

State of Arizona
Department of Liquor Licenses and Control

Created 11/26/2021 @ 02:11:07 PM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	HEINE'S STORE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1036 EASTLAND ROAD PEARCE, AZ 85625 USA		
Mailing Address:	361 N GENEVA ESTATES ROAD PEARCE, AZ 85625 USA		
Phone:	(520)826-1492		
Alt. Phone:	(520)508-2899		
Email:	MELBA@VTC.NET		

AGENT

Name:	TIMOTHY JOHN HEINE
Gender:	Male
Correspondence Address:	361 N GENEVA ESTATES ROAD PEARCE, AZ 85625 USA
Phone:	(520)826-1492
Alt. Phone:	(520)508-2899
Email:	MELBA@VTC.NET

OWNER

Name:	TIMOTHY JOHN HEINE
Gender:	Male
Correspondence Address:	361 N GENEVA ESTATES ROAD PEARCE, AZ 85625 USA
Phone:	(520)826-1492
Alt. Phone:	(520)508-2899
Email:	MELBA@VTC.NET

APPLICATION INFORMATION

Application Number: 170771
Application Type: New Application
Created Date: 11/26/2021

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)
PEARCE ELEMENTARY EAST SCHOOL RD PEARCE, AZ 85625 7 MILES

ST JUDE CATHOLIC CHURCH HWY 191 COCHISE, AZ 85625 960 FT
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY OWNER
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
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.
ZERO
- 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?
01/15/2022

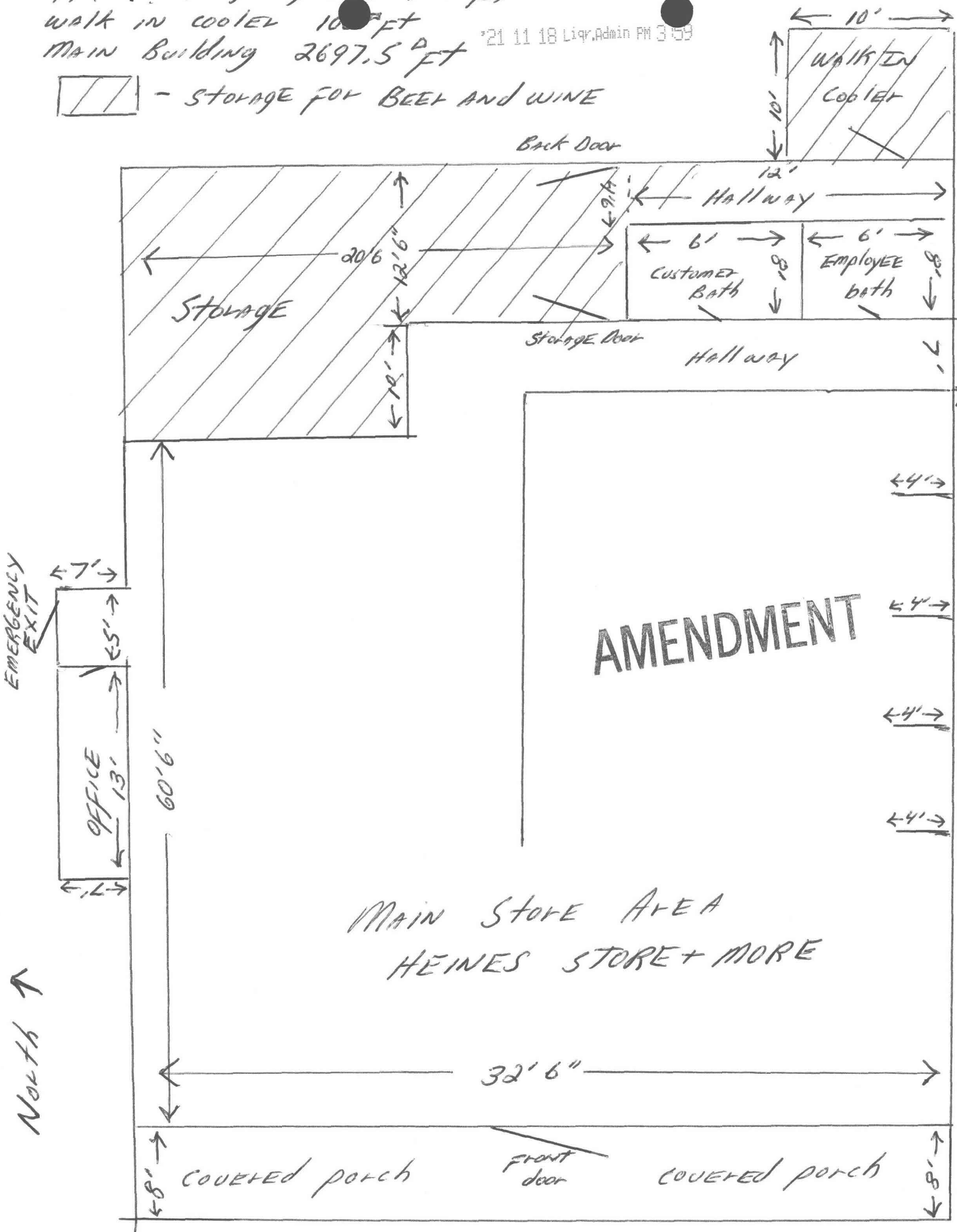
10S Beer and Wine Store Sampling

- 1) Have you uploaded a sampling privileges form?
Yes

OFFICE + EMERGENCY EXIT 126⁰ FT
 WALK IN COOLER 10⁰ FT
 MAIN BUILDING 2697.5⁰ FT

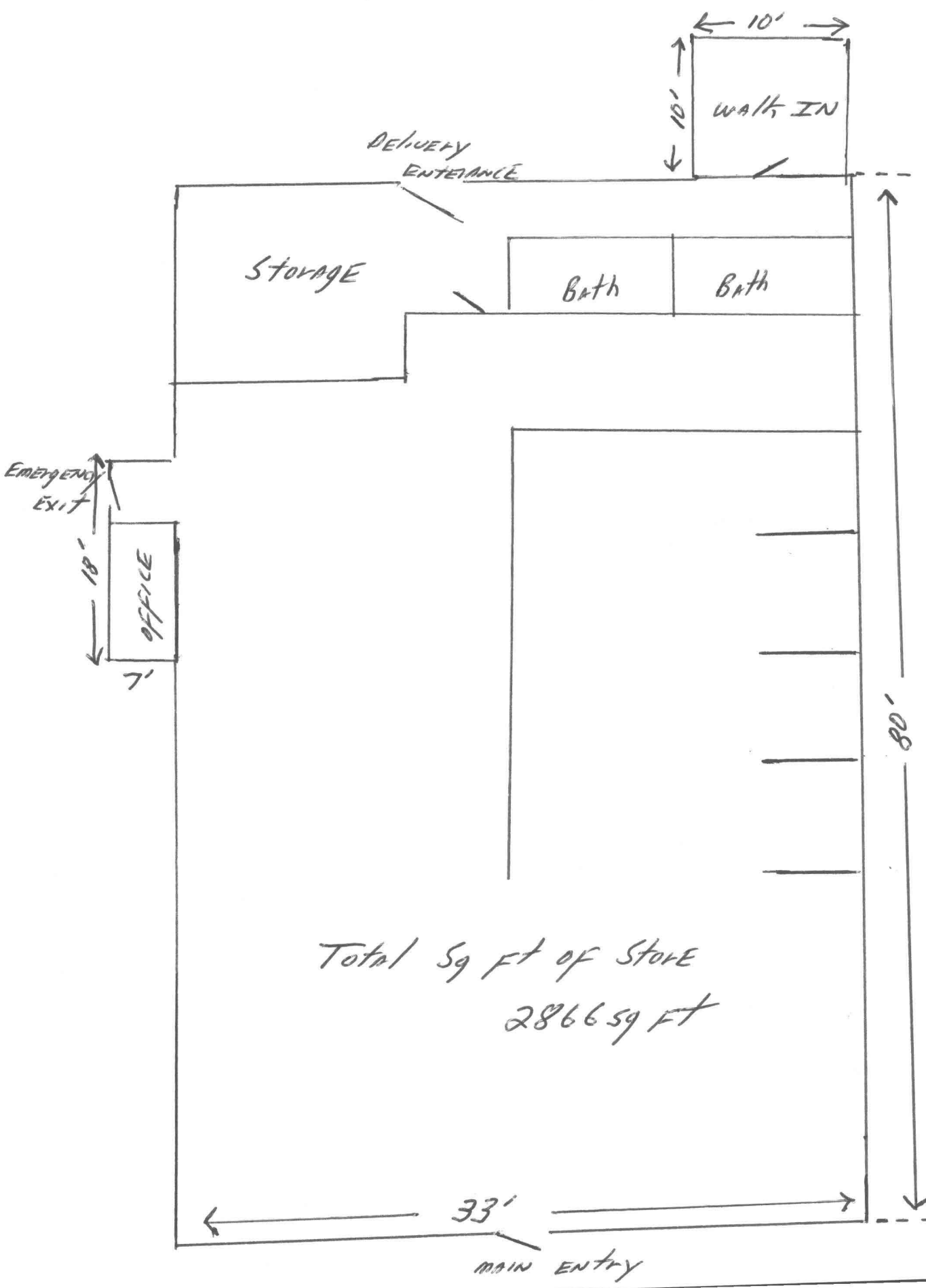
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 - STORAGE FOR BEER AND WINE



HEINE STORE DIAGRAM

N ↑



Total Sq Ft of Store
2866 Sq Ft



21 SEP 29 AM 2:14 AZDLLC

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

DLLC USE ONLY

Issuance fee: \$100.00
Issuance Date:
Liquor Store (series 9)
Beer and Wine Store (series 10)
CSR: SF
Job #: 170771

SAMPLING PRIVILEGES APPLICATION
SERIES 9 OR 10

Pending app

Applicant's Name: [X] Individual [] Agent Timothy J. Heine License #:
Business Name: HEINE'S STORE
Business Location: 1036 Eastland Rd. Peavee AZ, Cochise 85625
Mailing Address: 361 N. Geneva Estates Rd Peavee AZ, Cochise 85625
Business Phone Number: 520-826-1492 Daytime Contact Number: 520-508-2899
Email Address: melba@utl.net

Series #10 Beer and Wine Store Only:

- I declare that my business qualifies as a
[] Premises is 5,000 square feet or larger
[X] At least 75% of shelf space is dedicated to beer and wine

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

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

LOCAL GOVERNING BOARD

I, _____ recommend [] APPROVAL [] DISAPPROVAL
(Government Official Signature) (Title)
on behalf of _____
(City, Town, County) Phone Date

DLLC USE ONLY

Investigation Recommendation: [] Approval [] Disapproval by: _____ Date: ___/___/___
Director Signature required for Disapprovals: _____ Date: ___/___/___



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

805-098

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.

AMENDMENT

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#: 170771

1. Check the Appropriate Box

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

2. Name: Meine Timothy John Birth Date: / / (NOT a public record)

3. Social Security #: Driver License #: State:

4. Place of birth: City State COUNTRY (not county) Height: Weight: Eyes: Hair:

5. Name of current/most recent spouse: Last First Middle Birth Date: (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: E-mail address:

8. Business Name: Business Phone: / /

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

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

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). Handwritten entries include 'GENERAL CONTRACTING' and 'SUNSITE CONSTRUCTION (SELF OWNED)'.

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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Phoenix, AZ 85007-2934
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QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

805-098

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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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#: 170771

1. Check the Appropriate Box

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

2. Name: HEINE Timothy John Birth Date [redacted]
Last First Middle (NOT a public record)

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

4. Place of birth: Chicago Illinois USA Height: 6' Weight: 200 Eyes: Brn. Hair: Brn.
City State COUNTRY (not county)

5. Name of current/most recent spouse: HEINE MELBA JEAN Birth Date: [redacted]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: November 2000

7. Daytime telephone number: 520 508 2899 E-mail address: MELBA@UTC.NET

8. Business Name: HEINES STORE Business Phone: 520/826/1492

9. Business Location Address: 1036 Eastland Pearce AZ, Cochise 85625
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: 09-2000, CURRENT, SUNSITES CONSTRUCTION, OWNER.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 11/18 Ligr.Admin PM 3:59

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12-15-2020	CURRENT	361 N. GENEVA ESTATES PEACOCK AZ. 85625
9-1-2007	12-15-2020	380 N. GENEVA ESTATES PEACOCK AZ. 85625

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT

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) _____ 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 _____
The foregoing instrument was acknowledged before me this _____ Day of _____, _____ Year

My Commission Expires on: _____ 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: _____

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
9-1-2009	CURRENT	380 N. GENEVA ESTATES RD PEAVIE AZ 85625
1-1-2021		361 N. GENEVA ESTATES RD PEAVIE AZ 85625

(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

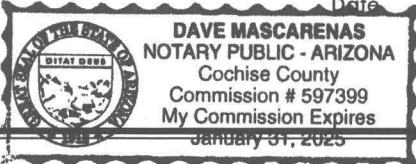
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Timothy J. HEINE 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: Timothy J. Heine State of Arizona County of Cochise
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/31/2025 28 Day of September, 2021
Date Month Year



DAVE MASCARENAS
NOTARY PUBLIC - ARIZONA
Cochise County
Commission # 597399
My Commission Expires
January 31, 2025

Dave Mascarenas
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____



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

21 SEP 29 PM 2:14 AZD LLC

**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) Timothy J. Heine

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 Chicago State (or equivalent) Illinois Country or Territory U.S.A.

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

2) Name of document: Birth certificate + driver's licence
 Go to Section IV.

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

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).

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.

Timothy J. Heine
Individual Owner/Agent Printed Name

Timothy J. Heine
Individual Owner/Agent Signature

9-28-2021
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.

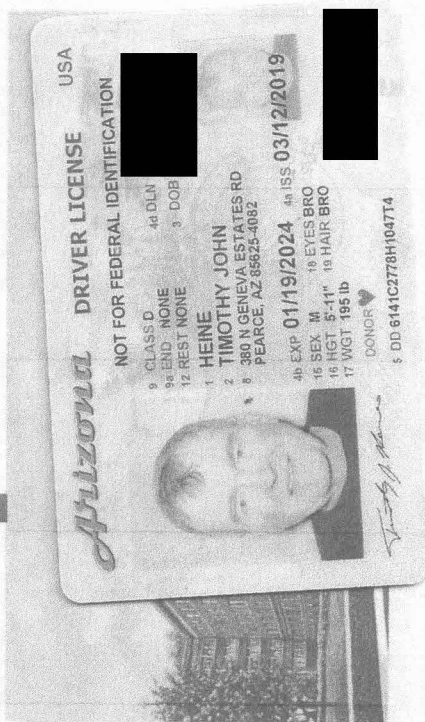
Evidence showing authorized presence in the United State includes the following:

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.

ST. ANNE'S HOSPITAL

CHICAGO - ILLINOIS

Certificate of Birth



This Certifies that Timothy John Heine
 was born to Thomas & Rosemary Heine
 in this Hospital at 12:16 o'clock, A.M. ON TUESDAY
 the _____

In Witness Whereof the said Hospital has caused this Certificate to
 be signed by its duly authorized officer, and its Official Seal to be
 hereunto affixed



J.B. Dentel ATTENDING PHYSICIAN
Sister M. Florinda SUPERIOR