subsequent prosecution for any offense or used by the department of transportation.

The above provisions do not apply to a person convicted of a criminal offense:

1. Involving the infliction of serious physical injury.
2. Involving the use or exhibition of a deadly weapon or dangerous instrument.
3. For which the person is required or ordered by the court to register pursuant to ARS § 13-3821.
4. For which there has been a finding of sexual motivation pursuant to ARS § 13-118.
5. In which the victim is a minor under fifteen years of age.
6. In violation of ARS § 28-3473, any local ordinance relating to stopping, standing or operation of a vehicle or Title 28, Chapter 3, except a violation of ARS § 28-693, or any local ordinance relating to the same subject matter as ARS § 28-693

**DOMESTIC VIOLENCE CONVICTION WARNINGS (APPLICABLE IF BOX IS CHECKED)**

- ☐ You have been convicted of an offense included in domestic violence. You are now on notice that:
1. If you are convicted of a second offense included in domestic violence, you may be placed on supervised probation and may be incarcerated as a condition of probation.
  2. If you are convicted of a third or subsequent offense included in domestic violence, you will be sentenced to a term of incarceration.

**CERTIFICATION BY DEFENDANT**

I have received a copy of the Certification of Rule 17.2(e) Disclosure, Notice of Right to Post-Conviction Relief, and Domestic Violence Conviction Warnings (If Applicable).

DATE: 10/07/2015

DEFENDANT SIGNATURE: \_\_\_\_\_

APACHE JUNCTION MUNICIPAL COURT  
300 E SUPERSTITION BOULEVARD, APACHE JUNCTION, AZ 85119 PH - 480-982-8250

STATE OF ARIZONA Plaintiff	CASE NO: M1149TR2015001324	GUILTY/NO CONTEST PLEA PROCEEDING
Vs  DEBORAH L WOHLER Defendant		

Defendant appears personally and expresses a desire to plead guilty or no contest to the charges indicated and I find the following facts:

1. Defendant understands the nature of the charges as indicated: 28-1382A1 - MISD- 1ST DEGREE - DUI EXTREME BAC 15 - 19 1ST CHARGE COUNT 03
2. Defendant appears: ☒ With counsel ☐ Without counsel, (Waiver of counsel with file) and understands the Following:
3. Defendant has entered into a: ☒ Plea agreement, and consents to its terms, ☐ Plea to the court
4. Defendant understands the range of penalties to be: Minimum: Suspended sentence. Maximum: \$2500 fine plus penalties and surcharges, 180 days jail and three years probation.
5. If arrested on a subsequent offense, defendant may be charged with a more serious offense and associated penalties.
6. The Court has advised the defendant that this guilty plea may result in a violation of probation or parole.
7. Defendant was advised of the following: If you are not a citizen of the United States, pleading guilty or no contest to a crime may affect your immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. Your plea or admission of guilt could result in your deportation or removal, could prevent you from ever being able to get legal status in the United States, or could prevent you from becoming a United States citizen.
8. Defendant understands that the following constitutional rights are given up by changing the plea:
  - a) Right to plead not guilty and require the State to prove guilt beyond a reasonable doubt.
  - b) Right to a trial ☒ By Jury, ☐ By Judge, ☐ By Jury on facts used to aggravate a sentence
  - c) Right to assistance of an attorney at all stages of the proceeding, including appeal. In some cases, the defendant may be eligible for a court-appointed attorney at a reduced cost or at no cost, if the defendant cannot afford one.
  - d) Right to confront the witnesses against the defendant and to cross-examine them as to the truthfulness of their testimony.
  - e) Right to present evidence in the defendant's own behalf and to have the court compel the defendant's chosen witnesses to appear and testify free of charge.
  - f) Right to remain silent, not to incriminate oneself, and to be presumed innocent unless/or until proven guilty beyond a reasonable doubt.
  - g) Right to a direct appeal.
9. Defendant wishes to give up these constitutional rights after having been advised of them.
10. A basis in fact exists for believing the defendant guilty of the offenses charged.
11. The plea is voluntary and not the result of force or threat, or promises other than those contained in the plea agreement.
12. Defendant may file a Rule 32 petition for post-conviction relief and if denied may file a petition for review.

On the basis of these findings, I conclude that the defendant knowingly, voluntarily, and intelligently pleads:

☒ Guilty ☐ No contest\* to the above charges, and I accept this plea.

\* Rule 17.1c, Rules of Criminal Procedure states that a plea of no contest may be accepted only after due consideration of the views of the parties and the interest of the public in the effective administration of justice.

Date: 10/07/2015

Judge Name: HON JAMES W HAZEL JR

Judge Signature: [Signature]

I certify that the judge personally advised me of the nature of the charges, the range of penalties, and my constitutional rights as indicated above. I understand the constitutional rights which I give up by entering this plea, and I desire to plead guilty or no contest as indicated above. I desire to proceed without an attorney, or if represented, my attorney's signature appears below.

Defendant: \_\_\_\_\_

Defendant attorney bar no: \_\_\_\_\_

Defendant Attorney Signature: \_\_\_\_\_

Interpreter: \_\_\_\_\_

APACHE JUNCTION MUNICIPAL COURT

300 EAST SUPERSTITION BLVD.

APACHE JUNCTION, ARIZONA 85119

(480) 982-8250

18 MAR 20 11:47 AM 9:42

STATE OF ARIZONA

vs.

CASE  
NUMBER:

DUI PLEA  
AGREEMENT

Defendant

The State of Arizona and the Defendant hereby agree to the following disposition of this case:  
The defendant agrees to plead guilty/no contest to:

with the following understanding, terms and conditions:

1. Defendant will pay: Base Fine: \$ \_\_\_\_\_; Surcharge: \$ \_\_\_\_\_; Prison Funds: \$500; DPS Fund: \$500; Abatement Fee: \$ \_\_\_\_\_; Court Fee: \$ \_\_\_\_\_; Prosecution Fee: \$ \_\_\_\_\_; Probation Fee: \$20; Additional Assessment: \$13; for a TOTAL of: \$ \_\_\_\_\_.
2. Defendant will also abide by the terms set forth below and in the attached addendum.
3. The following charges shall be dismissed, or if not yet filed, shall not be brought against Defendant:
4. This agreement, unless rejected or withdrawn, serves to amend the complaint, indictment, or information to charge the offense to which the Defendant pleads, without the filing of any additional pleading. If the plea is rejected or withdrawn, the original charges may be automatically reinstated.
5. Unless this plea is rejected or withdrawn, the Defendant hereby gives up any and all motions, defenses, objections or requests which he or she has made or raised, or could assert hereafter, to the court's entry of judgment against him or her and imposition of a sentence upon him or her consistent with this plea agreement. Defendant further waives and gives up the right to appeal.
6. If after accepting this agreement the court concludes that any of its provisions regarding the sentence or the terms and conditions of probation are inappropriate, it can reject the plea, giving the Defendant an opportunity to withdraw the plea.

**Defendant Acknowledgement:** I have read and understand the above and understand that by pleading guilty or no contest as noted above, I will be giving up my right to a trial by jury, to confront, cross-examine, and compel the attendance of witnesses, and my privilege against self-incrimination. I agree to enter my plea on the terms and conditions set forth in this plea. I fully understand that if, as part of this plea bargain, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation in the event that I violate any written condition of my probation.

Date

Defendant

**Defense Attorney Certification:** I have discussed this case with my client in detail and advised him or her of his or her constitutional rights and all possible defenses. I believe that the plea and disposition set forth herein are appropriate under the facts of this case. I concur with the entry of the plea and the terms and conditions as indicated above.

Date

Defense Counsel

**Prosecutor Advisement:** I have determined that the plea and associated terms and conditions set forth herein are appropriate based on the case as presented to me by pertinent law enforcement agencies of other administrative departments and are in furtherance of justice.

Date

Prosecutor

White (Court) Yellow (Prosecutor) Pink (Defendant) Goldenrod (Defense Attorney)

07/2012

STATE OF ARIZONA vs.                     

'19 APR 20 11:47 AM #942

CASE NO.                     

## DUI ADDENDUM

### ALCOHOL-SUBSTANCE ABUSE SCREENING AND COUNSELING/MADD/JAIL TIME AND JAIL COSTS:

         28-1381A.1, A.2, A.3 (first offense): 10 consecutive days jail, all but 1 day suspended.

         28-1381A.1, A.2, A.3 (second offense): 90 consecutive days jail, all but 60 days suspended.

         28-1382 (BAC .15-.19) (first offense): 30 consecutive days jail.

         28-1382 (BAC .15-.19) (second offense): 120 days jail, 60 consecutive.

         28-1382 (BAC .20 or more) (first offense): 45 consecutive days jail.

         28-1382 (BAC .20 or more) (second offense): 180 days jail, 90 consecutive.

         Pay for all jail costs.

         Attend screening for alcohol/substance abuse & complete recommended program as directed by Court.

         Attend one MADD Victim Impact Panel Program & provide proof of completion as directed by Court.

### RESTITUTION:

         Pay \$                  to the Court for victim   .

### COMMUNITY RESTITUTION:

                          hours of community restitution with proof of completion due as ordered by the Court.

### PROBATION:

                          months probation:                  Unsupervised;                  Supervised.

### MISC:

SIGNED: DATE:                     

PROSECUTOR:                     

DEFENDANT:                     

DEFENSE ATTORNEY:

INCIDENT NUMBER: 150326001		Apache Junction Police Department		ORI# AZ0111300	
<b>INCIDENT REPORT</b>					
<b>ADMINISTRATIVE INFORMATION</b>					
REPORT DATE 03/26/2015 01:00:00		INCIDENT START DATE 03/25/2015 23:31:00		INCIDENT END DATE 03/26/2015 00:50:00	
LOCATION OF INCIDENT Apache Trl // Delaware Dr Apache Junction AZ 85120-		OFFENSE TRACT 01		INCIDENT DESCRIPTION DUI Extreme	
EVIDENCE <input checked="" type="checkbox"/> WEATHER COLLECTED 1 CLEAR		TEMP		LIGHTING 4	
		EXCEPTIONAL CLEARANCE N		EXC CL DATE	
<b>OFFENSE INFORMATION</b>					
STATUTE CODE 28-1381A2		STATUTE DESCRIPTION DUI W/BAC OF .08 OR MORE			TYPE OF WEAPON USED
UNITS ENTERED		FORCED ENTRY <input type="checkbox"/>	COMPUTER USE <input type="checkbox"/>	ALCOHOL USE <input checked="" type="checkbox"/>	DRUG USE <input type="checkbox"/>
				SECURITY TYPE	COUNTS 1
					COMPLETED <input checked="" type="checkbox"/>
					FIM M
LOCATION TYPE HIGHWAY/ROAD/ALLEY		BIAS MOTIVATION			CRIMINAL ACTIVITY
STATUTE CODE 28-1382A		STATUTE DESCRIPTION EXTREME DUI - BAC .15 OR MORE			TYPE OF WEAPON USED
UNITS ENTERED		FORCED ENTRY <input type="checkbox"/>	COMPUTER USE <input type="checkbox"/>	ALCOHOL USE <input checked="" type="checkbox"/>	DRUG USE <input type="checkbox"/>
				SECURITY TYPE	COUNTS 1
					COMPLETED <input checked="" type="checkbox"/>
					FIM M
LOCATION TYPE HIGHWAY/ROAD/ALLEY		BIAS MOTIVATION NONE			CRIMINAL ACTIVITY
<b>VICTIM INFORMATION</b>					
VIC# 1	SAME AS COMPLAINT <input checked="" type="checkbox"/>	NAME (LAST, FIRST MIDDLE) State of Arizona			HOME #
					CELL #
					WORK #
ADDRESS			EMAIL		
DOB	AGE	TO AGE	SEX	RACE	ETHNICITY
					RESIDENT STATUS
					HEIGHT
					WEIGHT
EYE COLOR		HAIR COLOR		SSN	OLN #
					OLN STATE
SCARS/MARKS/TATTOOS					
EMPLOYER/SCHOOL		OCCUPATION		ADDRESS	
TYPE OF VICTIM G		AGGRAVATED ASSAULT CIRCUM		JUST HOM CIRCUM	
				STATEMENT <input type="checkbox"/>	
				DOMESTIC <input type="checkbox"/>	
INJURY TYPE		RELATIONSHIP TO OFFENDER 1-10		Offenses Involved 1-10	
<input type="checkbox"/> None	<input type="checkbox"/> Unconscious	1:	8:	1: 900	6:
<input type="checkbox"/> Minor	<input type="checkbox"/> Lacerations	2:	7:	2: <b>CONFIDENTIAL INFORMATION</b>	7:
<input type="checkbox"/> Internal	<input type="checkbox"/> Bones	3:	8:	Secondary disclosure is PROHIBITED	9:
<input type="checkbox"/> Teeth	<input type="checkbox"/> Other	4:	9:	Date: 8/25/17	10:
		5:	10:	Released To: <i>Deborah Weller</i>	
<b>COMPLAINANT INFORMATION</b>					
NAME (LAST, FIRST MIDDLE)			HOME #	CELL #	WORK #
					STATEMENT <input type="checkbox"/>
ADDRESS			EMAIL		
DOB	AGE	SEX	RACE	ETHNICITY	RESIDENT STATUS
					OLN #
					OLN STATE
<b>OFFICER INFORMATION</b>					
REPORTING OFFICER BUEHLER THEODORE241			REVIEWING OFFICER		APPROVING OFFICER BUEHLER THEODORE241

15 MAR 2017, 11:09 AM





CITY OF APACHE JUNCTION  
Police Department  
**Arizona Traffic Ticket and Complaint**

19 MAR 20 11:47:11 AM 9:43

Complaint # <b>123441</b>	SSN	Agency Use	Vehicle	<input type="checkbox"/> Accident <input type="checkbox"/> Fatality	<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Commercial <input type="checkbox"/> Haz. Material
Driver's License Number	State	Class	License Category M H N P T X D	Rest. Adj.		
First	Male	Last				
Residential Address	City	State	ZIP	Telephone		
Mail Address	City	State	ZIP	Telephone		
Business Address	City	State	ZIP	Telephone		
Sex	Weight	Height	Eye	Hair	Origin	Date of Birth
Agency Use						
<b>VEHICLE</b>	Color	Year	Make	Model	Style	License Plate
Registered Owner	<input type="checkbox"/> Same as defendant					Vehicle Identification Number
The undersigned certifies that						
ON	Month	Day	Year	Time	AM PM	SPEED
AT	Location				City	State
If defendant committed the following						
A	Section	ARS CC	Violation	Domestic Violence Case	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
B	Section	ARS CC	Violation	Domestic Violence Case	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
C	Section	ARS CC	Violation	Domestic Violence Case	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
D	Section	ARS CC	Violation	Domestic Violence Case	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
E	Section	ARS CC	Violation	Domestic Violence Case	<input type="checkbox"/> Criminal <input type="checkbox"/> Criminal Traffic	<input type="checkbox"/> Municipal Code <input type="checkbox"/> Civil Traffic <input type="checkbox"/> Petty Offense
You must appear at:				Municipal Court #1149 300 E. Superstition Blvd. Apache Junction, Arizona 85119 (480) 982-8250		
at the date and time indicated				Month	Day	Year
				AM PM		
<input type="checkbox"/> Without admitting guilt, I agree to appear as directed herein. <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint.				VICTIM? <input type="checkbox"/> VICTIM NOTIFIED? <input type="checkbox"/>		
X				I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.		
Agency Use				Complainant		
<input type="checkbox"/> Juvenile must bring parent or guardian to court appearance.				PSN		

## OFFENSE REPORT

## ALCOHOLIC INFLUENCE RECORD

## APACHE JUNCTION POLICE DEPARTMENT

DR. No.

150326001

S U S P E C T	FIRST <b>DEBORAH</b>	MIDDLE <b>L.</b>	LAST NAME <b>WOLFE</b>		SOCIAL SECURITY NO. <b>564-90-2561</b>							
	ADDRESS (RESIDENCE) <b>4922 N. CEDAR DR</b>		CITY <b>APACHE JCT</b>	STATE <b>AZ</b>	DRIVERS LICENSE # <b>1800757738</b>	STATE <b>NV</b>						
	SEX <b>F</b>	WEIGHT <b>195</b>	HEIGHT <b>5'10"</b>	HAIR <b>BRO</b>	EYES <b>HAZ</b>	ORIGIN <b>W</b>	D.O.B. <b>7/14/50</b>	PLACE OF BIRTH				
	OCCUPATION <b>BUSINESS OWNER</b>		BUSINESS ADDRESS <b>APACHE JCT AZ</b>		JURISDICTION		INCARCERATED <input type="checkbox"/>	RELEASED O.R. <input checked="" type="checkbox"/>				
V E H	PLATE NO.	YEAR	STATE	COLOR	YEAR	MAKE	TYPE	OWNER				
	DATE/TIME <b>03/25/15</b>		LOCATION <b>UNIVERSITY</b>		ARREST		DATE/TIME		CHARGE	LOCATION		
EXAMINATION: (DRAW CIRCLES AROUND WORDS DESCRIBING OBSERVED CONDITIONS.)											TEST SURFACE <b>BLACK TOP</b>	
BREATH		Odor of alcoholic beverage		none	faint	moderate	strong	FIELD TEST ADMIN. <input checked="" type="checkbox"/>				
COLOR OF FACE		Apparently Normal		Flushed	Pale	REFUSED <input type="checkbox"/>						
CLOTHES		Orderly	Mussed	Soiled	Disarranged	Disorderly	OFFICER <b>241</b>					
ATTITUDE		Polite	Excited	Antagonistic	Cocky	Care-free	Stupefied	DATE <b>3/25/15</b> TIME				
UNUSUAL ACTIONS		Profanity	Hiccough	Belching	Vomiting	Fighting	CHEMICAL TEST ADMIN. <input checked="" type="checkbox"/>					
ETES		Apparently normal	Watery	Bloodshot	REFUSED <input type="checkbox"/>				OFFICER <b>134</b>			
CHECK SQUARES IF TESTS ARE MADE	<input type="checkbox"/> PUPILS	Apparently normal	Dilated	Contracted	Poor reaction to light		DATE <b>3/26/15</b> TIME <b>0035</b>					
	<input checked="" type="checkbox"/> BALANCE	Fair	Sure	Swaying	Wobbling	Sagging Knees	Falling	SAMPLE NO.				
	<input type="checkbox"/> WALK A	Fair	Sure	Swaying	Slumbling	Staggering	Falling	READING <b>PBT .206 0043</b>				
	<input type="checkbox"/> TURNING	Fair	Sure	Swaying	Uncertain	Staggering	Falling	ACCIDENT				
	<input type="checkbox"/> FINGER-TO-NOSE TEST	Right - Sure	Uncertain	Left - Sure	Uncertain	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
	<input type="checkbox"/> STAND ON ONE FOOT	Sure	Swaying	Staggering	Falling	PRIOR D.W.I.						
<input checked="" type="checkbox"/> SPEECH	Fair	Slurred	Stuttering	Confused	Incoherent	VEHICLE DISPOSITION						
ANY PHYSICAL IMPAIRMENT?		<b>MANLY</b>		ADVISED: INDEPENDENT BLOOD TEST		<b>Yes</b>		TOWED <input checked="" type="checkbox"/>				
ARE YOU ILL?		HAVE YOU BEEN TO A DOCTOR OR DENTIST RECENTLY?		<b>NO</b>		IF SO, WHEN?		STORED <input type="checkbox"/>				
ARE YOU TAKING MEDICINE?		IF SO, WHAT?		LAST DOSE		A.M. P.M.		RELEASED TO				
DO YOU HAVE DIABETES?		<b>NO</b>		ARE YOU TAKING INSULIN?		HAVE YOU USED A MOUTH WASH RECENTLY?		<b>NO</b>				
ARE YOU INJURED?		<b>DISABLED</b>		HOW MUCH SLEEP DID YOU HAVE LAST NIGHT?		<b>NONE</b>		HOW MUCH TODAY? <b>NONE</b>				
WHEN DID YOU LAST EAT?		<b>15 Hrs</b>		WHAT?		<b>BAGEL</b>		WHEN DID YOU LAST EAT? <b>4 DAYS AGO - 3 HRS</b>				
WERE YOU OPERATING THIS VEHICLE?		<b>YES</b>		WHERE WERE YOU GOING?		<b>HOME</b>		WHERE DID YOU START FROM?		<b>BAR</b>		
WHEN DID YOU LEAVE?		<b>Few MIN AGO</b>		WHERE ARE YOU NOW?		<b>SHERIFF'S Dept</b>		WHAT TIME IS IT NOW?		<b>2330 - 0000</b>		
HAVE YOU BEEN DRINKING?		<b>YES</b>		WHAT?		<b>3 glasses wine</b>		WHERE?		<b>BAR</b>		
HOW MUCH?		<b>3 glasses</b>		COMMENCED		<b>1800</b>		A.M. P.M.		STOPPED <b>2030</b> ( <b>45 min before stop</b> )		
HAVE YOU BEEN DRINKING SINCE THE ACCIDENT?		<b>N/A</b>		WHAT?		HOW MUCH?		A.M. P.M.				
THE FOLLOWING WARNINGS WERE GIVEN TO THE ARRESTED PERSON:											SUBJECT INFORMED OF THE OFFENSE (S) FOR WHICH ARRESTED. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
1. YOU HAVE THE RIGHT TO REMAIN SILENT.											SUBJECT ADVISED OF HIS RIGHTS. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
2. ANY STATEMENT YOU MAKE CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.											SUBJECT INDICATED HE UNDERSTOOD. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. YOU HAVE THE RIGHT TO CONSULT WITH AN ATTORNEY AND HAVE HIM PRESENT PRIOR TO AND DURING QUESTIONING.											SUBJECT WAIVED HIS RIGHTS. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU PRIOR TO ANY FURTHER QUESTIONING, IF YOU SO DESIRE.											JUVENILE ADVISED THAT HE MAY BE REMANDED TO ADULT COURT. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
											PARENTAL APPROVAL OBTAINED FOR QUESTIONING OF JUVENILE BY ARRESTING OFFICER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PARENT OR JUVENILE P.O. CONTACTED (HOUR)											SUBJECT ADVISED OF RIGHTS (HOUR)	
FENDING <input checked="" type="checkbox"/>											<b>0035</b>	
CLOSED BY ARREST <input type="checkbox"/>											REVIEWED BY:	
CLOSED, OTHER <input type="checkbox"/>											DATE & TIME TYPED	
											CLERK NO.	

802-01215 3/80

CRIMINAL IDENTIFICATION SECTION



19 MAR 20 147. Lic. # 9 43

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

ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS **AMENDMENT**

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

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

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

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

SECTION I - APPLICANT INFORMATION

\* INDIVIDUAL OWNER/AGENT NAME (Print or type) Deborah Lee Wohle

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☒ Yes ☐ No

If Yes, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: Passport  
Go to Section IV.

If you answered No, you must complete Section III and IV.



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

19 MAR 20 17. Lic. AM 9 43

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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**SECTION I – APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type) Deborah Wohle

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?

☒ Yes

☐ No

If Yes, indicate place of birth:

City SANTA MONICA State (or equivalent) CA. Country or Territory LA

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: PASSPORT + Driver Lic  
Go to Section IV.

If you answered No, you must complete Section III and IV.

### SECTION III – ALIEN STATUS DECLARATION

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

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

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

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

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

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

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

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

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

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

#### ***Otherwise Lawfully Present***

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE:** The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.



Deborah Lee Wohle

Individual Owner/Agent Printed Name

AMENDMENT

Individual Owner/Agent Signature

Today's Date

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

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

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

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

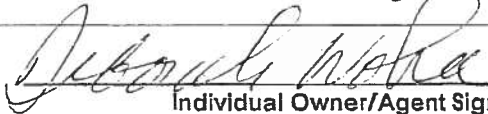
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All applicants must complete this section.

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Deborah Wohle

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

3-4-2019

Today's Date

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

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Certificate # ON-LINE

## Certificate of Completion

For

## Title 4 BASIC Liquor Law Training

☐ On-sale  
☐ Off-sale  
☒ On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

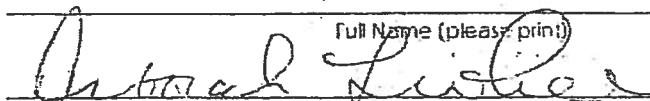
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Per required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a cont employment

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

## Student Information

Deborah Wohle

Full Name (please print)



Signature

01/09/2019

Training Completion Date

01/09/2022

Certificate Expiration Date  
(three years from completion date)

## Training Provider Information

## AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

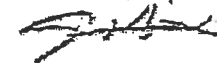
Mailing Address

(480) 664-0389

Daytime Contact Phone Number

I, Jared Repinski, certify that the above named individual did successfully comp  
 Instructor Name (please print)

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



Instructor Signature

 09 / 01 / 2019  
 Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a licensed business of a series listed below

2) licensees, agents and managers actively involved in the daily t operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)  
 Conveyance (series 8)  
 Restaurant (series 12)

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

Bar (series 6)  
 Private Club (series 14)

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

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



Certificate # ON-LINE (D)

19 MAR 20 17. Lic. # 943

**Certificate of Completion**  
**For**  
**Title 4 MANAGEMENT Liquor Law Training**

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

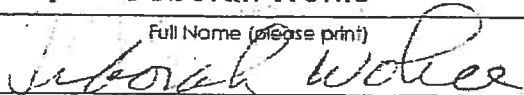
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

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

**Student Information**

**Deborah Wohle**

Full Name (please print)



Signature

**January 10, 2019**

Training Completion Date

**January 10, 2022**

Certificate Expiration Date

(three years from completion date)

**Training Provider Information**

**AATF – All-Star Alcohol Awareness**

Company Name

**P.O. Box 6252, Chandler, Arizona 85246**

Mailing Address

**(480) 664-0389**

Daytime Contact Phone Number

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

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

  
Instructor Signature

**10 / 01 / 2019**

Day Ma Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

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

Bar (series 6)  
Private Club (series 14)

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

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

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

July 11, 2013