State of Arizona Department of Liquor Licenses and Control

Created 07/14/2020 @ 11:55:25 AM

Local Governing Body Report

LICENSE

Number:		Туре:	010 BEER AND WINE STORE
Name:	ALDI		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	845 N ESTRELLA PARKWA Goodyear, Az 85338 USA	Y	
Mailing Address:	5080 N 40TH STREET #335 PHOENIX, AZ 85018 USA		
Phone:	(602)888-8924		
Alt. Phone:			
Email:	JULIENNE.OVERLAND-VII	LLEGAS@ALDI.US	

AGENT

Name:	CHELSEA RENE BAKER
Gender:	Female
Correspondence Address:	5080 N 40TH STREET
	#335
	PHOENIX, AZ 85018
	USA
Phone:	(602)888-8924
Alt. Phone:	
Email:	JULIENNE.OVERLAND-VILLEGAS@ALDI.US

OWNER

	Name: Contact Name:	ALDI (ARIZONA) LLC CHELSEA RENE BAKER		
	Type:	LIMITED LIABILITY COMP	ANY	
	AZ CC File Number:	R22206826	State of Incorporation:	DE
	Incorporation Date:	09/21/2017		
	Correspondence Address:			
		#335		
		PHOENIX, AZ 85018 USA		
	Phone:			
	Alt. Phone:	(602)888-8924		
	Email:	JULIENNE.OVERLAND-VIL	LEGASMALDIUS	
		JUEIENNE.OVERLAND-VIE	LEOAS@ALDI.05	
0	fficers / Stockholders			
	Name:		Title:	% Interest:
	ALDI INC		Member	100.00
		ALDI (ARIZONA) L	LC - Member	
	Name:	ALDI INC		
	Contact Name:	CHELSEA RENE BAKER		
	Туре:	LIMITED LIABILITY COMP.	ANY	
	AZ CC File Number:		State of Incorporation:	
	Incorporation Date:			
	Correspondence Address:	#335		
		PHOENIX, AZ 85018		
		USA		
	Phone:	(602)888-8924		
	Alt. Phone:			
	Email:	JULIENNE.OVERLAND-VIL	LEGAS@ALDI.US	
	А	LDI INC - CEO/Cha	irman/Director	
	Name:	JASON CHANDLER HART		
	Gender:	Male		
	Correspondence Address:			
		#335		
		PHOENIX, AZ 85018		
	Phone:	USA (620)252 6180		
	Alt. Phone:	(630)253-6189		
	Email:	II II IENINE OVEDI AND VII	LEGASMAIDIUS	
	Emdil.	JULIENNE.OVERLAND-VIL	LEGAS(WALDI.US	

ALDI INC - President/Director

Name:	DAVID KARL BEHM
Gender:	Male
Correspondence Address:	5080 N 40TH STREET
	#335
	PHOENIX, AZ 85018
	USA
Phone:	(630)338-3020
Alt. Phone:	
Email:	JULIENNE.OVERLAND-VILLEGAS@ALDI.US





Name:CHARLES ERNEST YOUNGSTROMGender:MaleCorrespondence Address:5080 N 40TH STREET#335PHOENIX, AZ 85018USAUSAPhone:(630)215-3787Alt. Phone:JULIENNE.OVERLAND-VILLEGAS@ALDI.US

ALDI INC - Secretary/Treasurer

Name: TERRY EDWARD PFORTMILLER Gender: Male Correspondence Address: 5080 N 40TH STREET #335 PHOENIX, AZ 85018 USA Phone: (630)338-3020 Alt. Phone: Email: JULIENNE.OVERLAND-VILLEGAS@ALDI.US

ALDI INC - ShareHOLDER

Name:	HOFER KG (AUSTRIA)
Contact Name:	CHELSEA RENE BAKER
Type:	SHAREHOLDER
AZ CC File Number:	State of Incorporation:
Incorporation Date:	
Correspondence Address:	5080 N 40TH STREET #335 PHOENIX, AZ 85018 USA
Phone:	(602)888-8924
Alt. Phone:	(002)000 0724
Email:	JULIENNE.OVERLAND-VILLEGAS@ALDI.US

MANAGERS

Name:		STEPHANIE LAUREN WILSON	
	Gender:	Female	
	Correspondence Address:	5080 N 40TH STREET	
		#335	
		PHOENIX, AZ 85018	
		USA	
	Phone:	(602)487-4701	
	Alt. Phone:		
	Email:	STEPHANIEWILSON17@YAHOO.COM	

Name:	PHILLIP MAZZEI
Gender:	Male
Correspondence Address:	5080 N 40TH STREET
	#335
	PHOENIX, AZ 85018
	USA
Phone:	(623)455-2085
Alt. Phone:	
Email:	PMAZZEI4346@GMAIL.COM

APPLICATION INFORMATION

Application Number: Application Type: Created Date: 114444 New Application 07/14/2020

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
 - No
- 2) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)

INCITO SCHOOLS 877 N SARIVAL AVE GOODYEAR AZ 85338 1.4 MI 7392 FT

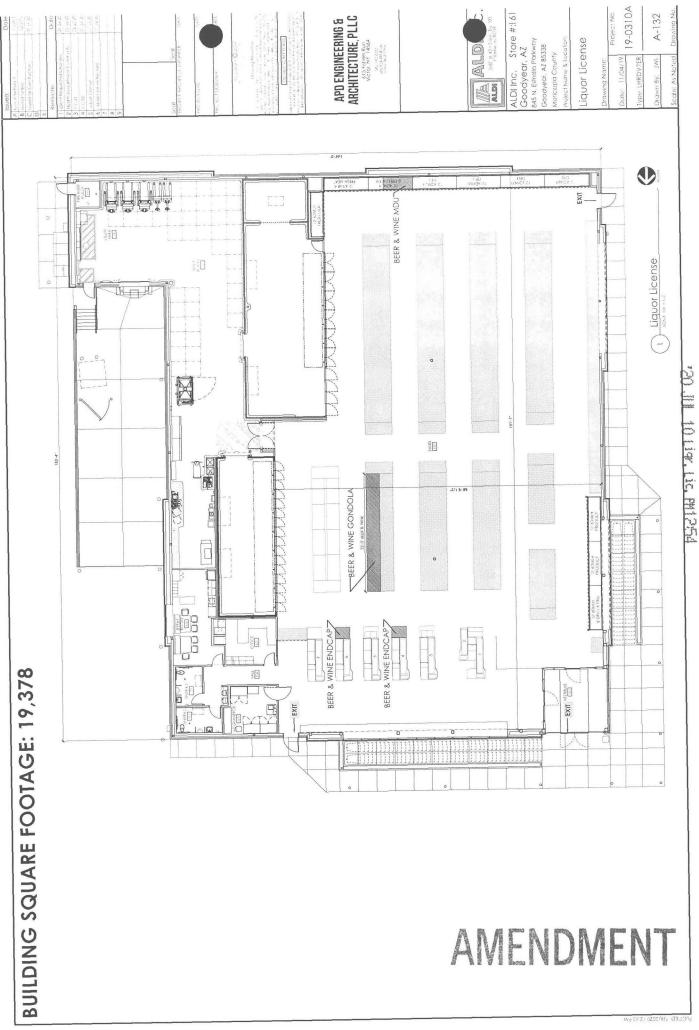
COMPASS CHURCH 16060 W VANBUREN ST GOODYEAR AZ85338 1.3 MI 6864 FT

- Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
 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.
 \$0.00
- 7) Is there a drive through window on the premises?

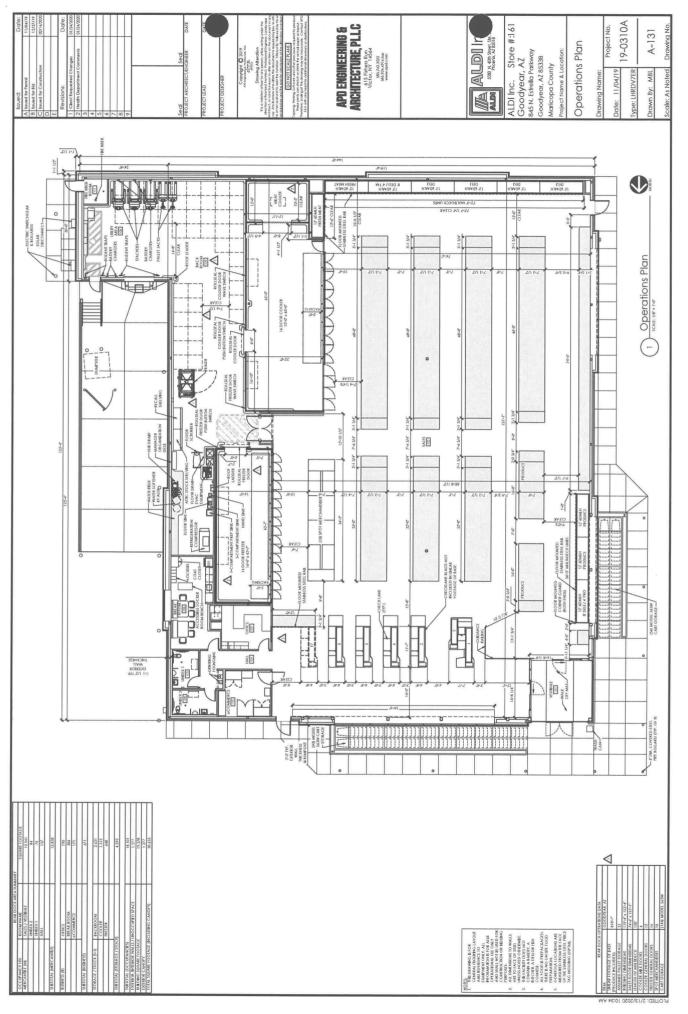
No

- If there is a patio please indicate contiguous or non-contiguous within 30 feet. NONE
- Is your licensed premises now closed due to construction, renovation or redesign or rebuild? Yes

If yes, what is your estimated completion date? 11/05/2020



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"20 JUL 14 Ligr. Lic. PM12009





When recorded, mail to:

Adam Smith, Esq. Kayne Law Group 612 Park Street, Suite 100 Columbus, Ohio 43215

SPECIAL WARRANTY DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, EVERGREEN-ESTRELLA & ROOSEVELT SEC, L.L.C., an Arizona limited liability company ("Grantor"), does hereby convey to ALDI (ARIZONA) LLC, a Delaware limited liability company ("Grantee") the following described real property (the "Property") situated in Maricopa County, Arizona, together with all improvements thereon and any rights and privileges appurtenant thereto:

SEE **EXHIBIT "A"** ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

SUBJECT TO: taxes and assessments which are not yet due or payable; those matters identified on **EXHIBIT "B"** attached hereto a by this reference made a part hereof; any and all conditions, easements, encroachments, rights-of-way, or restrictions which a physical inspection, or accurate ALTA survey of the Property would reveal; and the applicable municipal, county, state or federal zoning and use regulations.

AND GRANTOR hereby binds itself and its successors to warrant and defend the title against all of the acts of Grantor and no other, subject to the matters set forth above.

[Remainder of page intentionally left blank.]

IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed this 25^{4} day of May, 2018.

GRANTOR:

EVERGREEN-ESTRELLA & ROOSEVELT SEC, L.L.C., an Arizona limited liability company

By: Evergreen Development Company-2006, L.L.C., an Arizona limited liability company Its: Manager

By: Evergreen Devco, Inc., a California corporation Its: Manager

By: Ollowra Orthe

Its: President

STATE OF Arizona SS. County of Maricopa

On May 17th, 2018 before me, <u>Peggy Doane</u> (here insert name and title of the officer), personally appeared <u>Laura Orfiz</u> personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

When and for said State

My Commission Expires:

July 6,2018







Exhibit "A" to Special Warranty Deed

Legal Description

THE LAND REFERRED TO HEREIN BELOW IS SITUATED GOODYEAR, IN THE COUNTY OF MARICOPA, STATE OF ARIZONA, AND IS DESCRIBED AS FOLLOWS:

Being a portion of the Southwest quarter of Section 5, Township 1 North, Range 1 West of the Gila and Salt River Base and Meridian, Maricopa County, Arizona, and described as follow:

COMMENCING at the West quarter corner of said Section 5;

THENCE North 89 degrees 56 minutes 58 seconds East, along the East-West mid-section line of said Section 5, a distance of 110.00 feet to a point on the East right of way line for Estrella Parkway;

THENCE South 00 degrees 16 minutes 45 seconds East, along said East right of way line, a distance of 40.00 feet to a point on the future South right of way line for Roosevelt Street and the POINT OF BEGINNING;

THENCE North 89 degrees 56 minutes 58 seconds East, along said future South right of way line for Roosevelt Street, a distance of 265.00 feet;

THENCE departing said future South right of way line for Roosevelt Street, South 00 degrees 16 minutes, 45 seconds East, a distance of 530.00 feet;

THENCE South 89 degrees 56 minutes 58 seconds West, a distance of 265.00 feet to a point on said East right of way line for Estrella Parkway;

THENCE North 00 degrees 16 minutes 45 seconds West, along said East right of way line for Estrella Parkway, a distance of 530.00 feet to the POINT OF BEGINNING.

APN: 500-04-971U



Exhibit "B" to Special Warranty Deed

Permitted Encumbrances

1. Reservations contained in the Patent

From:The United States of AmericaRecording Date:April 22, 1912Recording No:Book 99 of Deeds, Page 137

Which among other things recites as follows:

Subject to any vested and accrued water rights for mining, agricultural, manufacturing, or other purposes and rights to ditches and reservoirs used in connection with such water rights, as may be recognized and acknowledged by the local customs, laws and decisions of the courts, and the reservation from the lands hereby granted, a right of way thereon for ditches or canals constructed by the authority of the United States.

2. Intentionally Omitted

3. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

Purpose:	Canals, laterals, ditches and irrigation
Recording Date:	May 09, 1928
Recording No:	Book 220 of Deeds, Page 392

Partial Release and Restatement of Easement

Recording Date:	September 08, 2006
Recording No:	2006-1196237

4. The effect of the document set forth below, which states that the Land is located within territory in the vicinity of a military airport and may be subject to increased noise and accident potential.

Recording Date:	August 14, 2001
Recording No:	2001-0743413

5. Ordinance No. 15-1321 in favor of Maricopa County, Arizona

For:	Rezoning
Recording Date:	April 16, 2015
Recording No:	2015-0263365

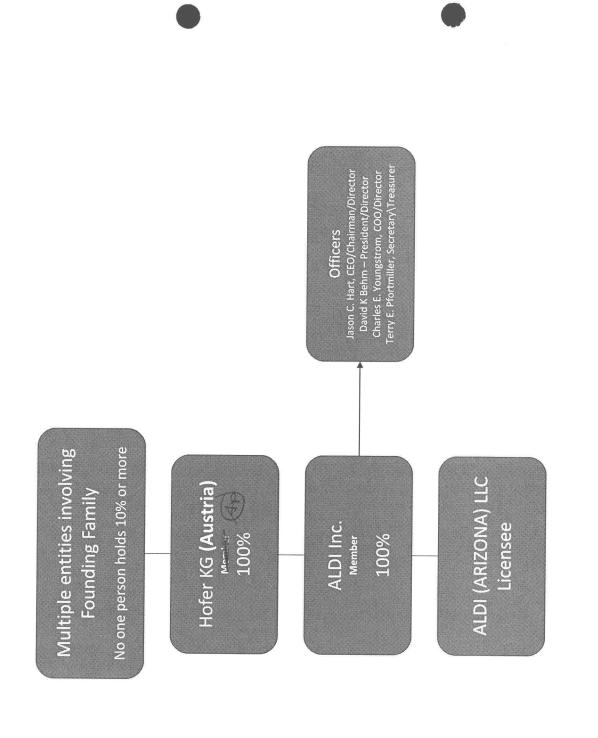
6. Intentionally Omitted

7. Memorandum of Agreement between Evergreen-Estrella & I-10, L.L.C., Cardinal Capital Co., and Fulton Homes Corporation recorded December 15, 2017 in Recording No. 20170930027. Supplement to Development Agreement recorded ______, 20___, in Recording No._____.

8. Declarations of Easements, Covenants, Conditions and Restrictions recorded December 15, 2017 in Recording No. 20170930026. Supplement to Declaration of Easements, Covenants, Conditions and Restrictions recorded ______, 20__ in Recording No._____.

			AZ	
ARIZONA	Arizona Department of Liquor Licenses 800 W Washington 5th Floo Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141 SAMPLING PRIVILEGES APPLICA SERIES 9 OR 10	and Control	DLLC USE ONLY ssuance fee: \$100.00 ssuance Date: Liquor Store (series 9) Beer and Wine Store (series 10) SR: KD ob #: 114444	
*Applicant's Name: Indivual Ag	Chelsea Rene Baker	Licer	ise #:	
Business Name: Aldi				
Business Location: Business Location: Business Location: Business Location: State County State County State State County State State County State State State State State State State County State County State State State County State State State County State State <td< td=""></td<>				
LOCAL GOVERNING BOARD				
l, (Government Official Signature) on behalf of(C	(Title)		PROVAL DISAPPROVAL	
DLLC USE ONLY				
Investigation Recommendation:	Approval 🗖 Disapproval by:		Date://	
Director Signature required for Disa	pprovals:	AMEN	DMEN/T/	

ARIZONA	Arizona Departme 800 W Phoe W SAMPLING	UN 24 PM 3 23 AZDLLO nt of Liquor Licenses of Washington 5th Floor nix, AZ 85007-2934 ww.azliquor.gov (602) 542-5141 PRIVILEGES APPLICATT SERIES 9 OR 10	and Control	DLLC USE Issuance fee: \$100 Issuance Date: Liquor Store (se Beer and Wine CSR: Job #: 11444	.00 ries 9) Store (series 10)
Applicant's Name: [Indivual]A	gent) Ald	i (Arrona	<u>UC</u>) Lie	cense #:	
Business Name: Aldi			4		1
Business Location: 8450.6	stralla PEW	City	ST. CLOO State	County	Zip Code
Mailing Address: 5080 N. 40th	St., Suite 335	Phoenix	AZ	Maricopa	85018
Street Address or P.O. Business Phone Number: (602) 888	Box	City	State	County 602) 888-8924	Zip Code
Email Address: julienne.overl					
Email Address: June Inte. Over	and-vinegas@		awiiquoi		
Series #10 Beer and Wine Bar Only: I declare that my business qua Premises is 5,000 square fee At least 75% of shelf space	et or larger	r and wine			U D
A.R.S. §4-206.01(J) Bar, Beer and Wi I (Signature), form, that I have read A.R.S. §4-206 to the best of my knowledge. I und privileges. The sampling privilege r identified on the first line of this app	.01 and verify all sta derstand there is a \$ enewal fees are du	, hereby declar Itements made on this 100 issuance fee and t	e that I am document to the annual \$6	the INDIVIDUAL/A b be true, correct 50 renewal fee for	GENT filing this , and complete these sampling
LOCAL GOVERNING BOARD					
I, (Government Official Signatur on behalf of		(Title)	Commend	APPROVAL DIS	APPROVAL
				an a	
DLLC USE ONLY					
Investigation Recommendation:	🗆 Approval 🗖 Disap	pproval by:		Date:	//
Director Signature required for Dis	approvals:			Date: _	//

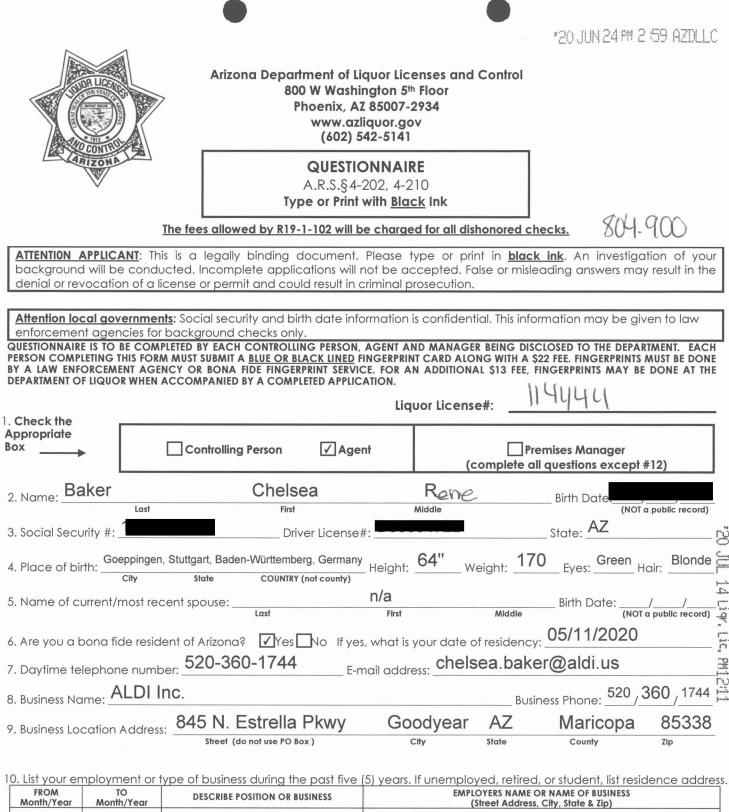


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		>	Arizona Depa 8	00 W Washi Phoenix, A www.az (602) 5 QUESTIC	ngton 5 th Z 85007-2 liquor.gov 342-5141 ONNAIR	Floor 934 v	Control]			"20 JUL 13 Ligr. Lic. AM10/
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1. Check the Appropriate Box		Con	trolling Person	[√] Age	nt	(c		Premises I all questi	Manager ons except	#12)	
2. Name: Ba	ker		Chel	sea		Reine Birth			Date:_		ġ
	Last		Firs			Middle		State	-	l a public reco	ord)
3. Social Secu	100 100 100 000 000 000 000 000 000 000			river License		0.411					 haub
4. Place of bir	th: <u>Goeppinge</u>	en, Stuttgar	t, Baden-Württem	berg, Germany	Height:	64"w	eight:	Eye	es:	Hair:	de 🚆
5. Name of cu	7				n/a			Birth	n Date:	/ /	** 1
		2	Last		First				Date:		ord) "
6. Are you a b	ona fide res	ident of A	rizona? 🔽Ye	s No If ye	s, what is y	your date c	of resider	ncy: 05/1	1/2020		- 10
7. Daytime tel	ephone nun	nber: (60	2) 888-8924	1 E-r	mail addre	ess: julieni	ne.ove	rland-vill	egas@a	ldi.us	Ö
 8. Business Nat 							R	usiness Ph	one: (602)) 888-89	24
		915	N. Estrella	a Pkwv	Go	odyear	AZ		aricopa	8533	
9. Business Loc	cation Addre		Street (do not use PC			ity	State	······································	ounty	Zip	
10. List your em	nployment o to	1	ousiness during		(5) years.			red, or stuc ME OR NAME		idence ac	ldress.
Month/Year	Month/Year	DE	District Mone			(Street Add	ress, City, Sta	te & Zip)	02555)	
04/2018	CURRENT		District Mana			,			/alley, CA		
01/2016	04/2018		Operations Ma		+	<u> </u>		· · · · · · · · · · · · · · · · · · ·	benix, AZ 8		
05/2011	01/2016		Army Offic	er	United State	s Army (various	iocations- F	UIT JACKSON, SC	; Fort Eustis,VA	, For Campbe	II, NT)
			(ATI	ACH ADDITIONA	AL SHEET IF NE	CESSARY)	AN	MEN	DM	ENT	

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2. Name: Bak	er	Chelse	за	Rene		Birth Date:	12) Ŋ	
3. Social Security	Last	First	ver License#:	Middle		State: AZ	public record) المنابع المنابع	
4. Place of birth	Goeppingen, Stutt	gart, Baden-Württembe State COUNTRY ((not county)	64"We	ight:	Eyes: Ho	Į,	
5. Name of curr	ent/most recent s	pouse:	n/a First		Middle	Birth Date:	public record)	
							1	
7. Daytime telep	phone number:	f Arizona?	No If yes, what is K E-mail addre	your date of _{ess:} julienn	e.overland	l-villegas@ald	i.us	
7. Daytime telep 8. Business Nam	ohone number: e:	520-360-1744	E-mail addre	_{əss:} julienn	e.overlanc	l-villegas@ald _{ss Phone:} (602) 8	i.us 388-8924	
7. Daytime telep	ohone number: e:	f Arizona? [7]Yes 520-360-1744 45 N. Estrella Street (do not use PO Bo	E-mail addre	your date of ess: julienn odyear	e.overland	l-villegas@ald	i.us	
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 Daytime telep Business Name Business Loca List your emp FROM Month/Year 04/2018 	bhone number: <u>6</u> e: <u>ALDI</u> tion Address: <u>84</u> loyment or type of <u>TO</u> <u>Month/Year</u> <u>CURRENT</u>	20-360-1744 45 N. Estrella Street (do not use PO Bo of business during the DESCRIBE POSITION OR BU District Manage	E-mail addre Pkwy Gor past five (5) years. JSINESS er Al	ess: julienn odyear Offunemploy EMPLO (SI di (12661 A	Busines Busines AZ State ed, retired, o YERS NAME OR N reet Address, Cit Idi Pl., More	I-villegas@ald _{ss Phone:} (602) & <u>Maricopa</u> <u>county</u> r student, list reside IAME OF BUSINESS y, State & Zip) eno Valley, CA 92	i.us 388-8924 85338 ^{Zip} ence address. 2555)	
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Month/Year	Month/Year	DESCRIBE POSITION OR BUSINESS	(Street Address, City, State & Zip)
04/2018	CURRENT	District Manager	Aldi (12661 Aldi Pl., Moreno Valley, CA 92555)
01/2016	04/2018	Operations Manager	Target (25 N. 75th Ave., Phoenix, AZ 85043)
05/2011	01/2016	Army Officer	United States Army (various locations- Fort Jackson, SC; Fort Eustis, VA; Fort Campbell, KY)

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

TO Month/Year	RESIDENTIAL Street Address				
CURRENT	4814 N. 186th Ln., Goodyear, AZ 85395				
05/2020	30393 Danube Ct., Temecula, CA 92591				
04/2019	32071 Campanula Way, Temecula, CA 92592				
04/2018	4814 N. 186th Ln., Goodyear, AZ 85395				
04/2017	4200 N. Falcon Dr. #32, Goodyear, AZ 85395				
	Month/Year CURRENT 05/2020 04/2019 04/2018				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No If you answered YES, then answer **#13 below. If NO, skip to #14.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> 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
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?
- 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)
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

<u>N</u>	OTARY				
I (Print Full Name) Chelsea Baker Premises Manager filing this application. I have read this correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Controlling Person / document and verify the contents and all statements are true,				
Signature: Chelder Bala State of Arizona County of Maricopa The foregoing instrument was acknowledged before met					
My Commission Expires on: <u>MN 30, 2022</u> Date	Day Day of June 2020 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:



Yes Vo

Baker, Chelsea (MOR/DM)

From:Baker, Chelsea (MOR/DM)Sent:Tuesday, June 16, 2020 11:19 AMTo:Baker, Chelsea (MOR/DM)Subject:Additional Home Addresses for Liquor License Application

To Whom it May Concern:

In addition to the 5 addresses on my questionnaire, I have also lived at the following addresses in the last 5 years:

From 12/15- 1/16- 5142 N. Prairie Clover Trail, Tucson, AZ 85704 From 1/15 to 12/15- 1547 Barrywood Cir. W., Clarksville, TN 37042

Chelsea Baker District Manager

ALDI Inc. Moreno Valley Division Operations

12661 Aldi Pl Moreno Valley, CA 92555

Tel: +1 (951) 530-5750 Fax: +1 (951) 530-5775 SAVE PAPER - THINK BEFORE YOU PRINT

1





"20 JUN 24 PM 3 100 AZDLLC



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

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

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) Chelsea Rene Baker	ન
	B JU
SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION	prosite
Are you a citizen or national of the United States? Yes No	4 Ligr. Lic. PM12:11
CityState (or equivalent)Stuttgart, Baden-WurttembergCountry or TerritoryGermany	l Lucio fundo fundo
If you answered Yes , 1) Attach a legible copy of a document from the attached list.	
2) Name of document: AZ Driver License	

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

Go to Section 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 *etseq.*];

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.

Chelsea Rene Baker

Individual Owner/Agent Printed Name

Individual Owner/Agent Signature

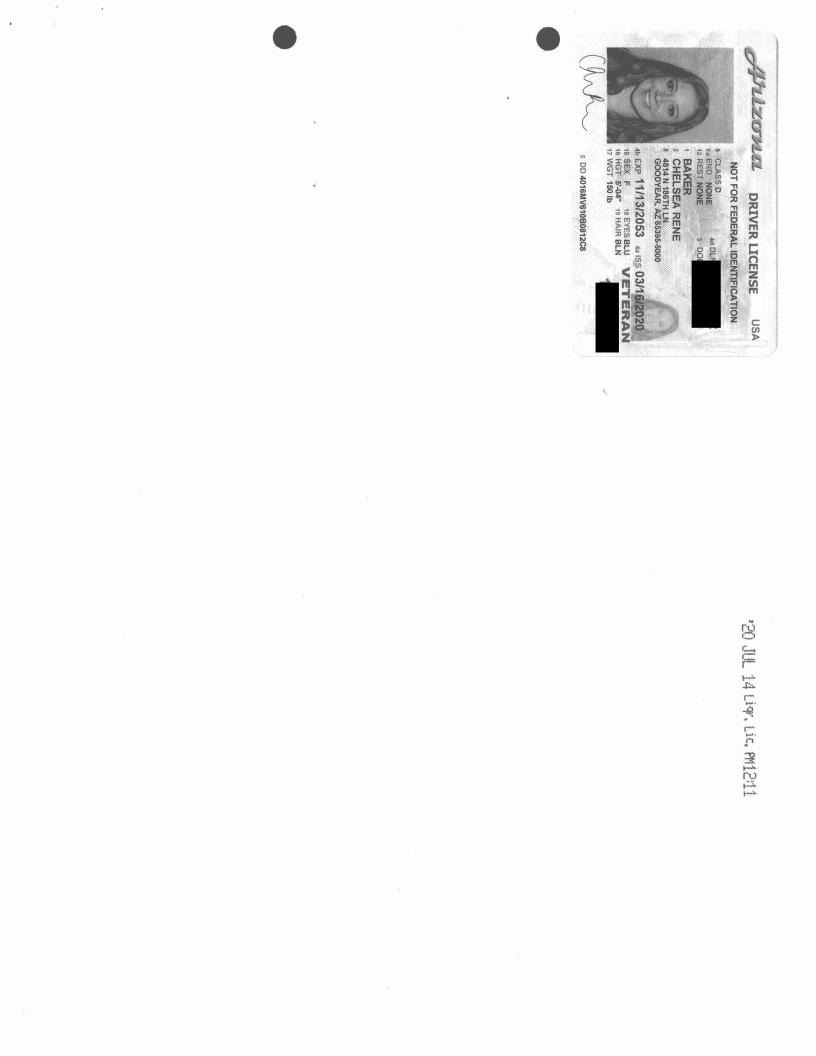
Today's Date

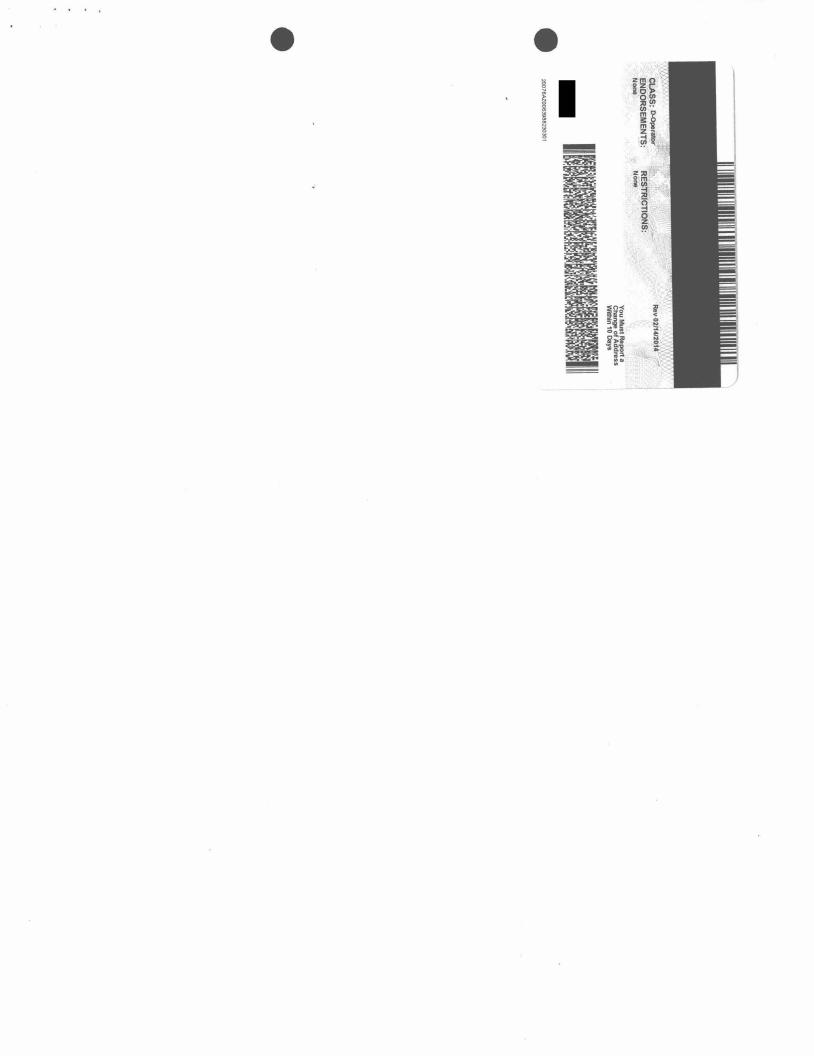
EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

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.
- 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.





Certificate # 12252

'20 JUN 24 PM 3 100 AZDLLC

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 stateapproved 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.

completion date.	19051 N. 9		CAT DEST >	
18	Student	Information	1967/	
	Chels	ea Baker	28//	
		ne (please print)		
	3	ignature	1 11	
Ju	ne 15, 2020	June June	15, 2023	
Train	ng Completion Date	Certificate Expir (three years from c	and the second s	
	Training Prov	vider Information		8
	Diversys Learning, In	nc. DBA SureSellN	ow.com	Const. Const.
		pany Name		prants _Lite pran
	1011 Arrow Point Drive	e, Cedar Park, Texas 7	8613	
		ing Address 879-1063		14 Ligr, Lic, PM1211
	Daytime Con	tact Phone Number		
I, <u>Kelly Bailey</u> Instructor Name (pleat Title 4 MANAGEMENT Trainin (A.A.C.)R19-1-103 using train Licenses and Control. I und State-approval for the Title	e print) ng in accordance with A.R.S ning course content and mo erstand that misuse of this C	aterials approved by the Certificate of Completion	a Administrative Code Arizona Department of L can result in the revoca	Liquor Ition of
Ki	ILIA R. A			110 (17).
VAL	Instructor Signature	Day Mo	15, 2020 Year	
Persons required to complete 8AS	IC & MANAGEMENT Title 4 training:	licensed business of a series 2) licensees, agents and mana	listed below	daily business
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 (s Beer & Wine Store (series 10	
Liquor license applications (initial of submitted to the Department of Lic		til valid Certificates of Completi	on for all required persons hav	re been
The questionnaire (which designat licenses) are not complete until vo	es a manager to a location) and t lid Certificates of Completion for a			

July 11, 2013

,					
Certificate #_12252	Certific	4PM 3:00 AZDLLC cate of Comp For C Liquor Law			On-sale Off-sale On- and off-sale
A Certificate of Completion must be approved training provider and, when	on a form provided by th h issued, the Certificate is	e Arizona Department o signed by the course p	of Liquor. Certificate articipant.	s are co	mpleted by a state-
The State requires BASIC Title 4 training required to have BASIC Title 4 training employment.) only as a prerequisite for are listed at the base of f	r MANAGEMENT Title 4 t this Certificate, License	raining or as a result (es sometimes require	of a liqu BASIC 1	or law violation, Persons litte 4 Training a condition of
A replacement Certificate of Comple completion date.	tion for Title 4 training mu	st be available through	the training provider	for two	years after the training
	3 2 6	dent Information Chelsea Baker		Z/	/
	Ch	II Name (please print)	X V		
	15, 2020 Completion Date	Signature	June 15, 20		
	FRANCO	Con (three	years from completi		a]
/ 1	Training	Provider Informa	tion	1/	
Div	ersys Learning	g, Inc. DBA Su	reSellNow.o	om	
		Company Name			
	1011 Arrow Point D	Drive, Cedar Park	, Texas 78613		Š

Mailing Address

512-879-1063

Daytime Contact Phone Number

Kelly Bailey ١, _

JUL 14 Lig. Lic. , certify that the above named individual did successfully complete

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.)R19-1-103 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).

Kuly Bailey		June 15	, 2020	
Instructor Signature	Day	Mo	Year	
ons required to complete BASIC & MANAGEMENT Title 4 training: 1) owr	ner(s) actively inv	olved in #	ne daily business open	ations of a liquor-

Pers 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.

A CONTROL OF	800 W Wash Phoenix, A www.a;	iquor Licenses and Con ington 5 th Floor X 85007-2934 zliquor.gov 542-5141	trol
ARIZONA	QUESTI	ONNAIRE	
V		-202, 4-210 t with <u>Black</u> Ink	fante: fante:
			red checks. 864.960
-	The fees allowed by R19-1-102 will		
ATTENTION APPLICANT: Thi background will be condu denial or revocation of a lig	s is a legally binding document cted. Incomplete applications will cense or permit and could result in	. Please type or print in not be accepted. False o criminal prosecution.	black ink. An investigation of your r misleading answers may result in the
Attention local governmen	ts: Social security and birth date in	formation is confidential. Th	his information may be given to law
enforcement agencies for QUESTIONNAIRE IS TO BE COMP		AGENT AND MANAGER BEIN	IG DISCLOSED TO THE DEPARTMENT. EACH
PERSON COMPLETING THIS FORM	MUST SUBMIT A BLUE OR BLACK LINED	FINGERPRINT CARD ALONG W	ITH A \$22 FEE. FINGERPRINTS MUST BE DONE FEE, FINGERPRINTS MAY BE DONE AT THE
DEPARTMENT OF LIQUOR WHEN A	ACCOMPANIED BY A COMPLETED APPLI	CATION.	MILLYY
Checktha		Liquor License#:	117711
Appropriate			
Box	Controlling Person		Premises Manager lete all questions except #12)
2 Name. Youngst	rom Charles	Ernest	
2. Name:Last	First	Middle	Birth Date: (NOT a public record)
3. Social Security #:	Driver License	÷#:	State: IL
Burlingt	on IA USA	_Height:Weight	200 Eyes: Brown Hair: Brown
4. Place of birth: Burlingt	State COUNTRY (not county)		a an
5. Name of current/most rec	ent spouse: Youngstrom	Sandra Je	anBirth Date:
		First Mi	
	ent of Arizona? Yes No If ye		
7. Daytime telephone numb	er: (630) 215-3787 E-	mail address: Julienne.	overland-villegas@aldi.us
8. Business Name: Aldi		0	_Business Phone: 602 / 888 / 8924
9. Business Location Address	845 N. Estrella Pkwy & Ro Street (do not use PO Box)	city State	ar, AZ Maricopa 85338
10. List your employment or ty			etired, or student, list residence address
Month/Year Month/Year	DESCRIBE POSITION OR BUSINESS	(Street A	Address, City, State & Zip)
02/1998 CURRENT	COO/Director	Aldi Inc USA 1200 r	North Kirk Road., Batavia IL 60510
		AW	CNUWEN
	(ATTACH ADDITION)	AL SHEET IF NECESSARY)	

"20 JUL 14 Lig. Lic. M1211

						•20) JUN 24 PM	3 (23 AZI)LLC	
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	RIZONA		QUESTIONNAIRE A.R.S.§4-202, 4-210 Type or Print with <u>Black</u> Ink							
	1	he fees allo	wed by R19-1-102 will	be charge	d for a	ll dishonored	checks.	804.9	00	
background	d will be condu	cted. Incom	y binding documen plete applications wi mit and could result ir	ll not be a	cepte	d. False or mis				
enforcemer QUESTIONNAIR PERSON COMP	nt agencies for E IS TO BE COMP LETING THIS FORM	background LETED BY EAC MUST SUBMIT	urity and birth date ir checks only. H CONTROLLING PERSO A <u>BLUE OR BLACK LINED</u> FIDE FINGERPRINT SERV	N, AGENT A	ND MAN	AGER BEING D	SCLOSED TO \$22 FEE. FINO	THE DEPAR GERPRINTS /	TMENT. EACH	E
			D BY A COMPLETED APPL	ICATION.				U MAT DE		-
. Check the				Liq	uor Lic	ense#:	1999			-
Appropriate Box		✓ Controllir	ng Person Ag	ent			Premises Ma all questions	-	ŧ12)	JUL 65
2. Name:	Youngst	rom	Charles	E	Irnes	t	Birth Do	nte:		-Cir.
3. Social Secu	Last		First Driver Licens	e#:	Middle			(NOT a	ı public record)	<u>14 Livr. Lic. PM12</u> 2
	rth: Burlingt	State	USA COUNTRY (not county)	Height:	6'2"	_Weight: 2	00 Eyes:	Brown Ho	air: Brown	1 PM12
5. Name of c	urrent/most rec	ent spouse:	Youngstrom	Sandı First	a	Jean Middle	Birth D		public record)	h.
			a? □Yes√No If y						- 200 X - 1 M (1)	
7. Daytime te	lephone numb	er: (630) 2	215-3787 _E	-mail addre	_{ess:} jul	ienne.ove	erland-vi	llegas(@aldi.us	_
8. Business No						Βυ	siness Phone	ə:/	/	
9. Business Loo	cation Address:		do not use PO Box)		lity	State	Count	У	Zip	-
FROM	TO		ess during the past five POSITION OR BUSINESS	e (5) years.		EMPLOYERS NAMI	OR NAME OF	BUSINESS	ence addre	ess.
Month/Year 02/1998	Month/Year		DO/Director	Aldi In	US	(Street Addre A 1200 North	ss, City, State & NKirk Road		a IL 60510	-
	CURRENT						and the second sec	The second		
						"000 \ra.		a and		
					Novel 1					
								3		



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
3/2002	CURRENT	4000 Winberie Ave., Naperville, IL 60564
		(ATTACH ADDITIONAL SHEET IE NECESSARY)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? [Yes Vo If you answered YES, then answer **#13 below. If NO, skip to #14.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona Wyes No 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY
I (Print Full Name) 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: Chine State of Thinds county of Have The foregoing instrument was acknowledged before me this
My Commission Expires on:
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois Notary Public, State of Illinois Signature of Notary
January 04, 2023

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	
3/2002	CURRENT	4000 Winberie Ave., Naperville, IL 60564	
		(ATTACH ADDITIONAL SHEET IF NECESSARY)	<u> </u>

Yes

Yes

~NO

DE CS

Yes No

- 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.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?

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?	

- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?

17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona	Yes
within the last five years? A.R.S.§4-202(D)	

	3	
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)	

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

]	NOTARY
I (Print Full Name) Premises Manager filing this application. I have read this correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Controlling Person / s document and verify the contents and all statements are true,
Signature. Mun 2 Harris Tr-	State of THIDDIS County of Kane. The foregoing instrument was acknowledged before me this
My Commission Expires on:Date	Day Day of <u>ADCI1</u> , <u>AOSO</u> Month Year
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois My Commission F	Signature of Notary
January 04, 2023	this questionnaire to act as manager for the above License.
PRINT NAME:	SIGNATURE: AMENDMENT

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-2999

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
3/2002	CURRENT	4000 Winberie Ave., Naperville, IL 60564

Yes No

Yes No

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes Vo If you answered YES, then answer **#13 below. If NO, skip to #14.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?

14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal	_Yes√No
law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?	

- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona Ves No within the last five years? A.R.S.§4-202(D)
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

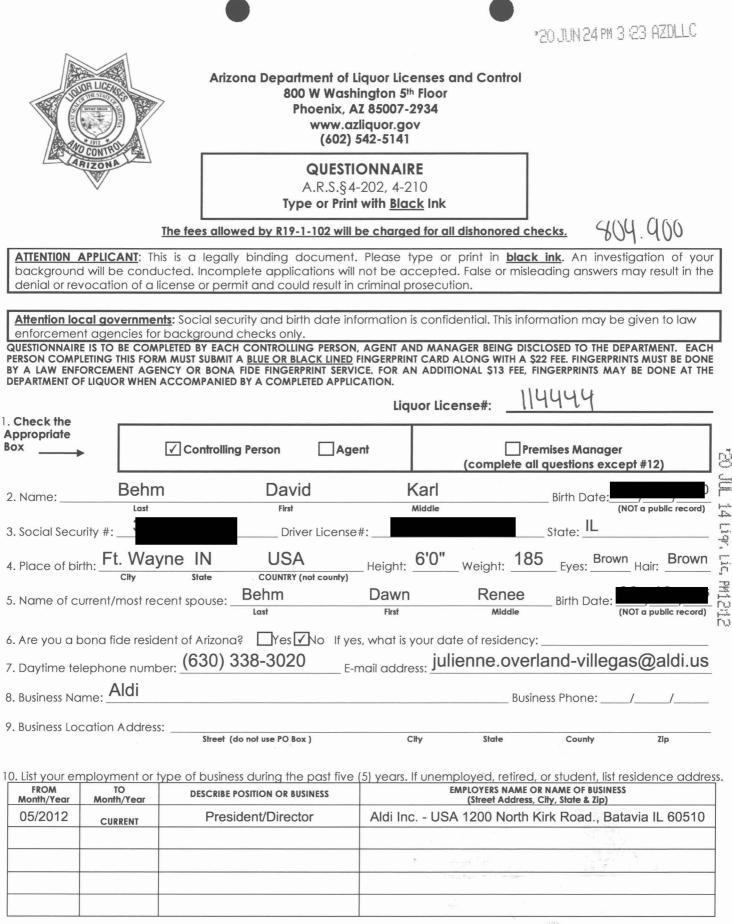
NOTARY
Charles Ernest Youngstrom hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge. Signature: Image: County of Kane Signature: Image: County of Kane State of The foregoing instrument was acknowledged before me this
The foregoing instrument was acknowledged before me this
My Commission Expires on: 1423 Aa Day of April 2000
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois My Commission Entition
January 04, 2023

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

PRINT NAME: __

SIGNATURE:

		Phoenix, www.c	Liquor Licenses o hington 5 th Floor AZ 85007-2934 izliquor.gov 1 542-5141	and Control		
ARIZO	NHA CA		IONNAIRE			
~			4-202, 4-210 nt with <u>Black</u> Ink			Ň
	The fee	es allowed by R19-1-102 will	l be charged for al	dishonored che	904.900	o E
background wil	Il be conducted.	legally binding documen Incomplete applications wi or permit and could result in	Il not be accepted	d. False or misled		
		ial security and birth date ir	nformation is confic	dential. This inforr	mation may be given to	law 🙀
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. Check the	P		Liquor Lic	ense#: 1140	19]	
Appropriate Box	√ Co	entrolling Person	jent		mises Manager	
				(complete all	questions except #12)	
2. Name:	Behm	David	Karl	(complete all	Birth Date://)
2. Name: 3. Social Security	Last	David First Driver Licens	Middle	(complete all) record)
3. Social Security	Last	First Driver Licens	Middle e#: Height: 6'0"		_ Birth Date:/ (NOT a public	
 3. Social Security 4. Place of birth: 	Last #:	First Driver Licens IN USA tate COUNTRY (not county) Rohm	Middle e#: Height: 6'0"		_ Birth Date: 	rown
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1999 - 19

TO Month/Year	RESIDENTIAL Street Address	
CURRENT	209 South Fairfield Ave., Elmhurst, IL 60126	
	Month/Year	

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes √ No If you answered YES, then answer #13 below. If NO, skip to #14.
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 Yes No years?
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal Yes ✓ No law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or Yes √No summonses pending against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 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 ✓ Yes No 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)

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			
(Print Full Name) David Karl Behm	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 <u></u>		
My Commission Expires on: 114123	aa Day of Opril, 2020		
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires	Day Month Year Constitute May Constitute Signature of Notary		
January 04, 2023	on this questionnaire to act as manager for the above License		

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

PRINT NAME:

SIGNATURE:

1. Provide your residence	e address information	for the last five	(5) years: /	A.R.S. §4	-202(D)
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FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2012	CURRENT	209 South Fairfield Ave., Elmhurst, IL 60126
		(ATTACH ADDITIONAL SHEET IF NECESSARY)

Yes

Yes /

Yes No

- 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.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 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 Arizor	na Ves v No
within the last five years? A.R.S.§4-202(D)	

Has an entity in which you are or have been a controlling person had an application or license rejected	d,
denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S.§4-202(D)	

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

David Karl Behm hereby declare that I am the Premises Manager filing this application. I have read this document and verify the contents correct and complete, to the best of my knowledge. Signature: State of 11005 Count My Commission Expires on: 14183 Date Day Date Day of Day	
My Commission Expires on: <u>143</u> <u>Date</u> Day of Do	
Date Day	of Hanes
AD LEANETTE MEYER	<u>ril</u> , 2020 Month Year
OFFICIAL SEAL	The yer

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

PRINT NAME:

SIGNATURE:

18./Hc

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2012	CURRENT	209 South Fairfield Ave., Elmhurst, IL 60126

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? [Yes Vo If you answered YES, then answer **#13 below. If NO, skip to #14.**
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 _____Yes_No years?

14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal	Yes√No
law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?	

- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona Wyes No within the last five years? A.R.S.§4-202(D)
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

Mes No

	NOTARY
I (Print Full Name) Premises Manager filing this application. I have read th correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Controlling Person / his document and verify the contents and all statements are true,
Signature:	State of <u>THINOIS</u> County of <u>Hane</u> The foregoing instrument was acknowledged before me this
My Commission Expires on: 143	Day Day of Ppril, 2020 Month Year
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires	Signature of Notary
January 04, 2023	

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

PRINT NAME: _

SIGNATURE:

		Arizo	Phoenix, www.	of Liquor Lice Ishington 5 th , AZ 85007-2 .azliquor.go 2) 542-5141	Floor 2934	ontrol		
A A	IZONA NO		QUES		₹E			
	\mathbb{V}			§4-202, 4-2 int with <u>Blac</u>				
		The fees allow	ed by R19-1-102 w			onored ch	ecks.	04.9008
background	APPLICANT: Th I will be condu	is is a legally ucted. Incomp	binding docume lete applications v it and could result	nt. Please t will not be ac	ype or print ccepted. Fals	in <u>black</u>	ink. An inve	may result ibthe
Attention loc	al governmer	nts: Social secu	rity and birth date	information i	is confidentia	I. This infor	mation may b	e given to lav.
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. Check the				Liq	uor License‡	#: <u>111</u>	171	
Appropriate Box		✓ Controlling	Person	lgent	(co		mises Manage questions exc	
2. Name:	Pfortmil	ler	Terry	E	dward		Birth Date:	
3. Social Secu	Last		First		Middle	7	State: IL	(NOT a public record)
4. Place of bir		I L State	USA	Height:	5'11" _{Wei}	ght: 210		le _{Hair:} Gray
	Case 1	cent spouse: F	COUNTRY (not county Pfortmiller Last	y) Debra First			Birth Date:	(NOT a public record)
			? □Yes√No If					
		ber: (630) 3	38-3020	E-mail addre	ess: Julienn	le.overi	and-villeg	jas@aldi.us
8. Business Na	me: Aldı			re		Busin	ess Phone: 60	02/888/8924
9. Business Loc	cation Address	s: 845 N. Es Street (de	trella Pkwy & F o not use PO Box)	Roosevelt-	St., Goody City	vear, AZ ^{State}	Maricopa _{County}	85338 _{Zip}
10. List your en	nployment or 1 10		s during the past fi osmon or business	ve (5) years.			or student, list	
Month/Year 05/1995	Month/Year		ary Treasurer	Aldi In			<u>City, State & Zip)</u> Kirk Road., Ba	atavia IL 60510
	CURRENT		,					
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		1			· 20 月間	CHLOREN INT 198, 197, 188		280 889

"20 JUL 14 Lig. Lic. M12:12

Page 1 of 2 Individuals requiring ADA accommodations please call (602)542-2999





414.900



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

QUESTIONNAIRE

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

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

<u>ATTENTION APPLICANT</u>: This is a legally binding document. Please type or print in <u>black ink</u>. 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 <u>BLUE OR BLACK LINED</u> 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.

Check the			Liquor Lic	cense#:	19991		í.
Appropriate Box	✓ Controlling P	erson Ag	ent	10 10 10 10 10 10 10 10 10 10 10 10 10 1	mises Manager questions exce	0.00 000	
2. Name: Pfortr	niller	Terry First	Edwa Middle	rd	_ Birth Date:	NOT a public record)	10 JU
3. Social Security #:		Driver License	e#:		State: IL		l Jania Jina
4. Place of birth: Elgin	IL State	USA COUNTRY (not county)	Height: 5'11	Weight: 210	Eyes: Blue	Hair: Gray	Liq. L
5. Name of current/most	recent spouse: Pfo	ortmiller Last	Debra First	Ann	Birth Date:	NOT a public record)	Lic, PM1
6. Are you a bona fide re	esident of Arizona?	Yes No If ye	es, what is your d	ate of residency:			PM1212
7. Daytime telephone nu	umber: (630) 33	8-3020 _{E-}	mail address: ju	lienne.overl	and-villega	as@aldi.us	
8. Business Name: Aldi				Busin	ess Phone:	_//	
9. Business Location Add		ot 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)
05/1995	CURRENT	Secretary Treasurer	Aldi Inc USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

1. 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
09/1997	CURRENT	40W657 Prairie Crossing, Elgin, IL 60124
	l	

(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.
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?
- 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?
- 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
- 16) Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes
- 17) Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona Yes No within the last five years? A.R.S.§4-202(D)

)	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)

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) Terry Edward Pfortmiller Premises Manager filing this application. I have read this correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Controlling Person / s document and verify the contents and all statements are true,
Signature: My Commission Expires on: 10 (25 / 2023 "OFFICIAL SEAL ANN E. DOUGLAS Notary Public, State of Illinois My commission expires 10/25/23	State of

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

PRINT NAME:

SIGNATUR	A	Æ	NÐ	ME	N	
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18

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-2999 Yes

Yes No

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
09/1997	CURRENT	40W657 Prairie Crossing, Elgin, IL 60124

(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 <u>cited, arrested, indicted, convicted, or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?	_Yes √ No

- 15. Are there <u>ANY</u> 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
- 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)
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

Yes No

	NOTARY	
I (Print Full Name) Terry Edward Pfortmiller Premises Manager filing this application. I have read thi correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Contra s document and verify the contents and all statem	
Signature: lug & Mull	State of County of Kane The foregoing instrument was acknowledged	before me this
My Commission Expires on: OFFICIAL SEAL ANN E. DOUGLAS Notary Public, State of Illinois My commission expires 10/25/23	Day Day of Month Day Month Signature of Notary	_,Year

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

PRINT NAME:

SIGNATURE:

		Arizona	www.c		ⁿ Floor 2934	nd Control			
AR AR	AIZONA		A.R.S.§	IONNAI 4-202, 4-2	10				
	T	he fees allowed b	Type or Prir			dishonored che	ecks. 8	04.900	D 1
background	will be conduc	is a legally bin cted. Incomplete ense or permit an	applications wi	ill not be ad	ccepted.	False or misled			
enforcemen QUESTIONNAIRE PERSON COMPL BY A LAW ENFO	IT agencies for b E IS TO BE COMPL LETING THIS FORM ORCEMENT AGEN	Social security background cheo ETED BY EACH CO MUST SUBMIT A <u>BLU</u> CY OR BONA FIDE CCOMPANIED BY A	cks only. NTROLLING PERSO E OR BLACK LINED FINGERPRINT SER	N, AGENT AI	ND MANA IT CARD A N ADDITIC	GER BEING DISCI	OSED TO THE 1 2 FEE. FINGERPINGERPRINTS M	DEPARTMENT. RINTS MUST BE	EACH
Appropriate Box	. [✓ Controlling Per	son Ag	gent			nises Manage		
2. Name:	Hart		Jason				Birth Date:	(NOT a public red	
3. Social Secu	and the second sec		Driver Licens		madic		State: IL		
4. Place of bir	th: Falmout	h MA	USA COUNTRY (not county)	Height:	6'0"	Weight: 175	Eyes: Blu	Je Hair: Blo	nde
	urrent/most rece		art st	Amy First		Kristen Middle	_ Birth Date:	(NOT a public rea	cord
		nt of Arizona? [es, what is -mail addre	india	e of residency: enne.overl	and-villeg	gas@aldi	.us
8. Business Nar						Busine	ess Phone: 60)2 / 888 /89	924
<i></i>	cation Address:	845 N. Estre Street (do not	lla Pkwy & R use PO Box)		St., Go				
FROM	TO	De of business du		e (5) years.		PLOYERS NAME OR	NAME OF BUSIN		ddress
Month/Year 01/2006	Month/Year CURRENT	CEO/Chairm	nan/Director	Ald	i Inc. 120	(Street Address, C 00 North Kirk		ia, IL 60510	
		~			18 ⁷⁵ -	5	No. 10		
						· · · · · · · · · · · · · · · · · · ·			
							A President No. 14 Interest		
L			(ATTACH ADDITION	AL SHEET IF NE	CESSARY)	ANA ANA	END	MEN	IT

Page 1 of 2 Individuals requiring ADA accommodations please call (602)542-2999

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		800 Ph	nent of Liquor Lic W Washington 5 th oenix, AZ 85007- www.azliquor.go (602) 542-5141	2934 >v	
ARIZONA		Туре	QUESTIONNAII A.R.S.§4-202, 4-2 or Print with <u>Blac</u>	210 <u>ck</u> lnk	 <u>checks.</u>
				ed for all dishonored of	
background will be	conducted.		tions will not be ad	ccepted. False or mis	ck ink. An investigation of your sleading answers may result in the
Attention local gove	ernments: Soc	cial security and birth	date information	is confidential. This in	formation may be given to law
enforcement agend	cies for backs	ground checks only.			SCLOSED TO THE DEPARTMENT. EACH
PERSON COMPLETING TH	HIS FORM MUST	SUBMIT A BLUE OR BLA	CK LINED FINGERPRIN	IT CARD ALONG WITH A	\$22 FEE. FINGERPRINTS MUST BE DONE FINGERPRINTS MAY BE DONE AT THE
DEPARTMENT OF LIQUOR					114444
. Check the			Liq	uor License#:	11 1 1 1 1
Appropriate Box	√Ca	ontrolling Person	Agent		Premises Manager all questions except #12)
	Hart	Jason	Cha	ndler	
2. Name:	Last	First		Middle	Birth Date:/// (NOT a public record)
3. Social Security #: _	01110	Drive	r License#:		State: IL
4. Place of birth: Fa	Imouth I	MA USA tate COUNTRY (no	Height:	6'0" weight: 1	75 Eyes: Blue Hair: Blonde
5. Name of current/m	nost recent sp	ouse: Hart	Amy First	Krister	Birth Date: (NOT a public record)
6. Are you a bona fid	e resident of				
 7. Daytime telephone 					erland-villegas@aldi.us
			E-mail addre	ess: Jeneration	<u>Jan San San San San San San San San San S</u>
8. Business Name: A	ui			Βυ	siness Phone://
9. Business Location A	ddress:	Street (do not use PO Box) (City State	County Zip
FROM TO	D	business during the period		EMPLOYERS NAME	d, or student, list residence address OR NAME OF BUSINESS
Month/Year Month/ 01/2006	0	EO/Chairman/Dire	ctor Ald		ss, City, State & Zip) rk Road, Batavia, IL 60510
01/2000 0100				E	
CURR					a second
				nere in	
				ter Provense an son	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

in which is station stelling

"20 JUL 14 Liv. Lic. PM12:13





Yes No

1. 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		
11/2013	CURRENT	370 Oak Street, Glen Ellyn, IL 60137		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? [Yes No If you answered YES, then answer **#13 below. If NO, skip to #14.**]
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> 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
- 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)
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY
I (Print Full Name) Jason Chandler Hart 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:
My Commission Expires on: 14123 Date Day Day of Day of Year
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois Signature of Notary
January 04, 2023

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

PPINT	NAME:
I VIIAI	INPAINT.

SIGNATURE:

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
11/2013	CURRENT	370 Oak Street, Glen Ellyn, IL 60137
		ç
		(ATTACH ADDITIONAL SHEET IF NECESSARY)

lYes

Yes

Yes /

Yes No

Yes No

JUL 14 Ligr. Lic. PM12:13

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.	

- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?
- 17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona Ires voi within the last five years? A.R.S.§4-202(D)

8.	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)	

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

	NOTARY
I (Print Full Name) Jason Chandler Hart Premises Manager filing this application. I have read the correct and complete, to the best of my knowledge.	hereby declare that I am the Agent/ Controlling Person /
signature: for Charles fort	
My Commission Expires on: 14123	Day of Upril , 2020
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois	C pearutte Neur Signature of Notary
January 04, 2023 The Licensee has outhorized the person named o	n this questionnaire to act as manager for the above License.

PRINT NAME:	SIGNATURE:	Real Provide	1.10	R	CARGE STREET	n		L			10
		Contraction of the second		Eller an	int con		NEW YORK		Con al	190	

Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-2999

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
11/2013	CURRENT	370 Oak Street, Glen Ellyn, IL 60137

(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?
- 14. Have you been <u>cited</u>, <u>arrested</u>, <u>indicted</u>, <u>convicted</u>, <u>or summoned</u> into court for violation of <u>ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?
- 15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) A.R.S.§4-202,4-210
- 16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes
- 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)

If you answered "<u>YES</u>" to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u>. <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

	NOTARY
Jason Chandler Hart Premises Manager filing this application. I have read this correct and complete, to the best of my knowledge. Signature: My Commission Expires on: 1/1/23 Date	hereby declare that I am the Agent/ Controlling Person / s document and verify the contents and all statements are true, State of THHOOS County of Kone The foregoing instrument was acknowledged before me this Day Day of Month Year
JEANETTE MEYER OFFICIAL SEAL Notary Public, State of Illinois	Clanutte Neur
January 04, 2023	

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

PRINT NAME:

SIGNATURE: _

			0 W Washii hoenix, AZ www.azl	ngton 5 th 85007-2	Floor 934	Control			
ARIZONA			QUESTIC A.R.S.§4-2						
			be or Print				Shu	.960	TUL 05'
		s allowed by R19-							
ATTENTION APPLICA background will be denial or revocatio	ANT: This is a conducted. In n of a license o	legally binding on complete applic pr permit and cou	document. cations will r Id result in c	Please ty not be ac priminal pr	pe or print cepted. Fals osecution.	in <u>black</u> e or misle	<u>ink</u> . An inve ading answers	stigation o may result	in the
Attention local gov enforcement agen QUESTIONNAIRE IS TO E PERSON COMPLETING T BY A LAW ENFORCEME DEPARTMENT OF LIQUO	cies for backgr BE COMPLETED B HIS FORM MUST S INT AGENCY OR	round checks only Y EACH CONTROLLI SUBMIT A <u>BLUE OR B</u> BONA FIDE FINGER	/. NG PERSON, <u>ACK LINED</u> F PRINT SERVIC	AGENT AN INGERPRIN CE. FOR AN ATION.	D MANAGER	BEING DISC G WITH A \$ \$13 FEE, F	CLOSED TO THE D 22 FEE. FINGERPA	DEPARTMENT. RINTS MUST B	EACH
Appropriate		ntrolling Person	Ager	nt	(co		emises Manage I questions exc		
2. Name: Mazzei	, Phillip	First		F	Aiddle	- 100 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Birth Date:	(NOT a public	record)
3. Social Security #:		Dri	ver License#	ŧ:			AZ	-	
4. Place of birth: P	noenix, AZ	, Maricopa	(not county)	Height:	5'6"Wei	ght: 21	3 _{Eyes:} HA	Z _{Hair:} E	BRO
5. Name of current/r				First		Middle	Birth Date:	(NOT a public	record)
6. Are you a bona fic									
7. Daytime telephon	e number: 62	34552085	E-n	nail addre	ss: Pmazi		6@gmail.c		
8. Business Name: A				evelt St (ness Phone: (6	02) 888-	8924 🚡
9. Business Location	Address: 845	Street (do not use PO B	Pkwy, G		ar, AZ, M ^{⊮y}	aricopa State	a, 85338 _{County}	Zip	
10, list your employm		business during th	e past five (5) years.					
Month/Year Month	n/Year	SCRIBE POSITION OR B			(Sti	eet Address	OR NAME OF BUSIN City, State & Zip)		
	rent 2018	STORE MANAGE					oreno Valley,		
11/2006 03/2		CO-MANAGE	n	vvaimart	- 13035 W R		nte Fe Blvd, Av	onudie, AZ.	00032
		(ΑΠΑ	CH ADDITIONA	L SHEET IF NE	CESSARY)	AM	FND	MEN	IT

							*20 JUN 24	1 PM 3 124 AZDLL
				ngton 5th	Floor 934	ontrol		
A LA	RIZONA		QUESTIC A.R.S.§4- Type or Print	202, 4-2	0			
		The fees allowed by R	19-1-102 will b	e charge	d for all disho	nored chec	<u>:ks.</u> 30	4.960
background	d will be condu	is is a legally binding ucted. Incomplete ap icense or permit and c	olications will I	not be ac	cepted. False			
Attention log	cal governme	nts: Social security and	birth date info	ormation is	confidential	. This inform	ation may be c	iven to law
enforcemer	nt agencies for	background checks	only.					
PERSON COMP BY A LAW ENF	LETING THIS FOR ORCEMENT AGE	PLETED BY EACH CONTRO M MUST SUBMIT A <u>BLUE O</u> NCY OR BONA FIDE FIN ACCOMPANIED BY A CO	<u>R BLACK LINED</u> F GERPRINT SERVIO	INGERPRIN CE. FOR AN ATION.	CARD ALONG	WITH A \$22 \$13 FEE, FING	FEE. FINGERPRINT	S MUST BE DONE
Check the							;	
ox		Controlling Person	Age	nt	(coi		ises Manager uestions excep	t #12)
2. Name: Ma	azzei, Phil		irst	F	4A Aiddle		Birth Date:	_// T a public record) _{ad}
3. Social Secu			Driver License	#:_			State: AZ	B
4. Place of bi	rth: Phoeni	x, AZ, Maricopa		Height:	5'6"_ Weig	ght: 213	Eyes:HAZ	Hair: BRO
5. Name of c	urrent/most rea	cent spouse: Randi	Mazzei	First		Middle	_ Birth Date: _	T a public record)
6. Are you a b	oona fide resid	ent of Arizona?	es 🗌 No If ye	s, what is y	our date of r	esidency:	2008	المر 1 1 1
7. Daytime te	lephone numb	ber: 6234552085	E-r	nail addre	ss: Pmazz	ei4346(@gmail.cor	n 100
	ime: Aldi St					Busine:	ss Phone:	,455 _/ 2084 ¹¹
9. Business Loo	cation Addres	845 N Estrella	a Pkwy, G	oodyea	ar, AZ, Ma			
		Street (do not use F	O Box)			State	County	Zip
FROM	TO	ype of business during DESCRIBE POSITION C		(5) years. I	EMPLOY	ERS NAME OR I	NAME OF BUSINESS	idence address
Month/Year 4/2018	Month/Year CURRENT	STORE MAN	AGER	Aldi		Way, Mor	iy, state & zip) eno Valley, Ca	1. 92555)
11/2008	03/2018	CO-MANA	a haronda mena ken				Fe Blvd, Avond	

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
5/2019	CURRENT	30641 w Mulberry Dr, Buckeye, AZ. 85396
5/2013	3/2019	16642 N 153rd dr, Surprise Az. 85374

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you answered " <u>YES</u> " to any Question 14 through 18 <u>YOU MUST</u> attach a <u>signed statement</u> . <u>Give complete details</u> including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED	
denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S.§4-202(D)	
18. Has an entity in which you are or have been a controlling person had an application or license rejected,	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
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?	Yes 🗸 No
15. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses <u>pending</u> against you? (Do not include civil traffic tickets.) <i>A.R.S.</i> §4-202,4-210	Yes √ No
14. Have you been <u>cited, arrested, indicted, convicted, or summoned into court for violation of ANY</u> criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?	Yes 🗸 No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?	/Yes_No
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

NOTARY				
Phillip Mazzei Premises Manager filing this application. I have read this correct and complete, to the best of my knowledge. Signature:	hereby declare that I am the Agent/ Controlling Person / s document and verify the contents and all statements are true, State of <u>Arizona</u> County of <u>Maricapa</u> The foregoing instrument was acknowledged before me this Day of <u>Juhe</u> , <u>ZOZO</u> Day of <u>Maricapa</u> Year <u> Month</u> Year <u> Year</u> <u> Signature of Notary</u>			
The Licensee has authorized the person named on	this questionnaire to act as manager for the above License.			

PRINT NAME: Chelsea Baker SIGNATURE: Chelses



Page 2 of 2 Individuals requiring ADA accommodations please call (602)542-2999

Certificate #_12253	Certificate of Completion	On-sale Off-sale
	For Title 4 BASIC Liquor Law Training	On- and off-sale

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. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

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	J Di Co UD	ignature	A (
1	10,0000	Set 1	10,0000
	une 16, 2020 ning Completion Date	912 Certificate Expir	16, 2023
	TEXERINA	(three years from o	COLUMN AND A COLUMN
	Training Prov	vider Information	
	L	ALA X	
	Diversys Learning, In	c. DBA SureSellN	ow.com ଅ
a	Com	oany Name	C
	1011 Arrow Daint Drive	Coder Dark Toyon 7	
	1011 Arrow Point Drive	e, Cedar Park, Texas /	0013
	Maili	ng Address	8613 [4 Lity, Lic, PM1213
	512-8	79-1063	<u>r</u>
	Daytime Cont	tact Phone Number	24 10
ı, Kelly Baile		It the above named indi-	vidual did successfully complete
Instructor Name (plea Title 4 BASIC Training in acc		G1(2) and Arizona Admin	istrative Code (A.A.C.)R19-1-103
using training course conte	ent and materials approved I	by the Arizona Departme	nt of Liquor Licenses and Control,
	This Certificate of Completic in this section as provided by		ation of State-approval for the Title
4 Horning Flovider Hulled	in this section as provided by	A.A.C. K19-1-100(E) 010	(F).
JA	my Barley	June	16, 2020
2	Instructor Signature	Day Mo	Year
Persons required to complete BA	SIC & MANAGEMENT Title 4 training:		the daily business operations of a liquor-
			isted below Igers actively involved in the daily business ed business of a series listed below
In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)
Conveyance (series 8) Restaurant (series 12)	Liquor Store (series 9) In-state Farm Winery (series 13)	Private Club (series 14)	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.

20 JUN 24 PM 3 24 AZDLLC

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 stateapproved 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.

S alla	19931 March	100	CAVICED /	
13	Student	Information	567/	
	Phillip	o Mazzei	25//	
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	the Me 1	123912	K (
	Julia	May 1	<u> </u>	
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Ju	ne 16, 2020	912 June	16, 2023	
Traini	ng Completion Date	Certificate Expl (three years from c		
· 1	Training Prov	vider Information		
C	Diversys Learning, In	c. DBA SureSellN	ow.com	3
	Comp	bany Name		6
	1011 Arrow Point Drive	, Cedar Park, Texas 7	8613 vidual did successfully comple	
	Maili	no Arldross		
	512-8	379-1063		
	Davlima Cont	act Phone Number		'n
	Dayame Con	dei Phone Number		PH
Kelly Deiler				nu L
I, Kelly Bailey Instructor Name (please	/, certify tha	It the above named indi	vidual did successfully comple	ellen
Title 4 MANAGEMENT Trainin				
			Arizona Department of Liquor	
Licenses and Control. I und	erstand that misuse of this C	ertificate of Completion	can result in the revocation o	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].
Ke	Uly Railey	June	16, 2020	
0	Instructor Signature	Day Mo	Year	
0	0			
Persons required to complete BAS	IC & MANAGEMENT Title 4 training:	 owner(s) actively involved in licensed business of a series 	n the daily business operations of a liq listed below	luor-
			agers actively involved in the daily bu	siness
			ed business of a series listed below	
In-state Microbrewery (series 3)	Government (series 5)	Bar (series 6)	Beer & Wine Bar (series 7)	
Conveyance (series 8) Restaurant (series 12)	Liquor Store (series 9) In-state Farm Winery (series 13)	Private Club (series 14)	Hotel/Motel w/restaurant (series 1) Beer & Wine Store (series 10)]]
	ind renewal) are not complete unti	il valid Certificates of Complet	on for all required persons have beer	٦
			assigns a new agent to active liquor submitted to the Department of Liquo	ж.
July 11, 2013				