

Job # 104671  
Trovato, Teresa  
#10 App.

**APPLICATION INFORMATION**

Application Number: 104671  
Application Type: New Application  
Created Date: 03/31/2020

**QUESTIONS & ANSWERS**

**010 Beer and Wine Store**

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Provide name, address, and distance of nearest school and church.  
(If less than one (1) mile note footage)  
\* SAN PEDRO VALLEY HIGH SCHOOL  
197 E 7TH ST BENSON AZ 85602  
8 MILES  
  
PEACE IN THE VALLEY LUTHERAN  
551 SJ 6 RANCH RD BENSON AZ 85602  
4,532.84 FEET
- 3) Are you one of the following? Please indicate below.  
Property Tennant  
Sub-tenant  
Property Owner  
Property Purchaser  
Property Management Company  
TENANT
- 4) Is there a penalty if lease is not fulfilled?  
Yes  
What is the penalty?  
EVICTION
- 5) 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
- 6) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$0.00
- 7) Is there a drive through window on the premises?  
No
- 8) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NONE
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
2/10/2020

AMENDMENT

20 APR 7 11:41:14 PM 2020

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

Created 04/01/2020 @ 09:35:32 AM

Local Governing Body Report

**LICENSE**

Number:	Type:	010 BEER AND WINE STORE
Name:	DOLLAR GENERAL STORE#20512	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	306 N MESCAL ROAD BENSON, AZ 85602 USA	
Mailing Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA	
Phone:	(000)000-0000	
Alt. Phone:	(615)855-4000	
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	

**AGENT**

Name:	TERESA LINETTE TROVATO
Gender:	Female
Correspondence Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA
Phone:	(615)855-4000
Alt. Phone:	
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**OWNER**

Name: DG RETAIL LLC  
Contact Name: SEVERAL - SEE CASE NOTES  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: R12264236 State of Incorporation: TN  
Incorporation Date: 09/01/2005  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)804-6080  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM,  
MARLENE.WHITE@SQUIREPB.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
DG PROMOTIONS INC	Member,Stockholder	100.00
JASON SCOTT REISER	CMO, Sec	
LAWRENCE JOSEPH GATTA JR.	VP/GMM	

**DG PROMOTIONS INC - CEO**

Name: STEVEN RAY DECKARD  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-5257  
Alt. Phone:  
Email:

**DG RETAIL LLC - VP/GMM**

Name: LAWRENCE JOSEPH GATTA JR.  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-5533  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG RETAIL LLC - Member,Stockholder**

Name: DG PROMOTIONS INC  
Contact Name: MICHELLE VALENZUELA  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)913-2210  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG PROMOTIONS INC - Stockholder**

Name: DOLLAR GENERAL CORPORATION  
Contact Name: MICHELLE VALENZUELA  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)913-2210  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG PROMOTIONS INC - CMO, Sec  
DG RETAIL LLC - CMO, Sec**

Name: JASON SCOTT REISER  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: JRESISER@DOLLARGENERAL.COM

**MANAGERS**

Name: ASHLEE DAWN THRELKELD  
Gender: Female  
Correspondence Address: 880 N 1ST AVENUE  
SHOW LOW, AZ 85901  
USA  
Phone: (928)228-9998  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: ROSEMARY Y MANDELT  
Gender: Female  
Correspondence Address: 15710 W DURANGO STREET  
GOODYEAR, AZ 85338  
USA  
Phone: (623)972-3316  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: SAMMY DEE SPOO  
Gender: Male  
Correspondence Address: 2178 WESTERN STAR DRIVE  
OVERGARD, AZ 85933  
USA  
Phone: (928)537-2633  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: DAVID MCARTHUR BRACKEN  
Gender: Male  
Correspondence Address: 28108 N GRANITE AVENUE  
QUEEN CREEK, AZ 85143  
USA  
Phone: (928)305-6475  
Alt. Phone: (480)772-2590  
Email:

\*\*\*\*\*

Name: CHRISTIE JOANNE FORD  
Gender: Female  
Correspondence Address: 2725 S RURAL ROAD  
#35  
TEMPE, AZ 85282  
USA  
Phone: (480)392-9243  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: DEBBIE ELOISE CHEEK  
Gender: Female  
Correspondence Address: 775 W ROGER ROAD  
# 57  
TUCSON, AZ 85705  
USA  
Phone: (928)235-8513  
Alt. Phone: (520)234-2825  
Email:

\*\*\*\*\*

Name: WILLIAM HENRY CONLEY  
Gender: Male  
Correspondence Address: 500 VOLVO PARKWAY  
CHESAPEAKE, VA 23320  
USA  
Phone: (480)707-3499  
Alt. Phone:  
Email: WICONLEY@FAMILYDOLLAR.COM

\*\*\*\*\*

Name: KATHRYN ANN KELLIHER  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: KKELLIHER@DOLLARGENERAL.COM

\*\*\*\*\*

Name: THOMAS STEVEN REISSIG  
Gender: Male  
Correspondence Address: 15615 N 23RD PLACE  
PHOENIX, AZ 85022  
USA  
Phone: (928)215-5196  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: CRYSTAL LYNN MICHEL  
Gender: Female  
Correspondence Address: 2775 N EVANS  
KINGMAN, AZ 86401  
USA  
Phone: (928)404-9114  
Alt. Phone: (928)242-5197  
Email:

\*\*\*\*\*

Name: VIRGINIA DIANE LUCHI  
Gender: Female  
Correspondence Address: 9858 E FLOSSMOOR AVENUE  
MESA, AZ 85208  
USA  
Phone: (928)402-9485  
Alt. Phone: (413)446-9060  
Email:

\*\*\*\*\*

Name: THOMAS EDWARD BENNING  
Gender: Male  
Correspondence Address: 1279 W CASTLE DRIVE  
CASA GRANDE, AZ 85722  
USA  
Phone: (520)466-6551  
Alt. Phone:  
Email:

## APPLICATION INFORMATION

Application Number: 104671  
Application Type: New Application  
Created Date: 03/31/2020

Cynthia

## QUESTIONS & ANSWERS

### 010 Beer and Wine Store

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(If less than one (1) mile note footage)  
  
PEACE IN THE VALLEY LUTHERAN  
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Property Purchaser  
Property Management Company  
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Yes  
What is the penalty?  
EVICTION
- 5) 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
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No
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NONE
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Yes  
If yes, what is your estimated completion date?  
2/10/2020

**DOLLAR GENERAL**

DRAWING HISTORY  
 DATE: 12/18/19 BY: AMG

E.A.T. 11

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)
- (7)
- (8)
- (9)
- (10)
- (11)

PROJECT TYPE: NEW

FORMAL TYPE: DG19

PLAN TYPE: 9100-D

LAND USE TYPE: NCI

DESCRIPTION: STANDARD

ISSUE DATE: 02/03/20

DATE OF THIS SET: 7.368

MARKET SET: 978

ALSO SET: 9.221

OPEN

11-01

318

38

20512

ADDRESS

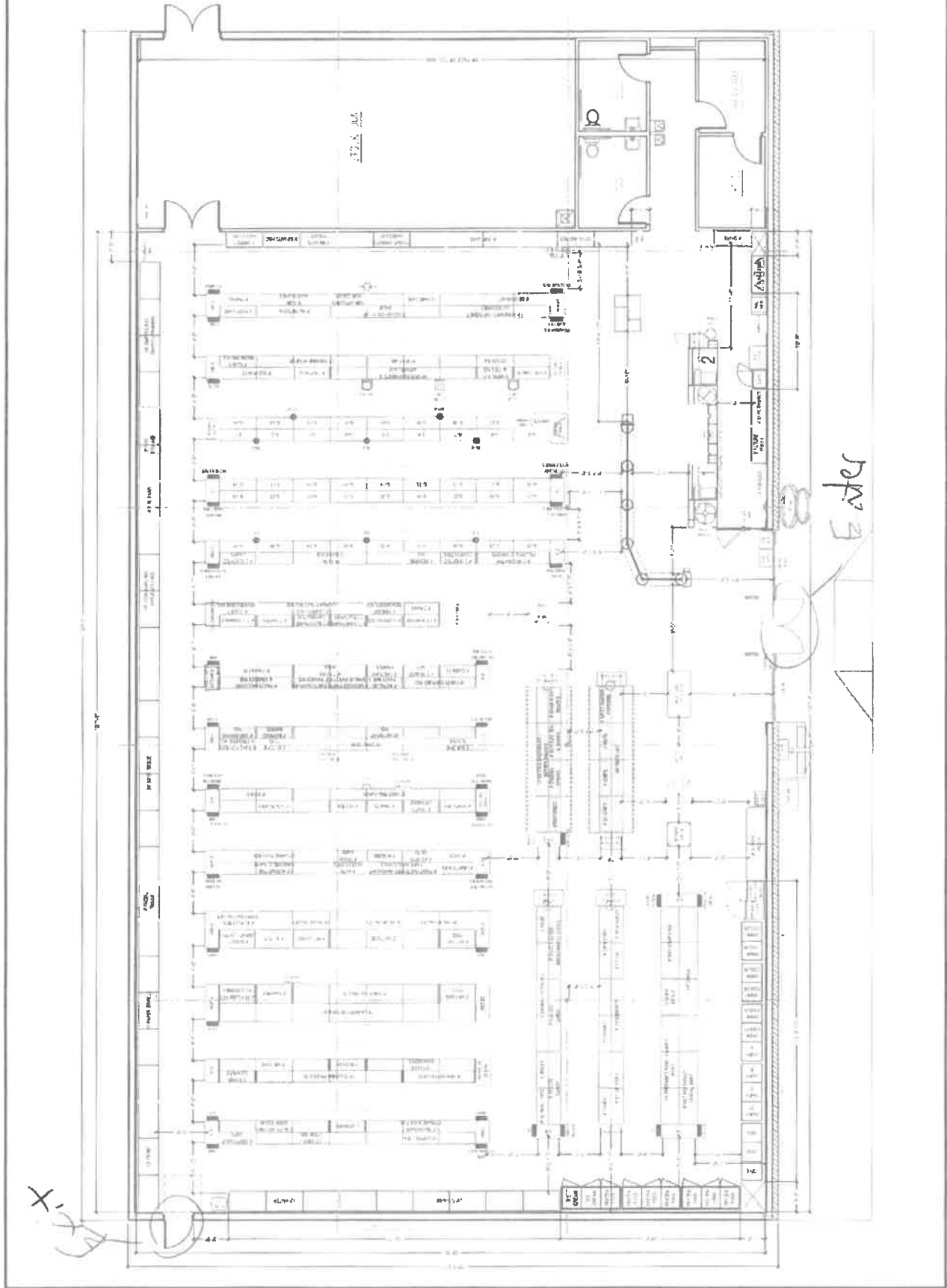
306 N MESCAL RD

CITY: BENSON

STATE: AZ

ZIP: 85602

STORE PLANNING HOTLINE  
 (615) 855-6385



Total Sq. Ft 9,221

STORE PLANNING HOTLINE

AFFIDAVIT

DG Promotions, Inc., a C Corporation incorporated in the State of Tennessee is a wholly owned subsidiary of Dollar General Corporation. The stock of Dollar General Corporation is publicly traded on the New York Stock Exchange with 1,000,000,000 shares authorized and approximately 332,326,972 shares issued as of May 31, 2012.




Lawrence Gatta  
Senior Vice President  
DG Promotions, Inc.

STATE OF TN )

) ss.

County of Davidson )

Sworn to and subscribed before me this 17 day of January, ~~2018~~ <sup>2020</sup>, by Lawrence Gatta, who is personally known to me as the Chief Financial Officer, of DG Promotions, Inc.

  
Notary





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

**APPLICANT/CONTROLLING PERSON AFFIDAVIT**

**TO BE COMPLETED BY THE ORGANIZATION'S PRESIDENT.  
 IF THIS IS A CLUB, PARTNERSHIP, OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.**

Organization: DG Promotions, Inc. (Member to DG Retail, LLC)  
 Affidavit of: Steven R. Deckard  
 Position/Title: Chief Executive Officer  
 State of: Tennessee AZ Corp./L.L.C. #: R12264236  
 County of: Davidson State Incorporated: Tennessee  
 The undersigned, Lawrence Gatta Being first sworn under oath declares:

1. In connection with this organization's application to obtain a liquor license for our operation(s) in Arizona, have complete d and delivered to the Arizona Department of Liquor Licenses and Control the required questionnaire and fingerprint card
2. The required questionnaires and fingerprint cards of all officers, directors, regional managers, managing members, partners, etc., who direct or are involved in the direction of the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and delivered to the Arizona Department of Liquor Licenses and Control.

Name and title of such individuals are as follows (or list attached):

- 1) Jason Scott Reiser - Chief Merchandising Operator and Secretary
- 2) Lawrence Joseph Gatta Jr. - Senior Vice President & General Merchandise Manager
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

3. There are, in addition to those submitting questionnaires and fingerprint cards, other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals directs or is involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

- 1) Steven R. Deckard - Chief Executive Officer - 8-13-68, Vincennes, IN
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

- 4. None of the individuals listed under item #3 possesses the power to vote ten percent (10%) of the outstanding voting securities of this organization, nor can any of them control the election of one or more of the Board of Directors or managing members of the organization.
- 5. Finally, on information and belief, none of the individuals listed under item #3 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

DATED this 17 day of January, 2020

Lawrence Gatta

I (Print Full Name) declare that I am the APPLICANT filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) *Lawrence Gatta*

State TN County of Davidson  
The foregoing instrument was acknowledged before me this

17 day of January, 2020

My Commission Expires on:

7/3/2023



*Carisa Murrell*  
(Signature of Notary Public)

**ENTITY FLOWCHART**

DG Retail, LLC  
(100% - Member of DG Promotions, Inc.)

|

DG Promotions, Inc.  
(No officer holds more than 10%)

|

Dollar General Corporation – Publically traded entity

**OFFICER INFORMATION**

**DG Promotions, Inc.:** A wholly owned subsidiary of the publically traded Dollar General Corporation  
100 Mission Ridge  
Goodlettsville, TN 37072

Steven Ray Deckard	Chief Executive Officer
Jason Scott Reiser	Chief Merchandising Operator and Secretary

**DG Retail, LLC:** A wholly owned subsidiary of DG Promotions, Inc.  
100 Mission Ridge  
Goodlettsville, TN 37072

Jason Scott Reiser	Chief Merchandising Operator and Secretary
Lawrence Joseph Gatta Jr.	Senior Vice President & General Merchandise Manager



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.

804.867

**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#: 104671

1. Check the Appropriate Box →

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

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

4. Place of birth: Moline IL USA Height: 5'4" Weight: 130 Eyes: Hazel Hair: Brown  
City State COUNTRY (not county)

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

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

7. Daytime telephone number: 615-855-4000 E-mail address: tdavis@dollargeneral.com

8. Business Name: Dollar General Store #20512 Business Phone: pending / pending / pending

9. Business Location Address: 306 N. Mescal Rd. Benson AZ Cochise 85602  
Street (do not use PO Box) City State County Zip

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
02/2016	CURRENT	District Manager	Dollar General, 100 Mission Ridge, Goodlettsville, TN 37072
11/2011	11/2015	Market Manager	Walmart, 2875 W. Martin Luther King Blvd, Fayetteville, AR 72704

(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
4/16	CURRENT	2321 E. Camino La Zorrela, Tucson, AZ 85710
4/98	4/16	7710 La Jessica Cir, Kalamazoo, MI 49009

(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) Teresa Trovato 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: Teresa Trovato State of Arizona County of Cochise

The foregoing instrument was acknowledged before me this 18<sup>th</sup> Day of February, 2020

My Commission Expires on: 3/14/2022 Date DEC 2 18 2020 Day Month Year



David Enriquez  
Notary Public  
Cochise County, Arizona  
My Comm. Expires 03/14/22



Signature of Notary

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

PRINT NAME: Teresa Trovato SIGNATURE: Teresa Trovato



State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> 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) Teresa Linette Trovato

**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 Moline State (or equivalent) Illinois 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 Drivers 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.

Teresa TROVATO

Individual Owner/Agent Printed Name

Teresa Trovato

Individual Owner/Agent Signature

2/18/20

Today's Date

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

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

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

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

Arizona

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D

9a END NONE

12 REST B

4d DLN [REDACTED]

3 DOB [REDACTED]

1 TROVATO

2 TERESA L

6 2321 E CAMINO LA ZORRELA  
TUCSON, AZ 85718-3018



4b EXP 08/30/2021

4a ISS 01/04/2017

15 SEX F

18 EYES HAZ

16 HGT 5'-04"

19 HAIR BRO

17 WGT 130 lb

DONOR

*Teresa Trovato*

5 DD 1550B6637T1017T5

USA

ARIZONA DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION



CLASS D  
E: ID NONE  
REST B

16 DLN  
3 DOB

1 TROVATO  
2 TERESA L

3 2321 E CAMINO LA ZORRELA  
4 TUCSON, AZ 85718-3018

60 EXP 08/30/2021 40 ISS 01/04/2017

15 SEX F 18 EYES HAZ  
16 HGT 5'-04" 19 HAIR BRO  
17 WGT 130 lb

DONOR

5 DID 1650B6637T1017T5

*Teresa Trovato*

ARIZONA DRIVER LICENSE

NOT FOR FEDERAL IDENTIFICATION

1. SEX: D  
2. HAIR: NONE  
3. EYES: B

4. NAME: TROVATO  
5. LAST NAME: TERESA L.  
6. ADDRESS: 2321 E CAMINO LA ZORRELA  
TUCSON, AZ 85718-3018

7. EXPIRES: 08/30/2021

01/04/2017

8. SEX: F  
9. HGT: 5-04"  
10. WGT: 130 lb

1550B6637T1017T5

Vertical text on the right side of the page, possibly a barcode or tracking information.

Certificate #452906

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 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

*Linette*  
Teresa Trovato

Full Name (please print)

*Teresa Trovato*

Signature

*Linette*

03-09-2020

Training Completion Date

03-08-2023

Certificate Expiration Date

(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, 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).

*Robert Graham*

Instructor Signature

09 / 03 / 2020

Day Mo Year

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

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

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

Bar (series 6)  
Private Club (series 14)

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

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

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

July 11, 2013

Certificate #452906

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

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

*Lnette*  
Teresa Trovato

Full Name (please print)

*Teresa Trovato*

Signature

*Lnette*

03-09-2020

Training Completion Date

03-08-2023

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

**Professional Server Certification Corporation (PSCC)**

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, 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).

*Robert V. Graham*

Instructor Signature

09 / 03 / 2020

Day Mo Year

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

In-state Microbrewery (series 3)  
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Hotel/Motel w/restaurant (series 11)  
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The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013



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

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

FP current  
 4/27/18

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#: 104671

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: Reiser Jason Scott Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Hartford CT USA Height: 5' 10" Weight: 175 Eyes: Hazel Hair: Gray

5. Name of current/most recent spouse: Reiser Jeni Melinda Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: N/A

7. Daytime telephone number: 615-855-4000 E-mail address: jreiser@dollargeneral.com

8. Business Name: Dollar General Store #20512 Business Phone: pending / pending / pending

9. Business Location Address: 306 N. Mescal Rd. Benson AZ Cochise 85602

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)
7/2017	CURRENT	EVP, Chief Merchant	Dollar General, 100 Mission Ridge, Goodlettsville, TN 37072
7/2016	7/2017	EVP, Chief Operating Officer	Vitamin Shoppe, 300 Harmon Meadow Blvd, Secaucus, NJ 07094
8/2013	7/2016	EVP, Chief Merchant	Family Dollar, 10401 Monroe Rd, Matthews, NC 28105
8/2006	8/2013	VP, Health & Family Care	Sam's Club, 2101 SE Simple Savings Dr, Bentonville, AR 72716

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
8/17	CURRENT	2512 Belmont Blvd., Nashville, TN 37212
10/15	8/17	317 E. Kingston Ave., Charlotte, NC 28203
10/13	10/15	5523 Meadow Haven Lane, Charlotte, NC 28270
8/11	10/13	2 W. Leiston Dr., Rogers, AR 72758

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  
If you answered YES, then answer #13 below. If NO, skip to #14.  Yes  No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202.4-210  Yes  No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation?  Yes  No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

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

**NOTARY**

I (Print Full Name) Jason Scott Reiser 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 TN County of Davidson  
The foregoing instrument was acknowledged before me this

My Commission Expires on: July 3, 2023 Date, July 3 Day of February, 2020 Month Year

[Signature]  
Signature of Notary

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

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



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> 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**

FP current  
 7127118

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#: 104671

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: Gatta, Jr. Lawrence Joseph Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Niles OH USA Height: 5'11" Weight: 180 Eyes: Blue Hair: Gray  
City State COUNTRY (not county)

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

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

7. Daytime telephone number: 615-855-4000 E-mail address: tax-beerandwinelicense@dollargeneral.com

8. Business Name: Dollar General Store #20512 Business Phone: pending / pending / pending

9. Business Location Address: 306 N. Mescal Rd. Benson AZ Cochise 85602  
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)
6/2013	CURRENT	Senior Vice President	Dollar General Corporation, 100 Mission Ridge, Goodlettsville, TN 37072

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
3/09	CURRENT	844 Windstone Blvd., Brentwood, TN 37027

(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 **DLIC** 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

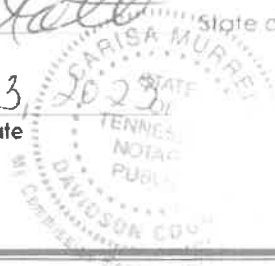
**NOTARY**

I (Print Full Name) Lawrence Joseph Gatta, Jr. 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: Lawrence Joseph Gatta, Jr. State of TN County of Davidson  
 The foregoing instrument was acknowledged before me this

My Commission Expires on: July 3, 2023 Date 17th Day of January, 2020 Year  
 Day Month Year

Christina Murrell  
 Signature of Notary



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

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

SIGNATURE: \_\_\_\_\_