

State of Arizona
Department of Liquor Licenses and Control

JOB# 112702
Apache Junction
KR

Created 07/23/2020 @ 08:23:29 AM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	A&D SHELL		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	420 N APACHE TRAIL APACHE JUNCTION, AZ 85120 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(480)288-6666		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLA.COM		

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLA.COM

OWNER

Name: SAL STORES LLC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23088590 State of Incorporation: AZ
Incorporation Date: 05/21/2020
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
JUNAIB AHMED RIZVI	MGR/MEMBER/STOCKHOLDER	100.00

**SAL STORES LLC -
MGR/MEMBER/STOCKHOLDER**

Name: JUNAIB AHMED RIZVI
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (503)484-3161
Alt. Phone:
Email: JARIZVI@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 112702
Application Type: New Application
Created Date: ~~06/24/2020~~
7/23/2020

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 2) Provide name, address, and distance of nearest school and church.
(If less than one (1) mile note footage)
SCHOOL
Apache Trail High School | 945 Apache Trail, Apache Junction, AZ 85120
1,656 FT.
CHURCH
Table Of Grace Church | 555 Apache Trail, Apache Junction. AZ 85120
2,816 FT.

- 3) Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
PROPERTY OWNER
- 4) Is there a penalty if lease is not fulfilled?
 No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
 Yes
- 6) What is the total money borrowed for the business not including the lease?
 Please list each amount owed to lenders/individuals.
 \$575,000.00
 CELTIC BANK
 268 S State St., Suite 300, Salt Lake City UT 84111
- 7) Is there a drive through window on the premises?
 No
- 8) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
 NO PATIO
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
INTERIM PERMIT (INP) NOTARY PAGE	A&D Shell_AzDLLC_Section 5_PENDING.pdf	06/24/2020
DIAGRAM/FLOOR PLAN	A&D Shell_Premises Diagram_Jun 23 20.pdf	06/24/2020
ALIEN STATUS	A&D Shell_Agent Quest + Ltr (Andrea)_Jun 9 20.pdf	06/24/2020
QUESTIONNAIRE	A&D Shell_CP Jay Rizvi_Quest + Training_Jun 8 20.pdf	06/24/2020

State of Arizona
Department of Liquor Licenses and Control

Created 07/23/2020 @ 08:29:15 AM

Local Governing Body Report

LICENSE

Number:	INP110011872	Type:	INP INTERIM PERMIT
Name:	A&D SHELL		
State:	Active		
Issue Date:	07/23/2020	Expiration Date:	11/05/2020
Original Issue Date:	07/23/2020		
Location:	420 N APACHE TRAIL APACHE JUNCTION, AZ 85120 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(480)288-6666		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLaw.COM		

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLaw.COM

OWNER

Name: SAL STORES LLC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23088590 State of Incorporation: AZ
Incorporation Date: 05/21/2020
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLA.COM

Officers / Stockholders

Name:	Title:	% Interest:
JUNAIB AHMED RIZVI	MGR/MEMBER/STOCKHOLDER	100.00

**SAL STORES LLC -
MGR/MEMBER/STOCKHOLDER**

Name: JUNAIB AHMED RIZVI
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (503)484-3161
Alt. Phone:
Email: JARIZVI@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 112706
Application Type: New Application
Created Date: 06/24/2020

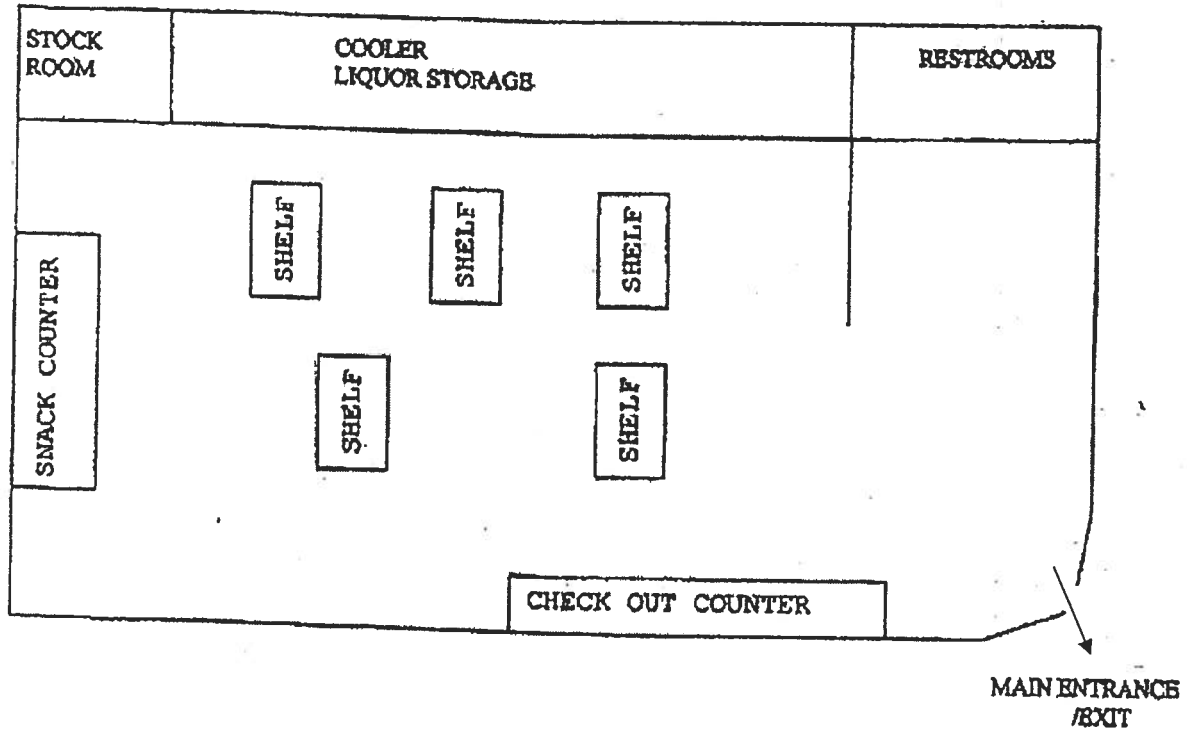
7/23/2020

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
10113297
- 2) Is the license currently in use?
yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
yes

A&D Shell
420 N. Apache Trail
Apache Junction, AZ 85120
2600 sq ft



20 JUL 23 11:47.11. # 834

State of Arizona
Department of Liquor Licenses and Control

Created 08/13/2020 @ 04:07:57 PM

Local Governing Body Report

LICENSE

Number: Type: 010 BEER AND WINE STORE

Name: APACHE MARKETPLACE

State: Pending

Issue Date: Expiration Date:

Original Issue Date:

Location: 420 N APACHE TRAIL
APACHE JUNCTION, AZ 85120
USA

Mailing Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA

Phone: (480)288-6666

Alt. Phone: (602)200-7222

Email: ANDREA@LEWKLA.W.COM

AMENDMENT

20 AUG 13 197. Lic. PM 4:15

AGENT

Name: ANDREA DAHLMAN LEWKOWITZ

Gender: Female

Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA

Phone: (602)200-7222

Alt. Phone:

Email: ANDREA@LEWKLA.W.COM

OWNER

State of Arizona
Department of Liquor Licenses and Control

Created 08/13/2020 @ 04:07:54 PM

Local Governing Body Report

LICENSE

 Number: INP110011872 Type: INP INTERIM PERMIT
Name: APACHE MARKETPLACE
State: Active
Issue Date: 08/13/2020 Expiration Date: 11/05/2020
Original Issue Date: 07/23/2020
Location: 420 N APACHE TRAIL
APACHE JUNCTION, AZ 85120
USA
Mailing Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)288-6666
Alt. Phone: (602)200-7222
Email: ANDREA@LEWKLA.COM

AMENDMENT

AGENT

Name: ANDREA DAHLMAN LEWKOWITZ
Gender: Female
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#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLA.COM

OWNER

20 AUG 13 14: PM 4:15

20 AUG 13 11:41 AM



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 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#: 112702

1. Check the
Appropriate
Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: LEWKOWITZ, ANDREA DAHLMAN Birth Date: / /
Last First Middle (NOT a public record)

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

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

5. Name of current/most recent spouse: Last First Middle Birth Date: / /
(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: APACHE MARKETPLACE 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)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 AUG 13 14:12 PM 4:12



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

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Liquor License#: 112702

1. Check the
Appropriate
Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: RIZVI, JUNAIB AHMED Birth Date: / /
Last First Middle (NOT a public record)

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

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

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

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

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8. Business Name: APACHE MARKETPLACE Business Phone: / /

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FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)