

State of Arizona
Department of Liquor Licenses and Control

Created 12/12/2019 @ 09:57:20 AM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	BOWIE TRAVEL CENTER	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	1275 BUSINESS LOOP I-10 EXIT 366 BOWIE, AZ 85605 USA	
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA	
Phone:	(520)847-2288	
Alt. Phone:	(602)200-7222	
Email:	ANDREA@LEWKLAW.COM	

AGENT

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

OWNER

Name: BOWIE INC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: CORPORATION
AZ CC File Number: 1974693 State of Incorporation: AZ
Incorporation Date: 05/30/2019
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKWLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
IQBAL SINGH SAMRA	Director	50.00
JAGTAR SINGH SAMRA	Director	50.00

BOWIE INC - Director

Name: JAGTAR SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3080
Alt. Phone:
Email: BILLU711@YAHOO.COM

BOWIE INC - Director

Name: IQBAL SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3090
Alt. Phone:
Email: IQBALSAMRA57@YAHOO.COM

APPLICATION INFORMATION

Application Number: 88664
Application Type: New Application
Created Date: 12/12/2019

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
Yes
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes
- 3) Please provide name, address, and Distance of nearest school.
BOWIE HIGH SCHOOL
315 5TH ST BOWIE AZ 85605
2.3 MILES
- 4) Please provide name, address, and distance of nearest church.
BOWIE FIRST BAPTIST CHURCH
412 S CENTRAL AVE BOWIE AZ 85605
2 MILES
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
No
- 6) Is there a penalty if lease is not fulfilled?
No
- 7) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 8) Are you the owner?
Yes
- 9) Are you a purchaser?
No
- 10) Are you a management company?
No
- 11) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
COCHISE COUNTY
- 12) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$400,000.00
LISA ELKMAN SILVERS
155 TRESANA BLVD UNIT 105 JUNIPER FL 33478
- 13) Have you provided a diagram of your premises?
Yes
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
NONE
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

State of Arizona
Department of Liquor Licenses and Control

Created 12/12/2019 @ 09:57:25 AM

Local Governing Body Report

LICENSE

Number:	INP020009355	Type:	INP INTERIM PERMIT
Name:	BOWIE TRAVEL CENTER		
State:	Active		
Issue Date:	12/12/2019	Expiration Date:	03/26/2020
Original Issue Date:	12/12/2019		
Location:	1275 BUSINESS LOOP I-10 EXIT 366 BOWIE, AZ 85605 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(520)847-2288		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLaw.COM		

AGENT

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

OWNER

Name: BOWIE INC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: CORPORATION
AZ CC File Number: 1974693 State of Incorporation: AZ
Incorporation Date: 05/30/2019
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKWLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
IQBAL SINGH SAMRA	Director	50.00
JAGTAR SINGH SAMRA	Director	50.00

BOWIE INC - Director

Name: JAGTAR SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3080
Alt. Phone:
Email: BILLU711@YAHOO.COM

BOWIE INC - Director

Name: IQBAL SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)219-3090
Alt. Phone:
Email: IQBALSAMRA57@YAHOO.COM

APPLICATION INFORMATION

Application Number: 88666
Application Type: New Application
Created Date: 12/12/2019

QUESTIONS & ANSWERS

INP Interim Permit

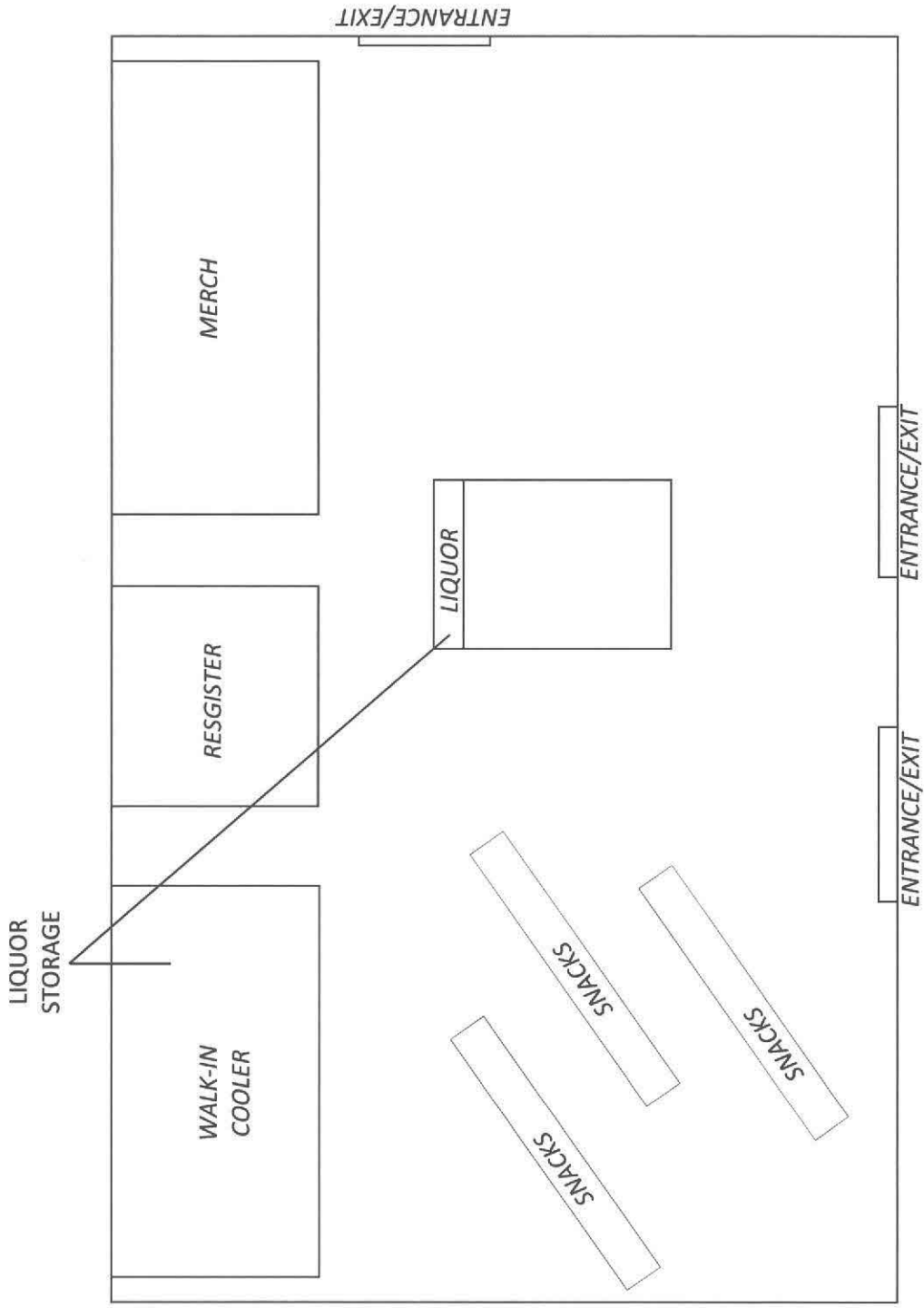
- 1) Enter License Number currently at location
10023136
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
No

BOWIE TRAVEL CENTER

1275 BUSINESS LOOP I-10, EXIT 366

BOWIE, AZ 85605

3500 SF





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

19 DEC 12 11:41 AM Lic. RM 9-56

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. *FP current 10-18-19*

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#: 88664

1. Check the Appropriate Box →

<input type="checkbox"/> Controlling Person <input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager <small>(complete all questions except #12)</small>
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2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: MANKATO MN USA Height: 5' 8" Weight: 140 Eyes: HZL Hair: BLN
City State COUNTRY (not county)

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME 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: 04/1961

7. Daytime telephone number: (602) 200-7222 E-mail address: andrea@lewklaw.com

8. Business Name: BOWIE TRAVEL CENTER Business Phone: 520 / 847 / 2288

9. Business Location Address: 1275 BUSINESS LOOP I-10, EXIT 366 BOWIE AZ COCHISE 85632
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 <small>(Street Address, City, State & Zip)</small>
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC 2600 N CENTRAL DR, STE. 1775 PHOENIX, AZ 85004

(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
02/1999	CURRENT	5745 N 25th STREET, PHOENIX, AZ 85016

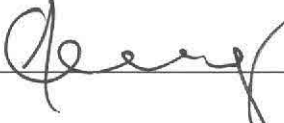
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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) ANDREA DAHLMAN LEWKOWITZ 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 ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this 2 Day of December, 2019

My Commission Expires on: 02/12/2021

Date Amy L. Schreff
Notary Public - Arizona
Maricopa County
My Commission Expires
February 12, 2021


Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



2600 North Central Avenue
Suite 1775
Phoenix, Arizona 85004
☎ 602.200.7222
📠 602.200.7234
www.lewkowitzlaw.com

Andrea D. Lewkowitz
H.J. Lewkowitz

November 22, 2019

Jennifer Benson, Licensing Manager
Department of Liquor Licensing & Control
800 West Washington Street, 5th Floor
Phoenix, Arizona 85007

Re: Alien Status Form and Passport

Dear Ms. Benson:

My completed Alien Status form and a copy of my passport are on file at the Arizona Department of Liquor Licenses and Control.

If you require more information from me, please call. Thank you!

Sincerely,


Andrea D. Lewkowitz

ADL/als

19 DEC 12 11:47 AM '06



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.

804-818

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#: 88664

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: SAMRA JAGTAR SINGH Birth Date: [REDACTED]
(NOT a public record)

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

4. Place of birth: Logharh, Punjab India Height: 5-10 Weight: 220 Eyes: BLK Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: SAMRA SANDEEP KAUR 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: [REDACTED]
(818)219-3080 BILLU711@YAHOO.COM AP

7. Daytime telephone number: [REDACTED] E-mail address: [REDACTED] 520-847-2288

8. Business Name: 9-AGRE TRAVEL COMPLEX Bowie Travel Center AP Business Phone: 520 / 560 / 1010

9. Business Location Address: 1275 BUSINESS LOOP I-10 EXIT 366, BOWIE, AZ COCHISE 85605
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)
12/1998	CURRENT	SELF EMPLOYED	10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(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
12/2004	CURRENT	10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(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
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Give complete details including dates, agencies involved and dispositions.
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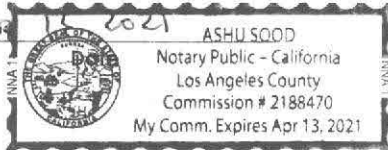
NOTARY

JAGTAR SINGH SAMRA

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

Signature: Jagtar S Samra State of California County of Los Angeles
JAGTAR SINGH SAMRA The foregoing instrument was acknowledged before me this

My Commission Expires on: April 13, 2021 Day of November, 2019
 Day Month Year



Ashu Sood
Signature of Notary

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

JAGTAR SINGH SAMRA

PRINT NAME: _____ SIGNATURE: _____

19 DEC 12 04:14: PM 9 56



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

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Liquor License#: 88664

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent, Premises Manager (complete all questions except #12)

2. Name: SAMRA IQBAL SINGH Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: CA

4. Place of birth: Logharh, Punjab India Height: 5-11 Weight: 220 Eyes: BLK Hair: BRN

5. Name of current/most recent spouse: SAMRA SURINDER KAUR Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency: (818)219-3090 IQBALSAMRA57@YAHOO.COM

7. Daytime telephone number: (818)219-3090 E-mail address: IQBALSAMRA57@YAHOO.COM

8. Business Name: BOWIE TRAVEL CENTER Business Phone: 520 / 847 / 2288

9. Business Location Address: 1275 BUSINESS LOOP I-10 EXIT 366, BOWIE, AZ COCHISE 85605

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 1998, CURRENT, SELF EMPLOYED, 8524 HELMAND DRIVE, WINNETKA, CA 91306

(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
12/1998	CURRENT	8524 HELMAND DRIVE, WINNETKA, CA 91306

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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Give complete details including dates, agencies involved and dispositions.

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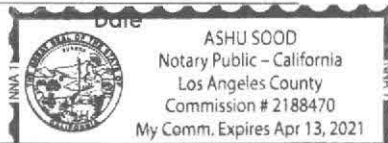
NOTARY

IQBAL SINGH SAMRA

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

Signature: Iqbal S Samra State of California County of Los Angeles
IQBAL SINGH SAMRA The foregoing instrument was acknowledged before me this

My Commission Expires on: Apr 13 2021 21st Day of November, 2019
Date Day Month Year



Ashu Sood
Signature of Notary

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

PRINT NAME: IQBAL SINGH SAMRA SIGNATURE: Iqbal S Samra