

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

Created 12/13/2019 @ 11:44:57 AM

Local Governing Body Report

**LICENSE**

Number:		Type:	010 BEER AND WINE STORE
Name:	9 ACRE TRAVEL COMPLEX		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	2500 W BUSINESS I-10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(520)560-1010		
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: SAN SIMON 10 INC  
Contact Name: ANDREA LEWKOWITZ  
Type: CORPORATION  
AZ CC File Number: 23037312 State of Incorporation: AZ  
Incorporation Date: 11/27/2019  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (602)200-7222  
Alt. Phone:  
Email: ANDREA@LEWKLAW.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
IQBAL SINGH SAMRA	Director,Shareholder	50.00
JAGTAR SINGH SAMRA	Director,Sharholder	50.00

**SAN SIMON 10 INC - Director,Shareholder**

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

**SAN SIMON 10 INC - Director,Shareholder**

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: 88801  
Application Type: New Application  
Created Date: 12/13/2019

**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.  
SAN SIMON SCHOOL (K-12) - 1.3 MILES  
2226 I-10BL SAN SIMON AZ 85632
- 4) Please provide name, address, and distance of nearest church.  
BOWIE FIRST BAPTIST CHURCH-14 MILES  
412 S CENTRAL AVE BOWIE AZ 85605
- 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.  
TOTAL: \$3,075,000.00  
  
BMO HARRIS BANK - \$3,075,000.00  
1850 N CENTRAL AVE STE 1500 PHOENIX AZ 85004
- 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 12/13/2019 @ 11:47:48 AM

Local Governing Body Report

**LICENSE**

Number:	INP020009366	Type:	INP INTERIM PERMIT
Name:	9 ACRE TRAVEL COMPLEX		
State:	Active		
Issue Date:	12/13/2019	Expiration Date:	03/27/2020
Original Issue Date:	12/13/2019		
Location:	2500 W BUSINESS I-10 SAN SIMON, AZ 85632 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(520)560-1010		
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: SAN SIMON 10 INC  
Contact Name: ANDREA LEWKOWITZ  
Type: CORPORATION  
AZ CC File Number: 23037312 State of Incorporation: AZ  
Incorporation Date: 11/27/2019  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: (602)200-7222  
Alt. Phone:  
Email: ANDREA@LEWKLAW.COM

**Officers / Stockholders**

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

**SAN SIMON 10 INC - Director,Shareholder**

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

**SAN SIMON 10 INC - Director,Shareholder**

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: 88802  
Application Type: New Application  
Created Date: 12/13/2019

## QUESTIONS & ANSWERS

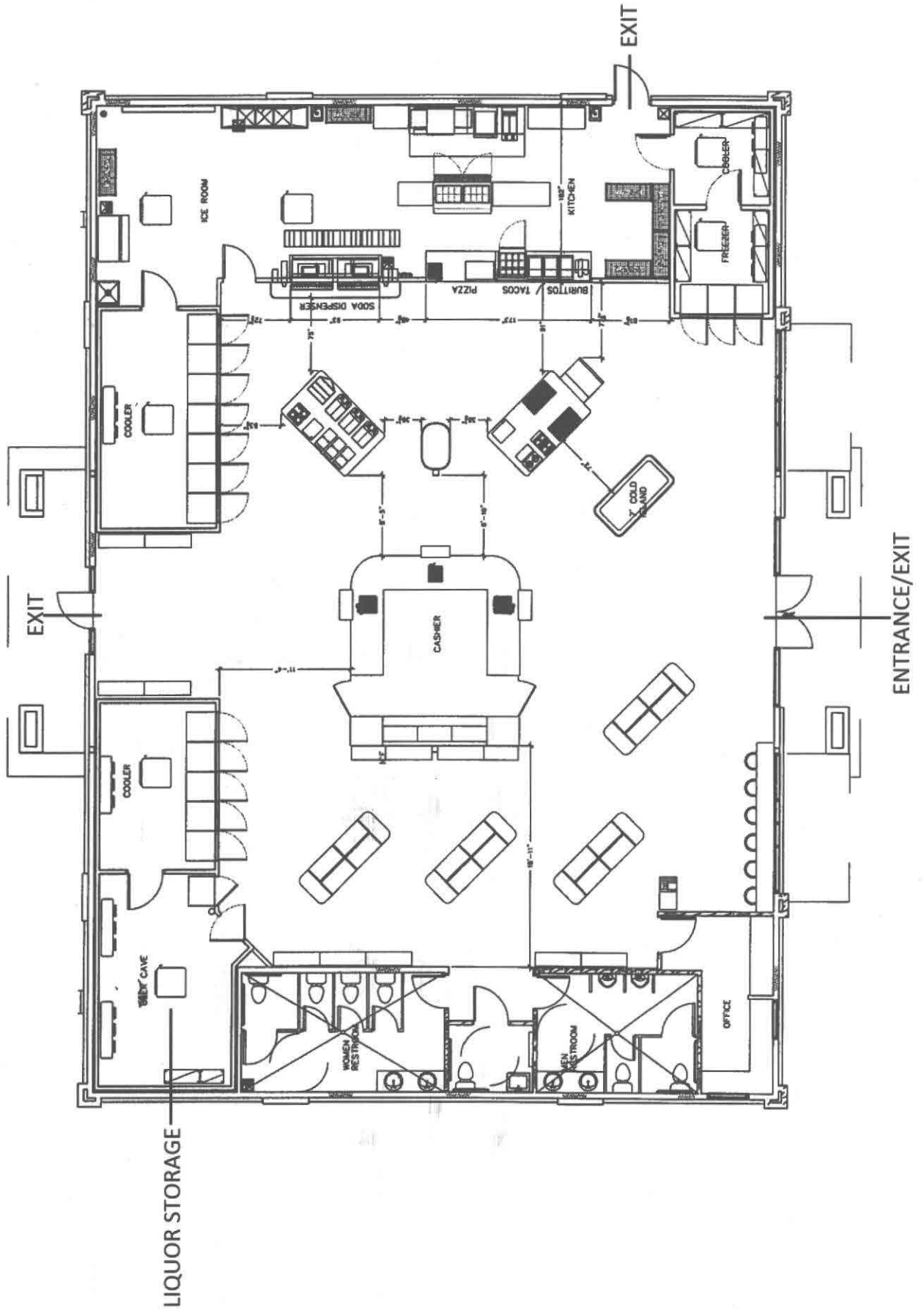
### INP Interim Permit

- 1) Enter License Number currently at location  
010020004939
- 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

\*19 DEC 13 Lic. Lic. AM1152

9 ACRE TRAVEL COMPLEX  
2500 W BUSINESS I-10  
SAN SIMON, AZ 85632

5000 SF





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.

fp cement 16/18/19

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#: 88801

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager. Agent is checked.

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [Redacted]

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

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? [X] 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: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON AZ COCHISE 85632

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: 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?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  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

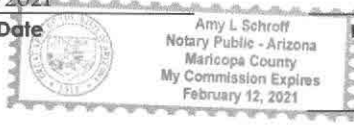
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.**  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**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

My Commission Expires on: 02/12/2021 4 Day of NOVEMBER, 2019  
Date Day Month Year



  
Signature of Notary

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

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

19 DEC 13 14:47, Lic. #1152



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 1, 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



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

19 DEC 13 LIQ. LIC. #M1152

**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.

**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#: 88801

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 IQBAL SINGH Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Logharh, Punjab India Height: 5-11 Weight: 205 Eyes: BLK Hair: BRN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: SAMRA SURINDER 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: \_\_\_\_\_  
 (818)219-3090 IQBALSAMRA57@YAHOO.COM

7. Daytime telephone number: (818)219-3090 E-mail address: IQBALSAMRA57@YAHOO.COM  
800-560-1010 818 518 8648 (CA)

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 800-560-1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON 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 (Street Address, City, State & Zip)
12/1998	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)

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

AMENDMENT

**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**

*[Signature]* **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

My Commission Expires on: Apr 13 2021  


The foregoing instrument was acknowledged before me this 21st Day of November, 2019  
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: IQBAL SINGH SAMRA SIGNATURE: Iqbal S Samra

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
1998	CURRENT	8524 HELMAND DRIVE, WINNETKA, CA 91306

(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
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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: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
IQBAL SINGH SAMRA The foregoing instrument was acknowledged before me this

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

[NOTARY SEAL HERE] \_\_\_\_\_  
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*



19 DEC 13 11:49 AM 1152

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

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Liquor License#: 88801

1. Check the Appropriate Box

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

2. Name: SAMRA JAGTAR SINGH Birth Date: [Redacted]
Last First Middle (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 (checked) If yes, what is your date of residency: [Redacted]

7. Daytime telephone number: (818)219-3080 E-mail address: BILLU711@YAHOO.COM

8. Business Name: 9 ACRE TRAVEL COMPLEX Business Phone: 520 / 560 / 1010

9. Business Location Address: 2500 W BUSINESS I-10 SAN SIMON 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.

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: 12/1998, CURRENT, SELF EMPLOYED, 10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Rev 10/13/19 CA

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?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  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**

**JAGTAR SINGH SAMRA**

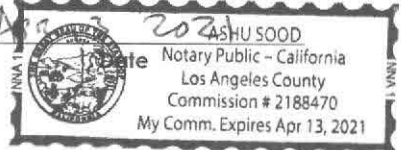
I (Print Full Name) \_\_\_\_\_ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Jagtar S Samra  
JAGTAR SINGH SAMRA

State of California County of Los Angeles

The foregoing instrument was acknowledged before me this

My Commission Expires on: Apr 13 2021



21st 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.

PRINT NAME: JAGTAR SINGH SAMRA

SIGNATURE: Jagtar S Samra

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
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
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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.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

**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:** \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
JAGTAR SINGH SAMRA The foregoing instrument was acknowledged before me this

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

[NOTARY SEAL HERE] \_\_\_\_\_  
Signature of Notary

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

PRINT NAME: JAGTAR SINGH SAMRA SIGNATURE: *Justin S Samra*

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

**BWASTR**

**License 010020004939**

Issue Date: 6/13/2019

Expiration Date: 6/30/2020

Issued To:

ANDREA DAHLMAN LEWKOWITZ, Agent  
SAL AZ PROPERTIES LLC, Owner

Location:

9 ACRE TRAVEL COMPLEX  
2500 W BUSINESS I-10  
SAN SIMON, AZ 85632  
USA



Mailing Address:

ANDREA DAHLMAN LEWKOWITZ  
SAL AZ PROPERTIES LLC  
9 ACRE TRAVEL COMPLEX  
2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA

**EXP 6/30/2020**



POST THIS LICENSE IN A CONSPICUOUS PLACE

19 DEC 13 149. Lic. #01151