

State of Arizona
Department of Liquor Licenses and Control

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

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	ALDI		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	845 N ESTRELLA PARKWAY GOODYEAR, AZ 85338 USA		
Mailing Address:	5080 N 40TH STREET #335 PHOENIX, AZ 85018 USA		
Phone:	(602)888-8924		
Alt. Phone:			
Email:	JULIENNE.OVERLAND-VILLEGAS@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: ALDI (ARIZONA) LLC
Contact Name: CHELSEA RENE BAKER
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: R22206826 State of Incorporation: DE
Incorporation Date: 09/21/2017
Correspondence Address: 5080 N 40TH STREET
#335
PHOENIX, AZ 85018
USA
Phone: (602)888-8924
Alt. Phone:
Email: JULIENNE.OVERLAND-VILLEGAS@ALDI.US

Officers / Stockholders

Name:	Title:	% Interest:
ALDI INC	Member	100.00

ALDI (ARIZONA) LLC - Member

Name: ALDI INC
Contact Name: CHELSEA RENE BAKER
Type: LIMITED LIABILITY COMPANY
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:
Email: JULIENNE.OVERLAND-VILLEGAS@ALDI.US

ALDI INC - CEO/Chairman/Director

Name: JASON CHANDLER HART
Gender: Male
Correspondence Address: 5080 N 40TH STREET
#335
PHOENIX, AZ 85018
USA
Phone: (630)253-6189
Alt. Phone:
Email: JULIENNE.OVERLAND-VILLEGAS@ALDI.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

ALDI INC - COO/Director

Name: CHARLES ERNEST YOUNGSTROM
Gender: Male
Correspondence Address: 5080 N 40TH STREET
#335
PHOENIX, AZ 85018
USA
Phone: (630)215-3787
Alt. Phone:
Email: 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:
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: 114444
Application Type: New Application
Created Date: 07/14/2020

QUESTIONS & ANSWERS

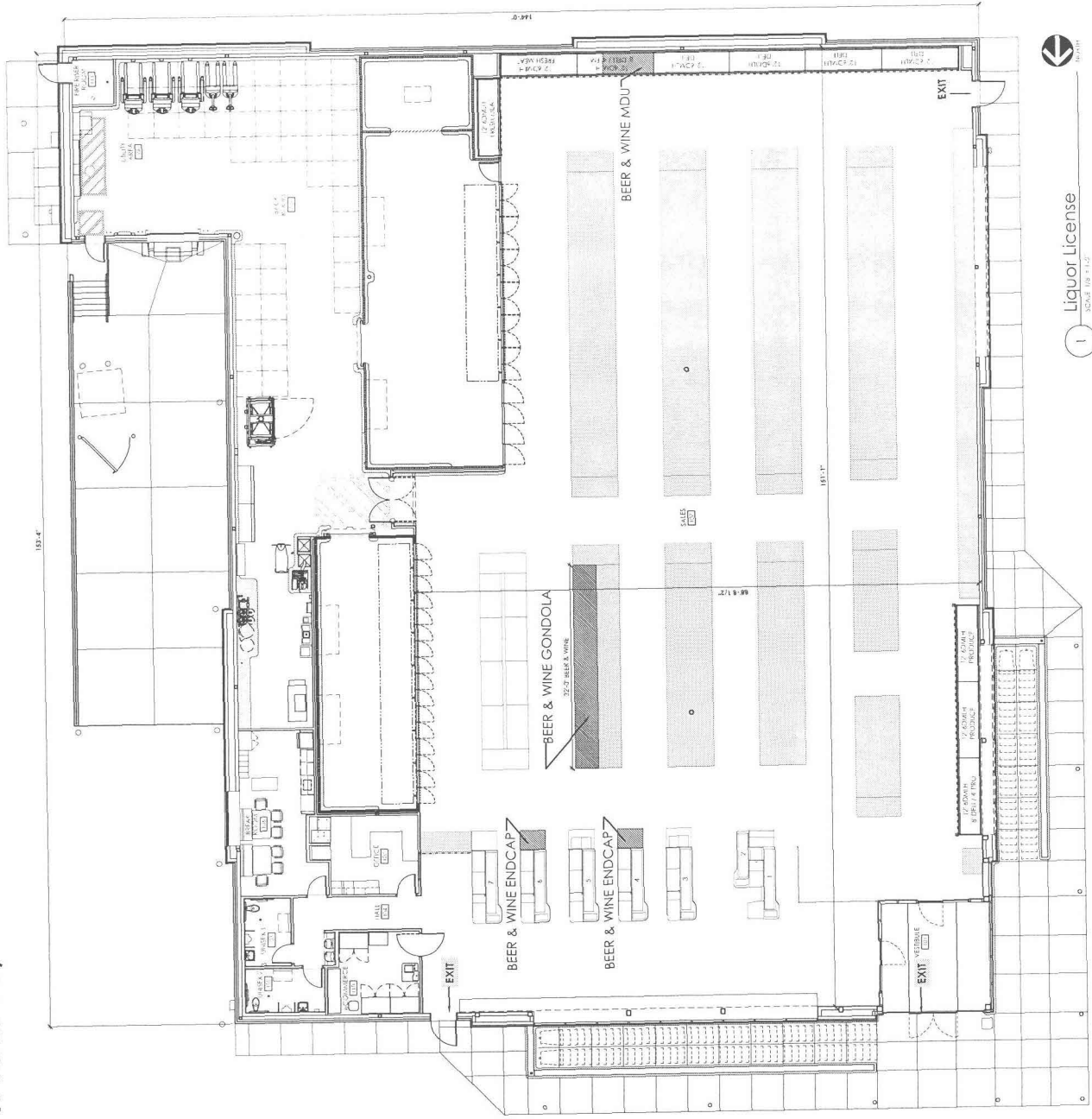
010 Beer and Wine Store

- 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 AZ 85338
1.3 MI 6864 FT
- 3) 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
- 8) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
NONE
- 9) 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

BUILDING SQUARE FOOTAGE: 19,378

AMENDMENT



Source:	Date:
A) Project Name: 19-0310A	11/04/19
B) Project Name: 19-0310A	11/04/19
C) Project Name: 19-0310A	11/04/19
D) Project Name: 19-0310A	11/04/19
E) Project Name: 19-0310A	11/04/19

Revised:	Date:
1) Project Name: 19-0310A	11/04/19
2) Project Name: 19-0310A	11/04/19
3) Project Name: 19-0310A	11/04/19
4) Project Name: 19-0310A	11/04/19
5) Project Name: 19-0310A	11/04/19
6) Project Name: 19-0310A	11/04/19
7) Project Name: 19-0310A	11/04/19
8) Project Name: 19-0310A	11/04/19
9) Project Name: 19-0310A	11/04/19

Scale:	Project Name:	Project No.:
1" = 10'-0"	19-0310A	19-0310A

Drawn By:	Drawn Date:	Drawn No.:
JML	11/04/19	A-132

Scale:	Project Name:	Project No.:
1" = 10'-0"	19-0310A	19-0310A

APD ENGINEERING & ARCHITECTURE, PLLC
615 E. 1st Street
Vero Beach, FL 33431
Tel: 888-888-8888
Fax: 888-888-8888
Email: info@apd-engineering.com

ALDI
ALDI Inc. Store #161
Goodyear, AZ
845 N. Estrella Parkway
Goodyear, AZ 85338
Maricopa County
Project Name & Location:
Liquor License

Drawing Name:
Drawing No. 19-0310A
Type: LHDVTER
Drawn By: JML
Scale: As Noted

20 JUL 10 14 19.11C.M1254

20 JUL 14 14 19.11C.M1208

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 and 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.*]

20 JUL 14 11:49:11 AM 2020

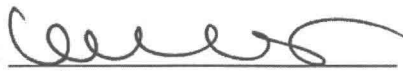
IN WITNESS WHEREOF, Grantor has caused this Special Warranty Deed to be executed this 25th day of May, 2018.

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: 
Name: Laura Ortiz
Its: President

STATE OF Arizona)
) ss.
County of Maricopa)

On May 17th, 2018 before me, Peggy Doane
(here insert name and title of the officer), personally appeared Laura Ortiz,
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.

Peggy Doane
Notary Public in 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 America
Recording Date: April 22, 1912
Recording 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. _____.

A2



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

DLLC USE ONLY

Issuance fee: \$100.00
Issuance Date: _____
<input type="checkbox"/> Liquor Store (series 9)
<input type="checkbox"/> Beer and Wine Store (series 10)
CSR: <u>KD</u>
Job #: <u>114444</u>

SAMPLING PRIVILEGES APPLICATION
SERIES 9 OR 10

* Applicant's Name: ☐ Individual ☒ Agent Chelsea Rene Baker License #: _____

Business Name: Aldi

Business Location: 845 N. Estrella Pkwy & Roosevelt St. Goodyear, AZ Maricopa 85338

Mailing Address: 5080 N. 40th St., Suite 335 Phoenix AZ Maricopa 85018

Business Phone Number: (602) 888-8924 Daytime Contact Number: (602) 888-8924

Email Address: julienne.overland-villegas@aldi.us; christina@liquorlicense.com

845 N. Estrella Pkwy & Roosevelt St., Goodyear, AZ Maricopa 85338

* Series #10 Beer and Wine Bar Only:

I declare that my business qualifies as a

☒ Premises is 5,000 square feet or larger

☐ At least 75% of shelf space is dedicated to beer and wine

COPY

A.R.S. §4-206.01(J) Bar, Beer and Wine Bar or Liquor Store licenses; number permitted; fee; sampling privileges

I (Signature), [Signature], hereby declare that I am the INDIVIDUAL/AGENT filing this form, that I have read A.R.S. §4-206.01 and verify all statements made on this document to be true, correct, and complete to the best of my knowledge. I understand there is a \$100 issuance fee and the annual \$60 renewal fee for these sampling privileges. The sampling privilege renewal fees are due at the same time as the renewal for the current license number identified on the first line of this application.

LOCAL GOVERNING BOARD

I, _____	recommend <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
(Government Official Signature)	(Title)
on behalf of _____	
(City, Town, County)	Phone _____ Date _____

DLLC USE ONLY

Investigation Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval by: _____	Date: ____/____/____
Director Signature required for Disapprovals: _____	

AMENDMENT

A2

*20 JUN 24 PM 3 23 AZDLLC



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

**SAMPLING PRIVILEGES APPLICATION
SERIES 9 OR 10**

DLLC USE ONLY

Issuance fee: \$100.00
Issuance Date:
<input type="checkbox"/> Liquor Store (series 9)
<input type="checkbox"/> Beer and Wine Store (series 10)
CSR: <u>KR</u>
Job #: <u>114444</u>

Applicant's Name: ☐ Individual ☒ Agent Aldi (Arizona LLC) License #: _____

Business Name: Aldi

Business Location: 845 N. Estrella Pkwy & Roosevelt St. Glendale, AZ Maricopa 85338

Street Address	City	State	County	Zip Code
5080 N. 40th St., Suite 335	Phoenix	AZ	Maricopa	85018

Street Address or P.O. Box	City	State	County	Zip Code

Business Phone Number: (602) 888-8924 Daytime Contact Number: (602) 888-8924

Email Address: julienne.overland-villegas@aldi.us; christina@liquorlicense.com

Series #10 Beer and Wine Bar Only:

I declare that my business qualifies as a

☐ Premises is 5,000 square feet or larger

☐ At least 75% of shelf space is dedicated to beer and wine

COPY

A.R.S. §4-206.01(J) Bar, Beer and Wine Bar or Liquor Store licenses; number permitted; fee; sampling privileges

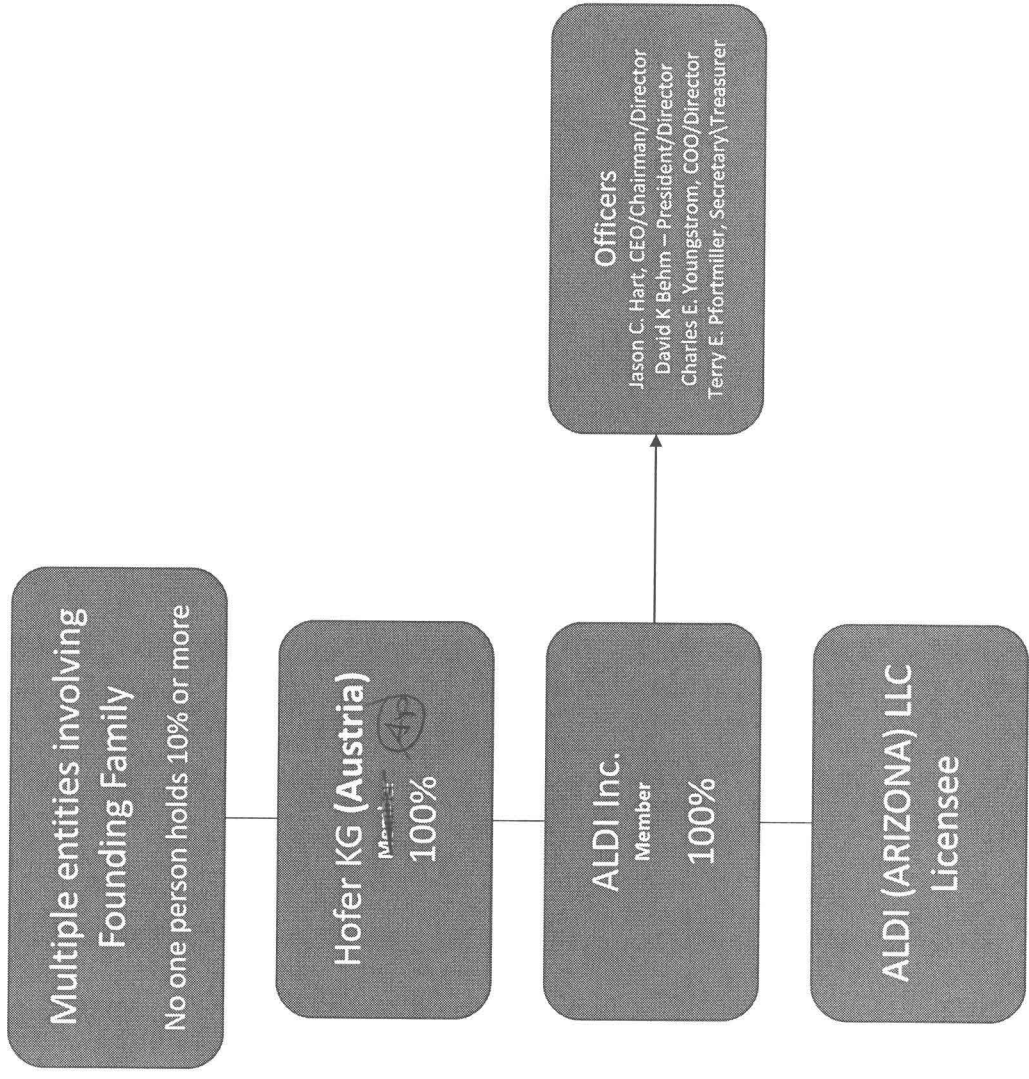
I (Signature) [Signature], hereby declare that I am the INDIVIDUAL/AGENT filing this form, that I have read A.R.S. §4-206.01 and verify all statements made on this document to be true, correct, and complete to the best of my knowledge. I understand there is a \$100 issuance fee and the annual \$60 renewal fee for these sampling privileges. The sampling privilege renewal fees are due at the same time as the renewal for the current license number identified on the first line of this application.

LOCAL GOVERNING BOARD

I, _____ (Government Official Signature)	_____ (Title)	recommend <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
on behalf of _____ (City, Town, County)		
Phone _____		Date _____

DLLC USE ONLY

Investigation Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval by: _____	Date: ____/____/____
Director Signature required for Disapprovals: _____	Date: ____/____/____





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.

804-900

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#: 114444

1. Check the Appropriate Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Baker Chelsea Rene Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Goeppingen, Stuttgart, Baden-Württemberg, Germany Height: 64" Weight: 170 Eyes: Green Hair: Blonde
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 05/11/2020

7. Daytime telephone number: (602) 888-8924 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: ALDI Business Phone: (602) 888-8924

9. Business Location Address: 845 N. Estrella Pkwy Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2018	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)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



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Liquor License#: 114444

1. Check the
Appropriate
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☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

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Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Goeppingen, Stuttgart, Baden-Württemberg, Germany Height: 64" Weight: 170 Eyes: Green Hair: Blonde
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 05/11/2020

7. Daytime telephone number: 520-360-1744 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: ALDI Business Phone: (602) 888-8924

9. Business Location Address: 845 N. Estrella Pkwy Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2018	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)

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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Liquor License#: 114444

1. Check the Appropriate Box →

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

2. Name: Baker Chelsea Rene Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Goeppingen, Stuttgart, Baden-Württemberg, Germany Height: 64" Weight: 170 Eyes: Green Hair: Blonde
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 05/11/2020

7. Daytime telephone number: 520-360-1744 E-mail address: chelsea.baker@aldi.us

8. Business Name: ALDI Inc. Business Phone: 520 / 360 / 1744

9. Business Location Address: 845 N. Estrella Pkwy Goodyear AZ Maricopa 85338
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
04/2018	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)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
05/2020	CURRENT	4814 N. 186th Ln., Goodyear, AZ 85395
04/2019	05/2020	30393 Danube Ct., Temecula, CA 92591
05/2018	04/2019	32071 Campanula Way, Temecula, CA 92592
04/2017	04/2018	4814 N. 186th Ln., Goodyear, AZ 85395
01/2016	04/2017	4200 N. Falcon Dr. #32, Goodyear, AZ 85395

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Chelsea Baker 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: Chelsea Baker

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: Nov 30, 2022
Date

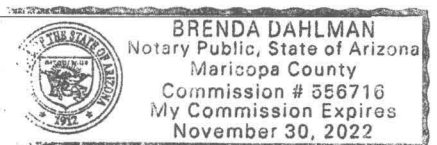
16th Day of June, 2020
Day Month Year

Brenda Dahlan
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____



Baker, Chelsea (MOR/DM)

From: Baker, Chelsea (MOR/DM)
Sent: Tuesday, June 16, 2020 11:19 AM
To: 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

20 JUL 14 11:19 AM '21



*20 JUN 24 PM 3 00 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

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

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

If **Yes**, indicate place of birth:

City Goeppingen State (or equivalent) Stuttgart, Baden-Wurtemberg Country or Territory Germany

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

2) Name of document: AZ Driver License
Go to Section IV.

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

SECTION III – ALIEN STATUS DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

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

Otherwise Lawfully Present

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

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

SECTION IV - DECLARATION

All applicants must complete this section.

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

Chelsea Rene Baker

Individual Owner/Agent Printed Name

Chelsea Baker

Individual Owner/Agent Signature

6/16/20

Today's Date

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

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

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

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

Arizona

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



Ch Baker

9 CLASS D
9a END NONE
12 REST NONE
3 DOB [REDACTED]
1 BAKER
2 CHELSEA RENE
8 4814 N 186TH LN
GOODYEAR, AZ 85395-5000
4b EXP 11/13/2053 4a ISS 03/16/2020
16 SEX F 18 EYES BLU
16 HGT 5'-04" 19 HAIR BLN
17 WGT 150 lb

5 DD 4016M/V610B0812C8

VETERAN

'20 JUL 14 19. Lic. #M1211



CLASS: D-Operator

ENDORSEMENTS:

RESTRICTIONS:

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days



2007642008398320301

Certificate # 12252

*20 JUN 24 PM 3:00 AZD LLC

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

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

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

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

Student Information

Chelsea Baker

Full Name (please print)

Chelsea Baker

Signature

June 15, 2020

Training Completion Date

June 15, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

20 JUN 14 PM 3:00 AZD LLC

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

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

Kelly Bailey

Instructor Signature

June 15, 2020

Day Mo Year

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

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

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

Bar (series 6)
Private Club (series 14)

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

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

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

July 11, 2013

Certificate # 12252

*20 JUN 24 PM 3:00 AZD LLC

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

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

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

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. 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.

Student Information

Chelsea Baker

Full Name (please print)

Chelsea Baker

Signature

June 15, 2020
Training Completion Date

June 15, 2023
Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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).

Kelly Bailey

Instructor Signature

June 15, 2020

Day Mo Year

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

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

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

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
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The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

*20 JUL 14 11:19 AM 2013



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.

804.900

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#:

114444

1. Check the Appropriate Box

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Youngstrom Charles Ernest Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Burlington IA USA Height: 6'2" Weight: 200 Eyes: Brown Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Youngstrom Sandra Jean Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (630) 215-3787 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: Aldi Business Phone: 602 / 888 / 8924

9. Business Location Address: 845 N. Estrella Pkwy & Roosevelt St. Goodyear, AZ Maricopa 85338
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)
02/1998	CURRENT	COO/Director	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



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.

804.900

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.

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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#: 11444

1. Check the Appropriate Box

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

2. Name: Youngstrom Charles Ernest Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Burlington IA USA Height: 6'2" Weight: 200 Eyes: Brown Hair: Brown
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8. Business Name: Aldi 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)
02/1998	CURRENT	COO/Director	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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)

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

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) 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.

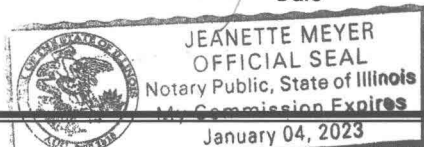
Signature: Charles Ernest Youngstrom

State of Illinois County of Kane
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23

Date

22 Day of April, 2020
Day Month Year



Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
3/2002	CURRENT	4000 Winberie Ave., Naperville, IL 60564

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202.4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No

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

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NOTARY

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Signature: Charles Ernest Youngstrom

State of Illinois County of Kane

The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23

Date

22

Day

Day of April

Month

2020

Year



JEANETTE MEYER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 04, 2023

Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

AMENDMENT

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)

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14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☐ Yes ☒ No
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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.

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NOTARY

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Signature: Charles Ernest Youngstrom

State of Illinois County of Kane

The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23

Date

22 Day of April, 2020

Day

Month

Year



JEANETTE MEYER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 04, 2023

Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____



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.

804.900

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.

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Liquor License#: 114444

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Behm David Karl Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Ft. Wayne IN USA Height: 6'0" Weight: 185 Eyes: Brown Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Behm Dawn Renee Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (630) 338-3020 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: Aldi Business Phone: 602 / 888 / 8924

9. Business Location Address: 845 N. Estrella Pkwy & Roosevelt St. Goodyear AZ Maricopa 85338
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)
05/2012	CURRENT	President/Director	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



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800 W Washington 5th Floor
Phoenix, AZ 85007-2934
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Liquor License#:

114444

1. Check the
Appropriate
Box →



Controlling Person



Agent



Premises Manager

(complete all questions except #12)

2. Name: Behm David Karl Birth Date: [REDACTED]
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3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

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7. Daytime telephone number: (630) 338-3020 E-mail address: julienne.overland-villegas@aldi.us

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9. Business Location Address: _____
Street (do not use PO Box) City State County Zip

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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)
05/2012	CURRENT	President/Director	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
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?
If you answered YES, then answer #13 below. If NO, skip to #14. ☐ Yes ☒ No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
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18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☐ No

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) 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.

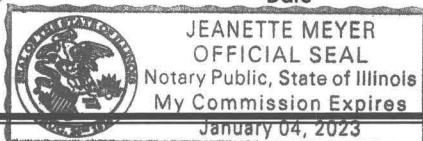
Signature: [Signature]

State of Illinois County of Kane
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23

Date

22 Day of April, 2020
Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

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
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?
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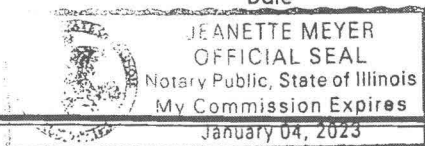
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
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CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (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: [Signature] State of Illinois County of Kane
The foregoing instrument was acknowledged before me this 22 Day of April, 2020
My Commission Expires on: 1/4/23 Date Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

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
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?
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16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
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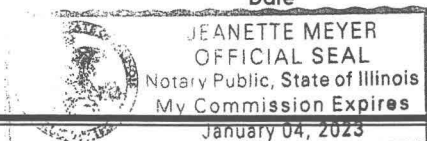
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Give complete details including dates, agencies involved and dispositions.**

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NOTARY

I (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: [Signature] State of Illinois County of Kane
The foregoing instrument was acknowledged before me this
My Commission Expires on: 1/14/23 22 Day of April, 2020
Date Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

QUESTIONNAIRE
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Liquor License#: 114444

1. Check the Appropriate Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Pfortmiller Terry Edward Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Elgin IL USA Height: 5'11" Weight: 210 Eyes: Blue Hair: Gray
City State COUNTRY (not county)

5. Name of current/most recent spouse: Pfortmiller Debra Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (630) 338-3020 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: Aldi Business Phone: 602 / 888 / 8924

9. Business Location Address: 845 N. Estrella Pkwy & Roosevelt St., Goodyear, AZ Maricopa 85338
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)
05/1995	CURRENT	Secretary Treasurer	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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

QUESTIONNAIRE
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864.900

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Liquor License#: 114444

1. Check the
Appropriate
Box →

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

2. Name: Pfortmiller Terry Edward Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

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City State COUNTRY (not county)

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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)
05/1995	CURRENT	Secretary Treasurer	Aldi Inc. - USA 1200 North Kirk Road., Batavia IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

A 2

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 cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?

☐ Yes ☒ No

15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210

☐ Yes ☒ No

16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
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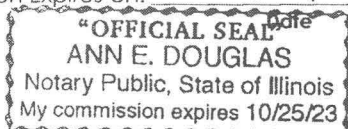
Signature: Terry E. Pfortmiller

State of Illinois County of Kane

The foregoing instrument was acknowledged before me this

My Commission Expires on: 10/25/2023

28th Day of April, 2020
Day Month Year



Ann E. Douglas
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: **AMENDMENT**

20 JUL 14 14:14 PM '20

A 2

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

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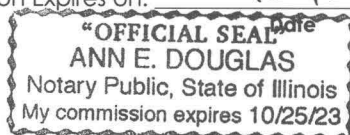
Signature: 

State of Illinois County of Kane

The foregoing instrument was acknowledged before me this

My Commission Expires on: 10/25/2023

28th Day of April, 2020
Day Month Year




Signature of Notary

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PRINT NAME: _____ SIGNATURE: _____



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QUESTIONNAIRE
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Liquor License#: 114444

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Hart Jason Chandler Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Falmouth MA USA Height: 6'0" Weight: 175 Eyes: Blue Hair: Blonde
City State COUNTRY (not county)

5. Name of current/most recent spouse: Hart Amy Kristen Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (630) 253-6189 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: Aldi Business Phone: 602 / 888 / 8924

9. Business Location Address: 845 N. Estrella Pkwy & Roosevelt St., Goodyear, AZ Maricopa 85338
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)
01/2006	CURRENT	CEO/Chairman/Director	Aldi Inc. 1200 North Kirk Road, Batavia, IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
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QUESTIONNAIRE
A.R.S. § 4-202, 4-210
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Liquor License#: 114444

1. Check the Appropriate Box

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

2. Name: Hart Jason Chandler Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: IL

4. Place of birth: Falmouth MA USA Height: 6'0" Weight: 175 Eyes: Blue Hair: Blonde
City State COUNTRY (not county)

5. Name of current/most recent spouse: Hart Amy Kristen Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

7. Daytime telephone number: (630) 253-6189 E-mail address: julienne.overland-villegas@aldi.us

8. Business Name: Aldi 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)
01/2006	CURRENT	CEO/Chairman/Director	Aldi Inc. 1200 North Kirk Road, Batavia, IL 60510

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
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? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☒ Yes ☐ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☐ No

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) 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: Jason C. Hart

State of Illinois County of Kane

The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23

Date

28 Day

Day of April

Month

2020 Year



JEANETTE MEYER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 04, 2023

Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
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? ☐ Yes ☒ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☒ No

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

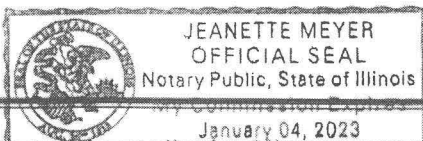
I (Print Full Name) Jason Chandler Hart hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Jason Chandler Hart

State of Illinois County of Kane
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23
Date

28 Day of April, 2020
Day Month Year



Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: AMENDMENT

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
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? ☐ Yes ☐ No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? ☐ Yes ☒ No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 ☐ Yes ☒ No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? ☐ Yes ☒ No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☒ Yes ☐ No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) ☐ Yes ☐ No

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

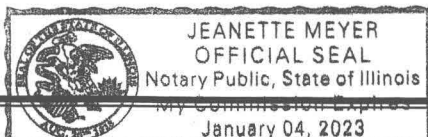
I (Print Full Name) Jason Chandler Hart hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Jason Chandler Hart

State of Illinois County of Kane
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/4/23
Date

28 Day of April, 2020
Day Month Year



Jeanette Meyer
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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#: 114444

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☒ Premises Manager

(complete all questions except #12)

2. Name: Mazzei, Phillip Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Phoenix, AZ, Maricopa Height: 5'6" Weight: 213 Eyes: HAZ Hair: BRO
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 2008

7. Daytime telephone number: 6234552085 E-mail address: Pmazzei4346@gmail.com

8. Business Name: Aldi Stores LLC 8 Roosevelt St Business Phone: (602) 888-8924

9. Business Location Address: 845 N Estrella Pkwy, Goodyear, AZ, Maricopa, 85338
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)
4/2018	CURRENT	STORE MANAGER	Aldi (12661 Aldi Way, Moreno Valley, Ca. 92555)
11/2008	03/2018	CO-MANAGER	Walmart - 13055 W Rancho Sante Fe Blvd, Avondale, AZ. 85392

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



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.

864.960

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.

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Liquor License#: 114444

1. Check the Appropriate Box →

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

2. Name: Mazzei, Phillip Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: AZ

4. Place of birth: Phoenix, AZ, Maricopa USA Height: 5'6" Weight: 213 Eyes: HAZ Hair: BRO
City State COUNTRY (not county)

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

6. Are you a bona fide resident of Arizona? ☒ Yes ☐ No If yes, what is your date of residency: 2008

7. Daytime telephone number: 6234552085 E-mail address: Pmazzei4346@gmail.com

8. Business Name: Aldi Stores LLC Business Phone: 623 / 455 / 2084

9. Business Location Address: 845 N Estrella Pkwy, Goodyear, AZ, Maricopa, 85338
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)
4/2018	CURRENT	STORE MANAGER	Aldi (12661 Aldi Way, Moreno Valley, Ca. 92555)
11/2008	03/2018	CO-MANAGER	Walmart - 13055 W Rancho Sante Fe Blvd, Avondale, AZ. 85392

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
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)

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

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

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Phillip Mazzei 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: *[Signature]*

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: Nov 30, 2022
Date

16th Day of June, 2020
Day Month Year

[Signature]
Signature of Notary

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

PRINT NAME: Chelsea Baker

SIGNATURE: *[Signature]*



Certificate # 12253

20 JUN 24 PM 3:24 AZD LLC

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

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

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

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. 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.

Student Information

Phillip Mazzei

Full Name (please print)

Signature

June 16, 2020

Training Completion Date

June 16, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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).

Kelly Bailey
Instructor Signature

June 16, 2020

Day Mo Year

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

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

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

Bar (series 6)
Private Club (series 14)

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

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

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

July 11, 2013

20 JUL 14 PM 1:13

Certificate # 12253

20 JUN 24 PM 3 24 AZD LLC

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

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

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

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

Student Information

Phillip Mazzei

Full Name (please print)

Signature

June 16, 2020

Training Completion Date

June 16, 2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

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

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

Kelly Bailey
Instructor Signature

June 16, 2020

Day Mo Year

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

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

July 11, 2013

20 JUL 14 17:11 AZD LLC