

State of Arizona
Department of Liquor Licenses and Control

Created 05/20/2022 @ 10:50:21 AM

Local Governing Body Report

LICENSE

| | | | |
|----------------------|--|------------------|-------------------------|
| Number: | | Type: | 010 BEER AND WINE STORE |
| Name: | FAMILY DOLLAR #31340 | | |
| State: | Pending | | |
| Issue Date: | | Expiration Date: | |
| Original Issue Date: | | | |
| Location: | 10391 US 191 ELFRIDA, AZ 85610 USA | | |
| Mailing Address: | 500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA | | |
| Phone: | (520)457-4020 | | |
| Alt. Phone: | (520)260-0276 | | |
| Email: | AB-LICENSING@DOLLARTREE.COM | | |

AGENT

| | | | |
|-------------------------|--|--|--|
| Name: | BRENDA E SALLARD | | |
| Gender: | Female | | |
| Correspondence Address: | 500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA | | |
| Phone: | (520)260-0276 | | |
| Alt. Phone: | | | |
| Email: | AB-LICENSING@DOLLARTREE.COM | | |

OWNER

| | | | |
|-------------------------|--|-------------------------|----|
| Name: | FAMILY DOLLAR INC | | |
| Contact Name: | VARIOUS AGENTS | | |
| Type: | CORPORATION | | |
| AZ CC File Number: | F08710462 | State of Incorporation: | NC |
| Incorporation Date: | 11/17/1997 | | |
| Correspondence Address: | 500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA | | |
| Phone: | (757)321-5493 | | |
| Alt. Phone: | | | |
| Email: | AB-LICENSING@DOLLARTREE.COM | | |

Officers / Stockholders

Name:
FAMILY DOLLAR STORES INC
PETER ALLAN BARNETT
HARRY RASHAD SPENCER
ROGER WAYNE DEAN

Title:
Shareholder
President
ASST SECRETARY
VP/TRES

% Interest:
100.00

FAMILY DOLLAR INC - VP/TRES
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 INC - Shareholder

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

FAMILY DOLLAR STORES INC - Shareholder

Name: DOLLAR TREE INC
Contact Name: BRENDA E SALLARD
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (520)260-0276
Alt. Phone:
Email: AB-LICENSING@DOLLARTREE.COM

FAMILY DOLLAR STORES INC - PRESIDENT

Name: PETER ALLEN BARNETT
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)428-2789
Alt. Phone:
Email: PBARNETT@FAMILYDOLLAR.COM

FAMILY DOLLAR INC - ASST SECRETARY FAMILY DOLLAR STORES INC - ASST SECRETARY

Name: HARRY RASHAD SPENCER
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)321-5000
Alt. Phone:
Email: AB-LICENSING@DOLALRTREE.COM

FAMILY DOLLAR INC - President

Name: PETER ALLAN BARNETT
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)428-2789
Alt. Phone:
Email: PBARNETT@FAMILYDOLLAR.COM

MANAGERS

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

Name: BRENDA E SALLARD
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (520)628-0121
Alt. Phone:
Email: AB-LICENSING@DOLLARTREE.COM

Name: JORGE OJEDA
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (760)222-7332
Alt. Phone:
Email: JOJEDA7@FAMILYDOLLAR.COM

Name: MICHELLE RENEE BROWN
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)533-8145
Alt. Phone:
Email: MBROW748@FAMILYDOLLAR.COM

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: MICHAEL JACKSON GOHN
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (682)321-4589
Alt. Phone:
Email: MGOHN@FAMILYDOLLAR.COM

Name: STEVEN JOHN HARRIS
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)278-9098
Alt. Phone:
Email: SJOHNHARRIS1573@OUTLOOK.COM

Name: CARLOS GABRIEL FAVELA
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)892-5240
Alt. Phone: (602)694-3203
Email: CGFAVELA@FAMILYDOLLAR.COM

APPLICATION INFORMATION

Application Number: 190679
Application Type: New Application
Created Date: 03/28/2022



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)
Valley Union High School - 4088 W Jefferson Rd, Elfrida, AZ 85610 - 1,483.92 feet
St. Francis of Assisi Mission - 4110 W Jefferson Rd, Elfrida, AZ 85610 - 786.93 feet
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Tenant
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Please see the lease section titled "Tenant's Default"
- 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.
none
- 7) Is there a drive through window on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

| DOCUMENT TYPE | FILE NAME | UPLOADED DATE |
|--------------------------|---|---------------|
| DIAGRAM/FLOOR PLAN | 02280954.pdf | 03/29/2022 |
| QUESTIONNAIRE | 02284317.pdf | 03/29/2022 |
| QUESTIONNAIRE | 02284318.pdf | 03/29/2022 |
| QUESTIONNAIRE | 02284319.pdf | 03/29/2022 |
| QUESTIONNAIRE | 02284320.pdf | 03/29/2022 |
| ORGANIZATIONAL DOCUMENTS | 02278899.pdf | 03/29/2022 |
| ORGANIZATIONAL DOCUMENTS | 02278897.pdf | 03/29/2022 |
| ORGANIZATIONAL DOCUMENTS | 02278898.pdf | 03/29/2022 |
| ORGANIZATIONAL DOCUMENTS | 02278891.pdf | 03/29/2022 |
| ORGANIZATIONAL DOCUMENTS | 02281631.pdf | 03/29/2022 |
| MISCELLANEOUS | 02279176.pdf | 03/29/2022 |
| MISCELLANEOUS | 02279175.pdf | 03/29/2022 |
| MISCELLANEOUS | 02278901.pdf | 03/29/2022 |
| ALIEN STATUS | 02278926.pdf | 03/29/2022 |
| | ABC31340 - FLOOR PLAN (02280954xBE13C).pdf | 04/21/2022 |

Brenda Sallard Signed Management (02305875xBE13C).pdf 04/21/2022

Brenda Sallard Signed Basic (02305874xBE13C).pdf 04/21/2022

Arizona Flowchart (02302991xBE13C).pdf 04/21/2022

Family Dollar, Inc. Flowchart

Dollar Tree, Inc.

(100% Stockholder)

NASDAQ: DLTR



Family Dollar Stores, Inc.

(100% Stockholder)

Controlling Officers:

President: Peter Barnett

Vice President: Roger Dean

Assistant Secretary: Harry R. Spencer



Family Dollar, Inc.

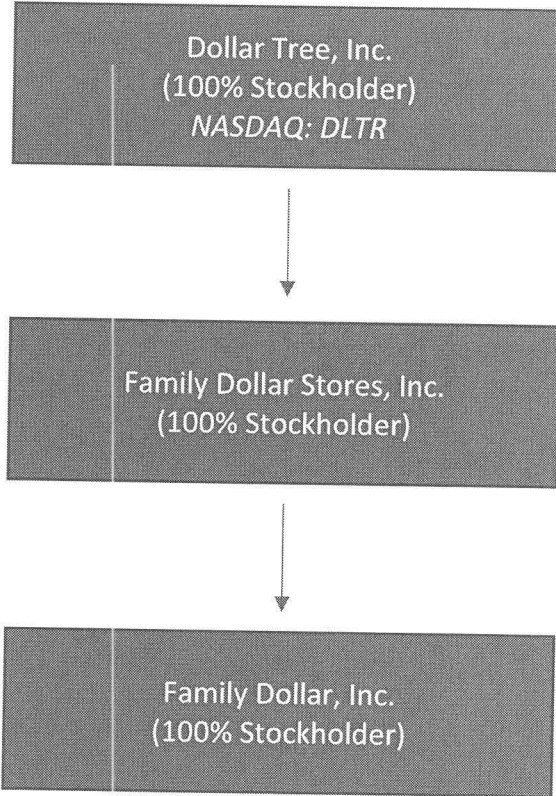
(100% Stockholder)

Controlling Officers:

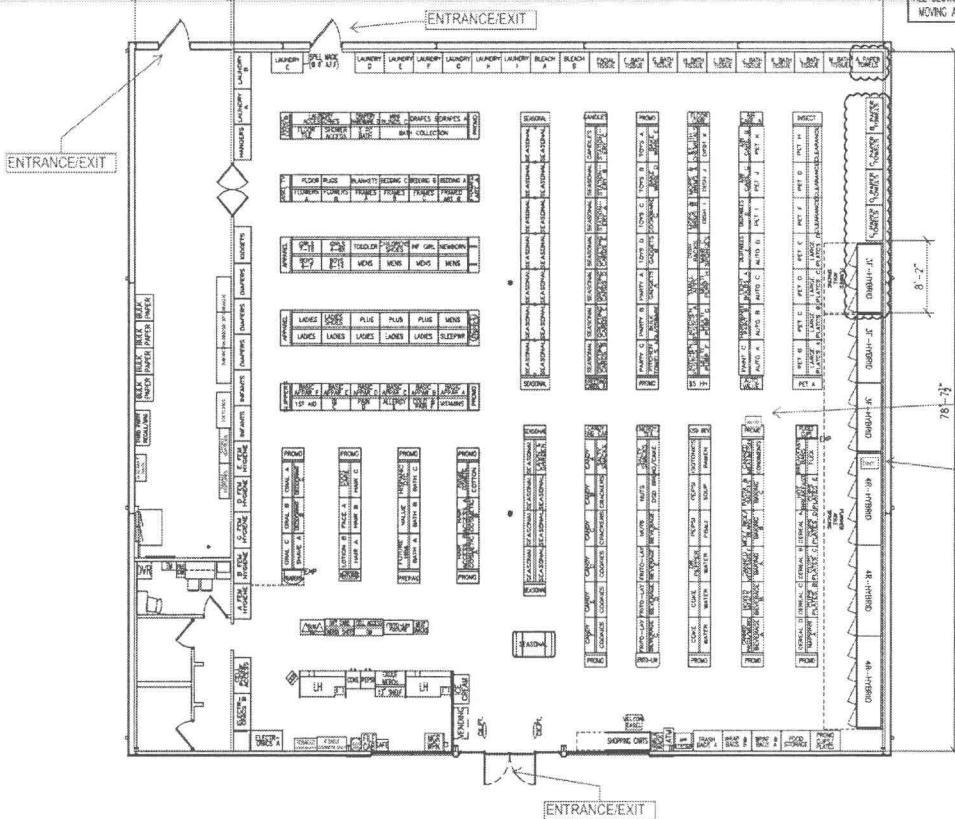
President: Peter Barnett

Vice President: Roger Dean

Assistant Secretary: Harry R. Spencer



22 MAY 19 11:47 AM 2 47



MOVING AND RELOCATING ANY MERCHANDISE.

STATUS OF ICE CREAM BUNKER NOT KNOWN

REDUCE PAPER TOWELS/BATH TISSUE TO 13 SECTIONS. RESET PER POG.

WINE

BEER

78'-7"

8'-7"

ENTRANCE/EXIT

22 APR 4 11:49 AM 845



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP current 12-17-21

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#: 190679

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) |
|---|---|--|

2. Name: Sallard Brenda E. Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Hermosillo Sonora Mexico Height: 5'4 Weight: 133 Eyes: Brown Hair: Black

5. Name of current/most recent spouse: Moreno Sallard, Jr. Abel Fernando 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: 2009

7. Daytime telephone number: 520-260-0276 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar, Inc. #31340 Business Phone: 520/457/4020

9. Business Location Address: 10391 US-191 Elfrida, AZ Cochise 85610
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) |
|-----------------|---------------|-------------------------------|--|
| 01/2010 | CURRENT | District Manager | Family Dollar, Inc. 500 Volvo Parkway Chesapeake, Virginia 23320-1604 |
| | | | |
| | | | |
| | | | |

(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 |
|--------------------|------------------|---|
| 02/20 | CURRENT | 177 Avenida Oshon Rio Rico, AZ 85648 |
| 12/09 | 5/20 | 171 W. Camino espadia 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

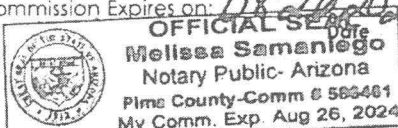
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Brenda E. 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 E. Sallard, State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this

My Commission Expires on: 08-26-2024 18 Day of March 22 Year
Day Month Year



Melissa Samaniego
Signature of Notary

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

PRINT NAME: Harry Spencer SIGNATURE: [Signature]



'22 APR 4 Lir. Lic. #18 44

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) Brenda E. Sallard

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 Hermosillo State (or equivalent) Sonora Country or Territory Mexico

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

2) Name of document: Arizona Driver's License (AP)
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.

Brenda E. Sallard

Individual Owner/Agent Printed Name

Brenda Sallard

Individual Owner/Agent Signature

3/18/22

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.

*22 APR 4 Lic. Lic. AM 8 44

Arizona DRIVER LICENSE USA




9 CLASS D
10 END NONE 4d DL [REDACTED]
12 REST NONE 3 DO [REDACTED]

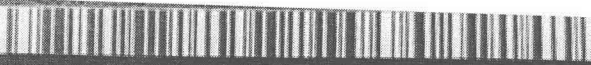
1 SALLARD
2 BRENDA E
8 177 AVENIDA OSTION
RIO RICO, AZ 85648

4b EXP 11/23/2028 4a ISS 11/23/2020

15 SEX F 18 EYES BRO
16 HGT 5'-04" 19 HAIR BLK
17 WGT 129 lb

DONOR  [REDACTED]


5 DD 023302C87S104705



CLASS: D-Operator
ENDORSEMENTS: None
RESTRICTIONS: None

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days



20328AZ0099837080301

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

Certificate of Completion For The 4-BASIC Liquor Law Training

A Certificate of Completion may be on a transfer from the State of Texas. Certificates are completed by a state-approved training provider and, when issued, are subject to the provisions of the Texas Alcoholic Beverage Code. The State requires BASIC 4 training only and does not require the 4-BASIC training in a total of 4 separate courses. Persons required to have BASIC 4 training are listed in the Department of State Revenue's website. The 4-BASIC training is a condition of an application.

An applicant's Certificate of Completion may be transferred to another person if the training provider of the person lists the training completion date.



Participant Name
Brenda E. Beard

Signature
Brenda E. Beard

09/12/2019 09/11/2022

Training Provider Information
360training.com Inc.

4801 N Capital of Texas Hwy, Ste 1, Suite 210, Austin, TX 78731
 Austin, TX 78731
 (877) 881-2235
 Austin Contact: 512-444-8888

I, Sandra M. Beckwith, certify that the above named individual has successfully completed the 4-BASIC training in accordance with A.B.C. §4-102(G)(2) and Texas Administrative Code (T.A.C.) 205.1-103 using training course content and materials approved by the Texas 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 4-BASIC Training Provider named in this section as provided by A.A.C. 205-1-103(I) and (J).

Sandra M. Beckwith 09/12/2019
 Instructor Signature Day Mo Year

Persons required to complete BASIC & MANAGEMENT are: 1) for retail activity involved in the daily business operations of a system; 2) for retail activity involved in the daily business operations of a system; 3) for retail activity involved in the daily business operations of a system; 4) for retail activity involved in the daily business operations of a system.

In-state Wine Store (code 10) Government (code 11) Beer & Wine Bar (code 15)
 Convenience (code 12) Liquor Store (code 13) State Club (code 14) Retail/Wholesale (code 16)
 Restaurant (code 17) In-state Farm Winery (code 18) Beer & Wine Store (code 19)

The information listed represents a participant's location and the type of change form (which assigns a new agent to sales liquor licenses) are not complete and valid Certificates of Completion for all agents and persons have been submitted to the Department of State Revenue.

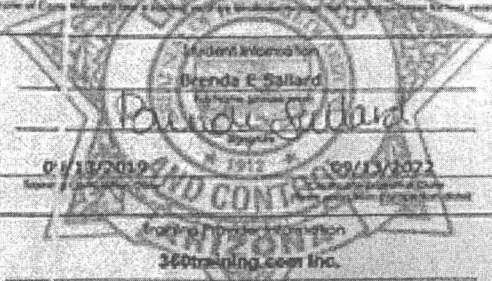
22 MAY 11 11:49. Lic. PM 2 01

22 MAY 11 11:47 AM 201

Certificate # AZM-02885

Certificate of Completion For Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be signed for each individual who successfully completes the training. The certificate is valid for 3 years from the date of completion. This training is a prerequisite for the application for a Title 4 license. The certificate is valid for 3 years from the date of completion. The certificate is valid for 3 years from the date of completion.



Student Information
Brenda E. Sallard

09/13/2019 09/13/2022

360training.com Inc.
2801 N Capital of Texas Hwy, Ste 1, Suite 200, Austin, TX 78731
(877) 681-7235

I, Brenda E. Sallard certify that the above named individual did successfully complete
Title 4 MANAGEMENT Liquor Law Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code
(A.A.C.) R19-1-001 using training course content and materials approved by the Arizona Department of Liquor
Licenses and Control. I understand that refusal 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. R19-1-002 and (1)

Brenda E. Sallard 09/13/2019
Instructor Signature Date

Persons required to complete SAQ 7 - A MANAGEMENT Title 4 Training: 1) Licensed actively involved in the daily business operations of a liquor-licensed business of 3 years total sales; 2) Licensed, opened and managed actively involve in the daily business operations of a liquor-licensed business of a year total sales.

In State Administrator (Section 2) Governor (Section 3) AG (Section 4) State & Wine (Section 7)
Commissioner (Section 5) Liquor (Section 6) Public (Section 14) Professional (Section 15)
Wine (Section 12) District (Section 13) State & Wine (Section 16) State & Wine (Section 17)

Liquor license applications (initial or renewal) are not complete until valid Certificates of Completion for all license applicants have been submitted to the Department of LC. All
the licensees are which applicants (a manager or director) and the agent change form which design a new agent. All the liquor
licensees are not complete until valid Certificates of Completion for all licensees have been submitted to the Department of LC.



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP Current 12-17-21

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#: 190679

1. Check the Appropriate Box

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

2. Name: Spencer Harry Rashad Birth Date: [Redacted]

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

4. Place of birth: Chicago Illinois USA Height: 6'1 Weight: 220 Eyes: Brown Hair: Brown

5. Name of current/most recent spouse: Spencer Janeine Berryman 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: 757-321-5000 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar Inc. # 31340 (FB) Business Phone: 520/ 457 / 4020

9. Business Location Address: 10391 US-191 Elfrida, AZ Cochise 85610

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). Rows include Family Dollar, Amazon, and Mars Chocolate.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

22 APR 4 Lic. Lic. # 845

| FROM Month/Year | TO Month/Year | RESIDENTIAL Street Address |
|-----------------|---------------|--|
| 01/19 | CURRENT | 509 Woodards Ford Road, Chesapeake, VA 23322 |
| 01/16 | 01/19 | 31 Walton Court, East Brunswick, NJ 08816 |
| 01/10 | 01/16 | 716 Blazing Star Drive, Lawrence, KS 66049 |
| | | |
| | | |


(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

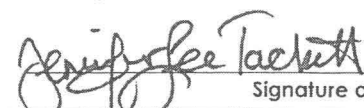
I (Print Full Name) Harry R. Spencer hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Virginia City Chesapeake County of Chesapeake

The foregoing instrument was acknowledged before me this 25 Day of January, 2022 Year

My Commission Expires on: 1/31/25 Date

JENNIFER LEE TACKETT
NOTARY PUBLIC
REGISTRATION # 7941018
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2025


Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

EXHIBIT A - Harry Spencer

Question 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).

Answer: Yes. See below chart for details.

| Citation Date | Agency | Licensed Entity | Disposition | Suspension Dates | Reinstatement Date |
|---------------|---|--|-----------------------------|-------------------------|--------------------|
| 12/30/2019 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension - 8 Days | 1/8/2020 - 1/15/2020 | 1/16/2020 |
| 2/22/2020 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension - 8 Days | 12/16/2020 - 12/23/2020 | 12/24/2020 |
| 3/4/2020 | Virginia Alcoholic Beverage Control Authority | Family Dollar Stores of Virginia, Inc. | License Suspension -25 Days | 5/14/2020 - 6/7/2020 | 6/8/2020 |
| 6/4/2021 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension -8 Days | 9/8/2021 - 9/15/2021 | 9/16/2021 |

To Whom It May Concern:

I, Harry Spencer, Assistant Secretary of Family Dollar, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.



By: Harry Spencer
As: Assistant Secretary, Family Dollar Inc.

22 APR 4 199. Lic. # 845



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP Current 12-17-21

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#: 190679

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

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

4. Place of birth: Roanoke Virginia 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 No If yes, what is your date of residency: _____

7. Daytime telephone number: 757-321-5000 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar Inc. # 31340 Business Phone: 520, 457, 4020

9. Business Location Address: 10391 US-191 Elfrida, AZ Cochise 85610
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) |
|-----------------|---------------|-------------------------------|--|
| 10/99 | CURRENT | VP, Treasurer | Dollar Tree / Family Dollar 500 Volvo Parkway, Chesapeake, 23320 |
| | | | |
| | | | |
| | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

22 APR 4 11:47 AM '15

| FROM Month/Year | TO Month/Year | RESIDENTIAL Street Address |
|-----------------|---------------|--|
| 05/12 | CURRENT | 2904 Ryan Court Virginia Beach, Virginia 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 W. 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: [Signature] State of Virginia City Chesapeake County of Chesapeake

The foregoing instrument was acknowledged before me this 25 Day of January, 2022 Year

My Commission Expires on 1/31/25 Date

JENNIFER L. COLETT
NOTARY PUBLIC
REGISTRATION # 7941018
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2025

[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: _____

EXHIBIT A - Roger Dean

Question 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).

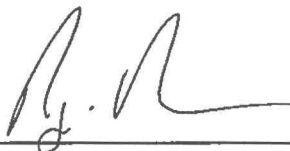
Answer: Yes. See below chart for details.

| Citation Date | Agency | Licensed Entity | Disposition | Suspension Dates | Reinstatement Date |
|---------------|---|--|-----------------------------|-------------------------|--------------------|
| 12/30/2019 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension - 8 Days | 1/8/2020 - 1/15/2020 | 1/16/2020 |
| 2/22/2020 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension - 8 Days | 12/16/2020 - 12/23/2020 | 12/24/2020 |
| 3/4/2020 | Virginia Alcoholic Beverage Control Authority | Family Dollar Stores of Virginia, Inc. | License Suspension -25 Days | 5/14/2020 - 6/7/2020 | 6/8/2020 |
| 6/4/2021 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension -8 Days | 9/8/2021 - 9/15/2021 | 9/16/2021 |

22 APR 4 1147. Lic. AM 8 44

To Whom It May Concern:

I, Roger Dean, Vice President and Treasurer of Family Dollar, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.



By: Roger Dean

As: Vice President and Treasurer, Family Dollar Inc.



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

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP current 12-17-21

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#: 190679

1. Check the Appropriate Box

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

2. Name: Barnett Peter Allan Birth Date [redacted] (NOT a public record)

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

4. Place of birth: Chicago Illinois USA Height: 6' Weight: 225 Eyes: Hazel Hair: Grey

5. Name of current/most recent spouse: Barnett Yvonne Izan 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: 757-428-2789 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar Inc. # 31340 Business Phone: 520/457/4020

9. Business Location Address: 10391 US-191 Elfrida, AZ Cochise 85610

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: 08/13, CURRENT, Sr. VP, Dollar Tree / 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)

22 APR 4 Lic. Lic. # 8 44

| FROM Month/Year | TO Month/Year | RESIDENTIAL Street Address |
|-----------------|---------------|--|
| 05/19 | CURRENT | 329 Cavalier Dr. Virginia Beach, Virginia 23451 |
| 08/18 | 05/19 | 332 Laskin Rd. #507 Virginia Beach, Virginia 23451 |
| 10/13 | 08/18 | 314 Cawdor Xing, Chesapeake, Virginia 23322 |
| | | |
| | | |

(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) Peter A. Barnett 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: *P.A. Barnett* State of Virginia City Chesapeake County of Chesapeake

The foregoing instrument was acknowledged before me this 24 Day of January, 2022 Year

My Commission Expires on: 1/31/25 Date

JENNIFER LEE TACKETT
 NOTARY PUBLIC
 REGISTRATION # 7941018
 COMMONWEALTH OF VIRGINIA
 MY COMMISSION EXPIRES
 JANUARY 31, 2025

Jennifer Lee Tackett
 Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

EXHIBIT A - Peter Barnett

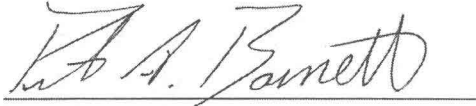
Question 18: Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S.§4-202(D).

Answer: Yes. See below chart for details.

| Citation Date | Agency | Licensed Entity | Disposition | Suspension Dates | Reinstatement Date |
|----------------------|---|--|-----------------------------|-------------------------|---------------------------|
| 12/30/2019 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension – 8 Days | 1/8/2020 – 1/15/2020 | 1/16/2020 |
| 2/22/2020 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension – 8 Days | 12/16/2020 – 12/23/2020 | 12/24/2020 |
| 3/4/2020 | Virginia Alcoholic Beverage Control Authority | Family Dollar Stores of Virginia, Inc. | License Suspension –25 Days | 5/14/2020 – 6/7/2020 | 6/8/2020 |
| 6/4/2021 | Texas Alcoholic Beverage Control | Family Dollar Stores of Texas, LLC | License Suspension –8 Days | 9/8/2021 – 9/15/2021 | 9/16/2021 |

To Whom It May Concern:

I, Peter Barnett, President of Family Dollar Stores, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.

A handwritten signature in cursive script that reads "Peter Barnett". The signature is written in dark ink and is positioned above a horizontal line.

By: Peter Barnett

As: President, Family Dollar Stores, Inc.