

State of Arizona
Department of Liquor Licenses and Control

Created 12/17/2019 @ 10:17:48 AM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	FAMILY DOLLAR STORE #25918	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	4155 STATE HIGHWAY 82	
	SIERRA VISTA, AZ 85650	
	USA	
Mailing Address:	500 VOLVO PARKWAY	
	CHESAPEAKE, VA 23320	
	USA	
Phone:	(520)378-3173	
Alt. Phone:	(520)252-3372	
Email:	ALYSSA.DICKINSON@GRAY-ROBINSON.COM	

AGENT

Name:	RALPHAEL SEAN PICHE
Gender:	Male
Correspondence Address:	500 VOLVO PARKWAY
	CHESAPEAKE, VA 23320
	USA
Phone:	(520)252-3372
Alt. Phone:	
Email:	RPICHE@FAMILYDOLLAR.COM

OWNER

Name:	FAMILY DOLLAR STORES INC	
Contact Name:	VARIOUS AGENTS	
Type:	CORPORATION	
AZ CC File Number:	State of Incorporation:	
Incorporation Date:		
Correspondence Address:	500 VOLVO PARKWAY	
	CHESAPEAKE, VA 23320	
	USA	
Phone:	(850)577-6962	
Alt. Phone:		
Email:	ALYSSA.DICKINSON@GRAY-ROBINSON.COM	

Officers / Stockholders

Name:	Title:	% Interest:
DOLLAR TREEE INC		100.00
ROGER WAYNE DEAN	VP/TRES	
SANDRA LOFTIS BOSCIA	ASST SEC	
LONNIE WAYNE MCCAFFETY	SR VP	

FAMILY DOLLAR STORES INC - ASST SEC

Name: SANDRA LOFTIS BOSCIA
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (704)708-1953
Alt. Phone:
Email: SBOSCIA@FAMILYDOLLAR.COM

FAMILY DOLLAR STORES INC - SR VP

Name: LONNIE WAYNE MCCAFFETY
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (704)843-1963
Alt. Phone:
Email: LMCCAFFETY@FAMILYDOLLAR.COM

FAMILY DOLLAR STORES INC - VP/TRES

Name: ROGER WAYNE DEAN
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)321-5354
Alt. Phone:
Email: RDEAN@DOLLARTREEE.COM

FAMILY DOLLAR STORES INC -

Name: DOLLAR TREEE INC
Contact Name: VARIOUS AGENTS
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (850)577-6962
Alt. Phone:
Email: ALYSSA.DICKINSON@GRAY-ROBINSON.COM

APPLICATION INFORMATION

Application Number: 79891
Application Type: New Application
Created Date: ~~10/15/2019~~ 12/14/19 SC

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.
No
- 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.
Huachua Mountain Elementary School
3228 St. Andrews Dr., Sierra Vista, AZ 85650
1.23 miles
- 4) Please provide name, address, and distance of nearest church.
Metamorphosis Spiritual Center
4041 S. Turner Lane, Sierra Vista, AZ 85650
683 feet
- 5) Are you a tenant? (A person who holds the lease of a property; a lessee)
Yes
A Document of type LEASE is required.
- 6) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Landlord may declare the term ended and enter into the premises by due process of law, expel the Tenant and repossess the premises. Tenant would be responsible to continue to pay the fixed rent for the remainder of the current term as though this lease had not been terminated for as long as the premises is vacant.
- 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?
No
- 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.
None
- 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.
N/A
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
LEASE	25918 Sierra Vista Lease.pdf	10/15/2019
DIAGRAM/FLOOR PLAN	25918 Floor Plan.pdf	10/15/2019
DIAGRAM/FLOOR PLAN	Ownership Org Chart.pdf	10/15/2019
QUESTIONNAIRE	25918 R. Piche Questionnaire.pdf	10/15/2019
ALIEN STATUS	R. Piche Driver's License.pdf	10/15/2019
QUESTIONNAIRE	L. McCaffety Questionnaire.pdf	10/15/2019
ALIEN STATUS	L. McCaffety Driver's License.pdf	10/15/2019
QUESTIONNAIRE	R. Dean Questionnaire.pdf	10/15/2019
ALIEN STATUS	R. Dean Driver's License.pdf	10/15/2019
QUESTIONNAIRE	S. Boscia Questionnaire.pdf	10/15/2019
ALIEN STATUS	S. Boscia Driver's License.pdf	10/15/2019
QUESTIONNAIRE	25918 B. Sallard Questionnaire.pdf	10/17/2019
ALIEN STATUS	B. Sallard Driver's License.pdf	10/17/2019

Dollar Tree, Inc.
(publicly traded company on NASDAQ under
ticker symbol "DLTR"
FEIN: 26-2018846

100% Interest

Family Dollar Stores, Inc.
FEIN: 56-0942963
Lonnie McCaffety – Sr. Vice President - Operations
Roger Dean – Vice President & Treasurer
Sandra Boscia – Assistant Secretary

100% Interest

Family Dollar, Inc.
FEIN: 56-2056614
Lonnie McCaffety – President
Roger Dean – Vice President & Treasurer
Sandra Boscia – Assistant Secretary



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

804,817

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#: #79891

1. Check the Appropriate Box

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

2. Name: Piche, Raphael, Sean Birth Date: [Redacted]

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

4. Place of birth: Detroit, MI, USA Height: 5'11" Weight: 235 Eyes: Brown Hair: Brown

5. Name of current/most recent spouse: Piche, Dawn, M. Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 04/15/2005

7. Daytime telephone number: (520) 252-3372 E-mail address: rpiche@familydollar.com

8. Business Name: Family Dollar Store #25918 Business Phone: 520 / 378 / 3173

9. Business Location Address: 4155 State Highway 92, Sierra Vista, AZ 85650, Cochise County

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: 05/2014, CURRENT, District Manager, Family Dollar; 500 Volvo Parkway, Chesapeake, VA 23320

(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
11/2005 2006	CURRENT	43737W. Baker Dr., Maricopa, AZ 85138

(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) Raphael Piche hereby declare that I am the Agent/ Controlling Person / Premises Manager filling 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: *Raphael Piche* State of Arizona County of Pinal
The foregoing instrument was acknowledged before me this

1 Day of August, 2019
Date

My Commission Expires August 29 2022
LISA MOORE
Notary Public - Arizona
Pinal County
Commission # 550728
My Commission Expires August 29, 2022

[Signature]
Signature of Notary

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

PRINT NAME: Lonnie McCafferty SIGNATURE: *[Signature]*



*19 DEC 14 Lique. Lic. RM1000

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) Sean Raphael Piche

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 Detroit State (or equivalent) Michigan Country or Territory USA

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

2) Name of document: Arizona Driver's 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.

Sear
Raphaël Piche

Individual Owner/Agent Printed Name

Raphaël Piche
Individual Owner/Agent Signature

10-24-19

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



5 CLASS D
9a END M
12 REST B

4d DLN
3 DOB

1 PICHE
2 RALPHEAL SEAN
8 43737 W BAKER DR
MARICOPA, AZ 85138-1713



4b EXP 01/11/2031 4a ISS 12/28/2017

13 SEX M 18 EYES BRO
15 HGT 5'-11" 19 HAIR BRO
17 WGT 221 lb

Robert C. Bell





CLASS: D-Operator
ENDORSEMENTS:
M-Motorcycle

RESTRICTIONS:
B-Corrective Lens Must Be Worn

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days



Certificate # AZB-OFF-04810

Certificate of Completion

For

Title 4 BASIC Liquor Law Training

<input type="checkbox"/>	On-sale
<input checked="" type="checkbox"/>	Off-sale
<input type="checkbox"/>	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

Ralphael Piche

Full Name (please print)

Ralphael Piche
Signature

09/29/2019

Training Completion Date

09/28/2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

4801 N Capital of Texas Hwy, Bldg 1, Suite 250, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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).

Samantha Montalbano
Instructor Signature

09/29/2019

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) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | 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.

Certificate # AZM00553

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

Student Information

Raphael Piche

(Full Name (please print))

Raphael Piche
Signature

09/26/2019

Training Completion Date

09/26/2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

4801 N Capital of Texas Hwy, Bldg L, Suite 250, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano

Instructor Name (please print)

certify that the above named individual did successfully complete

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).

S. Montalbano
Instructor Signature

09/26/2019

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

Distillers Manufacture (series 2)
Convenience (series 5)
Restaurants (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.



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Liquor License#: # 79891

1. Check the Appropriate Box

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

2. Name: McCaffety, Lonnie, Wayne Birth Date: [REDACTED]

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

4. Place of birth: Houston, TX, USA Height: 5'10" Weight: 225 Eyes: Blue Hair: Brown

5. Name of current/most recent spouse: McCaffety, Sandra, Mendez Birth Date: [REDACTED]

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

7. Daytime telephone number: (704) 843-1963 E-mail address: lmccaffety@familydollar.com

8. Business Name: Family Dollar Store #25918 Business Phone: 520 / 378 / 3173

9. Business Location Address: 4155 State Highway 92, Sierra Vista, AZ 85650, Cochise County

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: 08/1990, CURRENT, Corporate Officer, Family Dollar; 500 Volvo Parkway, Chesapeake, VA 23320

(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
07/2019	CURRENT	313 Cawdor Crossing, Chesapeake, VA 23322
11/2017	07/2019	3003 Capullo Court, Wesley Chapel, NC 28104
10/2008	11/2017	4504 Hoffmeister Drive, Waxhaw, NC 28173

(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) Lonnie McCafferty 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 Virginia City Chesapeake County of Chesapeake
The foregoing instrument was acknowledged before me this

My Commission Expires on: April 30, 2021 30th Day of September 2019
Date Day Month Year

JOCELYN PAULINE BENTLEY
NOTARY PUBLIC
REGISTRATION # 7302845
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 2021

[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
 www.azliquor.gov
 (602) 542-5141

804,817

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#: # 79891

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: Boscia, Sandra, Loftis Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Burlington, NC, USA Height: 5'7" Weight: 160 Eyes: Grey Hair: Blonde
City State COUNTRY (not county)

5. Name of current/most recent spouse: Boscia, Ralph, Anthony 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: 704-708-1953 E-mail address: sboscia@familydollar.com

8. Business Name: Family Dollar Store #25918 Business Phone: 520 / 378 / 3173

9. Business Location Address: 4155 State Highway 92, Sierra Vista, AZ 85650, Cochise County
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)
08/2012	CURRENT	Legal/ Attorney	Family Dollar Stores; 10401 Monroe Road, Matthews, NC 28105

(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
02/2007	CURRENT	127 Meadowbrook Road, Charlotte, NC 28211

(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) Sandra Bosica 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: *Sandra Bosica* State of Virginia ^{City} Chesapeake County of Chesapeake
The foregoing instrument was acknowledged before me this

My Commission Expires on: April 30, 2021 2nd Day of August, 2019 Day Month Year

JOCELYN PAULINE BENTLEY
NOTARY PUBLIC
REGISTRATION # 7302645
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 2021

Joelyn Bentley
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
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Phoenix, AZ 85007-2934
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(602) 542-5141

804,817

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.

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Liquor License#: #79891

1. Check the Appropriate Box

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

2. Name: Dean Roger Wayne Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Roanoke, VA USA Height: 5'9 Weight: 150 Eyes: Hazel Hair: Brown
City State COUNTRY (not county)

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

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

7. Daytime telephone number: 757-321-5354 E-mail address: rdean@dollartree.com

8. Business Name: Family Dollar Store #25918 Business Phone: 520 / 378 / 3173

9. Business Location Address: 4155 State Highway 92, Sierra Vista, AZ 85650, Cochise County
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: 10/1/1999, CURRENT, VP, Treasury, 500 VOLVO PKWY, CHESAPEAKE, VA 23320

(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
05/2012	CURRENT	2904 RYAN COURT, VIRGINIA BEACH, VA 23456

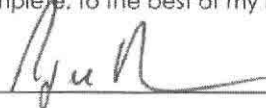
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

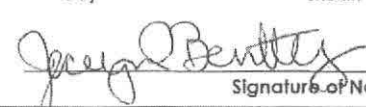
I (Print Full Name) Roger Dean hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Virginia City Chesapeake County of Chesapeake

The foregoing instrument was acknowledged before me this 12th Day of September, 2019 Day Month Year

My Commission Expires on: April 30, 2021 Date

JOCELYN PAULINE BENTLEY
NOTARY PUBLIC
REGISTRATION # 7302645
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 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: _____



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

804,819

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

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Liquor License#: #79891

1. Check the Appropriate Box

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

2. Name: Sallard, Brenda Birth Date: [Redacted]

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

4. Place of birth: Hermosillo, Sonora, Mexico Height: 5' 4" Weight: 126 Eyes: Brown Hair: Brown

5. Name of current/most recent spouse: Sallard, Able, F. Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 06/2009

7. Daytime telephone number: (520) 628-0121 E-mail address: bsallard@familydollar.com

8. Business Name: Family Dollar Store #25918 Business Phone: 520 / 378 / 3173

9. Business Location Address: 4155 State Highway 92, Sierra Vista, AZ 85650, Cochise County

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: 01/2010, CURRENT, District Manager, Family Dollar; 500 Volvo Parkway, Chesapeake, VA 23320

(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
04/09	CURRENT	171 W. Camino Espiga, Sahuarita, AZ 85629

(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

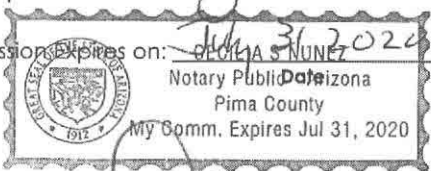
NOTARY

I (Print Full Name) Brenda Sallard 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: Brenda Sallard State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 4th Day of Oct., 2019

My Commission Expires on: July 31, 2020



[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] SIGNATURE: Louise McCafferty

ARIZONA

Driver License

Number [REDACTED]
Expires 07/26/2021
Date of Birth [REDACTED]
Issued 08/09/2011

BRENDA E SALLARD
171 W CAMINO ESPIGA
SAHUARITA AZ 85629-7853

Class D Sex F
Eyes BLK Height 5-04
Hair BK Weight 115

Brenda Sallard



Certificate # AZB-OFF-04747

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 Licenses and Control. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course instructor.

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 bottom of the Certificate. Licenses and permits 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

Brenda E Sallard

(Full Name (please print))

Brenda E Sallard
Signature

09/12/2019

Training Completion Date

09/11/2022

Certificate Expiration Date
(Three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

4801 N Capital of Texas Hwy, Bldg 1, Suite 200, Austin, TX 78731

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montabano, 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).

Samantha Montabano
Instructor Signature

09/12/2019

Day Mo Year

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

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-Store Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-Store Farm Winery (series 13) | | 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 a active liquor license) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2012

Certificate # AZN-02986

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 Licenses and Control. Certificates are completed by a state approved training provider and, when issued, the Certificate is signed by the course instructor.
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 of the Department of Liquor and satisfactory completion of this 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 obtained through the training provider for two years after the training completion date.

Student Information

Brenda E Sallard

(Full Name (please print))

Brenda Sallard
Signature

09/13/2019

Training Completion Date

09/13/2022

Certificate Expiration Date

(Must be no less than 30 calendar days)

Training Provider Information

360training.com Inc.

Company Name

4401 N Capital of Texas Hwy, Ste 1, Suite 250, Austin, TX 78721

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Mantibano 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)

Samantha Mantibano
Instructor Signature

09/13/2019

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner 2) actively involved in the daily business operators of a liquor
licensed business of a sales listed below
3) licensee, agent and manager actively involved in the daily business
operators of a liquor licensed business of a sales listed below

In-Store Microbrewery (series 3)

Government (series 4)

Bar (series 4)

Beer & Wine Bar (series 7)

Convenience (series 5)

Liquor Store (series 9)

Private Club (series 14)

Hotel/Motel/Resort/Casino (series 11)

Restaurant (series 12)

Private Home Winery (series 12)

Beer & Wine Store (series 10)

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

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