

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

Created 12/19/2022 @ 01:50:13 PM

Local Governing Body Report

**LICENSE**

Number:	09020053	Type:	009 LIQUOR STORE
Name:	BEVERAGE HOUSE		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2023
Original Issue Date:	10/18/1950		
Location:	67 E HIGHWAY 82 HUACHUA CITY, AZ 85616 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(520)323-6566		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

Currently, this license has pending applications.

**AGENT**

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLAW.COM

**OWNER**

Name: SHAD & ALIZA ENTERPRISE LLC  
 Contact Name: ANDREA LEWKOWITZ  
 Type: LIMITED LIABILITY COMPANY  
 AZ CC File Number: L13775999 State of Incorporation: AZ  
 Incorporation Date: 07/05/2007  
 Correspondence Address: 2600 N CENTRAL AVENUE  
 #1775  
 PHOENIX, AZ 85004  
 USA  
 Phone: (602)200-7222  
 Alt. Phone:  
 Email: ANDREA@LEWKLAW.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
ALICE GIANG	ManagingMember,Stockholder	100.00

**SHAD & ALIZA ENTERPRISE LLC -  
 ManagingMember,Stockholder**

Name: ALICE GIANG  
 Gender: Female  
 Correspondence Address: 2600 N CENTRAL AVENUE  
 #1775  
 PHOENIX, AZ 85004  
 USA  
 Phone: (562)912-0278  
 Alt. Phone:  
 Email: MILTONUSA@YAHOO.COM

**APPLICATION INFORMATION**

Application Number: 222018  
 Application Type: Location / Owner Transfer  
 Created Date: 12/06/2022

**QUESTIONS & ANSWERS**

**009 Liquor Store**

- 1) Are you applying for an Interim Permit (INP)?  
 No
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  
 Yes  
 If Yes, what City, Town or Tribal Reservation is this Business located in?  
 COCHISE COUNTY
- 10) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)  
 SAN PEDRO VALLEY ACADEMY - 1.1 MI  
 3331 IN BALANCE RANCH RD  
 HUACHUCA CITY, AZ 85616

- 11) Are you one of the following? Please indicate below.  
 Property Tenant  
 Subtenant  
 Property Owner  
 Property Purchaser  
 Property Management Company  
 OWNER
- 12) Is there a penalty if lease is not fulfilled?  
 No
- 13) What is the total money borrowed for the business not including the lease?  
 Please list lenders/people owed money for the business.  
 \$65,891.00  
 BNC NATIONAL BANK, 322 E. MAIN STREET, BISMARCK, ND 58501
- 14) Is there a drive through window on the premises?  
 No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet  
 N/A
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
 Yes  
 If yes, what is your estimated completion date?  
 MARCH 2023
- 23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)  
 TBD

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Bev House_Agt Ctzn - ADL.pdf	12/06/2022
QUESTIONNAIRE	Bev House_Agt Q - ADL.pdf	12/06/2022
MISCELLANEOUS	Bev House_BOS.pdf	12/06/2022
DIAGRAM/FLOOR PLAN	Bev House_Diagram.pdf	12/06/2022
QUESTIONNAIRE	Bev House_Officer Q - Alice.pdf	12/06/2022
MISCELLANEOUS	Bev House_Rev Extn Ltr.pdf	12/06/2022
	Bev House_Officer Q - Alice.pdf	12/15/2022
	Bev House_Agt Q - ADL.pdf	12/15/2022



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

**LORST**  
**License 09020053**

Issue Date: 5/31/2022

Expiration Date: 6/30/2023

Issued To:  
MAGDALENA ROMERO, Agent  
WILLCOX LIQUORS LLC, Owner  
Location:  
MILOS LIQUORS  
144 S HASKELL  
WILLCOX, AZ 85643  
USA

Mailing Address:  
MAGDALENA ROMERO  
WILLCOX LIQUORS LLC  
MILOS LIQUORS  
144 S HASKELL  
WILLCOX, AZ 85643  
USA



POST THIS LICENSE IN A CONSPICUOUS PLACE

'22 DEC 19 11:55 AM

# Bill of Sale

IN CONSIDERATION OF THE SUM OF:

**\*\*\*TEN DOLLARS AND NO CENTS\*\*\*** lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

**Willeox Liquors LLC, an Arizona Limited Liability Company**, hereby grants, bargains, sells and transfers unto the BUYER:

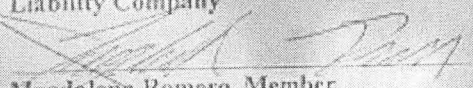
**Shad & Aliza Enterprise, LLC, an Arizona Limited Liability Company**, and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #09020053

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

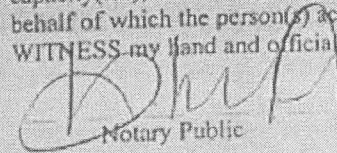
DATED: October 11, 2019

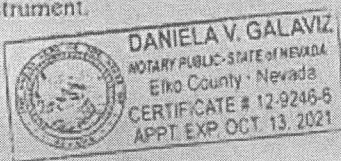
Willeox Liquors LLC, an Arizona Limited Liability Company

  
Magdalena Romero, Member

State of ~~ARIZONA~~ <sup>NEVADA</sup> } ss:  
County of ~~ETKO~~ <sup>ETKO</sup>

On October 11, 2019, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Magdalena Romero, Member personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

  
Notary Public



Escrow No.: 00198225

'22 DEC 8 Lique. Lic. #M 8 47

# Bill of Sale

'22 JUL 14 Lique. Lic. #M1054

IN CONSIDERATION OF THE SUM OF:

\*\*\*TEN DOLLARS AND NO CENTS\*\*\*lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Willcox Liquors LLC, an Arizona Limited Liability Company, hereby grants, bargains, sells and transfers unto the BUYER:

Shad & Aliza Enterprise, LLC, an Arizona Limited Liability Company, and Issa, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

That certain State of Arizona Liquor License #09020053

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: October 11, 2019

Willcox Liquors LLC, an Arizona Limited Liability Company

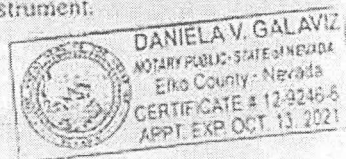
  
Magdalena Romero, Member

State of ~~ARIZONA~~ <sup>Nevada</sup>  
County of ~~PINAL~~ <sup>Elko</sup>

ss:

On October 11, 2019, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Magdalena Romero, Member personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

  
Notary Public



Escrow No. 00198225

CSR:
Amount:



## AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLLC USE ONLY	
Job #:	287 018
Date Accepted:	12/19/22
CSR:	CS

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

License Number: 09020053
--------------------------

*Fg Curreno*

**ATTENTION APPLICANT:** This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

**QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Controlling Person
---	---

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: ARIZONA

4. Place of birth: MANKATO MN USA Height: 5'8" Weight: 140 Eyes: HZL Hair: BLN

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: [REDACTED] (NOT a public record)

6. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 04/1961

7. Daytime telephone number: (602) 200-7222 Email address: ANDREA@LEWKLAW.COM

8. Premises Name: BEVERAGE HOUSE Business Phone: 520 / 323 / 6566

9. Premises Address: 67 E HIGHWAY 82 HUACHUCA CITY AZ COCHISE 85616

22 DEC 8 Lic. Lic. AM 8:47

CSR:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 222 018  
Date Accepted: 12/15/22  
CSR: CA

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

License Number: 09020053

*Fp Current*

**ATTENTION APPLICANT:** This is a legally binding document. 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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1. Check the Appropriate Box →

Agent  Controlling Person

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

3. Social Security # [REDACTED] Drivers Licen [REDACTED] State Issued: ARIZONA

4. Place of birth: MANKATO MN USA Height: 5'8" Weight: 140 Eyes: HZL Hair: BLN  
City State COUNTRY

5. Name of current/most recent spouse: LEWKOWITZ HAROLD JEROME Birth Date: [REDACTED]  
Last First Middle

6. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 04/1961

7. Daytime telephone number: (602) 200-7222 Email address: ANDREA@LEWKLAW.COM

8. Premises Name: BEVERAGE HOUSE Business Phone: 520 / 323 / 6566

9. Premises Address: 67 E HIGHWAY 62 HUACHUCA CITY AZ COCHISE 85616  
Street (do not use PO Box) City State County Zip

22 DEC 8 Lic. Lic. #1847

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC
			2600 N. CENTRAL AVE. STE. 1775
			PHOENIX, AZ 85004

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

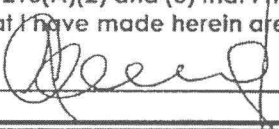
FROM Month/Year	To Month/Year	Street	City	State	Zip
02/1999	CURRENT	5745 N. 25th STREET, PHOENIX, AZ			85016

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes  No
13. Have you attended a DLLC approved Basic 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 summons 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

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 11/18/2022

22 DEC 8 Liq. Lic. #1847



**ALIEN STATUS  
RESTAURANT/HOTEL/MOTEL**

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

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**

APPLICANT NAME (Print or type) ANDREA DAHLMAN LEWKOWITZ

**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 MANKATO State MN COUNTRY USA

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

2) Name of document: AZ DRIVERS LICENSE

If you answered No, you must complete Sections III.

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 Jan. 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.

**SECTION III – QUALIFIED ALIEN DECLARATION**

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 etseq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. 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. §**

ANDREA DAHLMAN LEWKOWITZ \_\_\_\_\_ 11/18/2022  
 Print Name Signature Date

'22 DEC 8 Lic. Lic. AM 8 47

# ARIZONA

Driver License



ANDREA DAHLMAN LEWKOWITZ  
5745 NORTH 25TH STREET  
PHOENIX AZ 85016-8644

Class	D	Sex	F
Eyes	HAZ	Height	5-07
Hair	BN	Weight	135



A stylized handwritten signature in black ink, appearing to read 'Dahlman Lewkowitz', written over a white rectangular background.

22 DEC 19 Liq. Lic. PM 1:42



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.

**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#: 09070053/# 788018

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: GIANG ALICE Birth Date: [REDACTED]

3. Social Security: [REDACTED] State: AZ

4. Place of birth: VIETNAM Height: 5-00 Weight: 128 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: RAHMAN FAROQ A Birth Date: [REDACTED]

6. Are you a bona fide resident of Arizona?  Yes  No. If yes, what is your date of residency: 2008

7. Daytime telephone number: 562-912-0278 E-mail address: AMENDMENT USA@Yahoo.com

8. Business Name: Beverage House Business Phone: 520/323/6566

9. Business Location Address: 67 E. Highway 82 Huachua City AZ Cochise 85616

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
12/2007	CURRENT	Member/Manager	Shad & Aliza Enterprise LLC 10321 E Jarod James Place, Tucson, AZ 85747

(ATTACH ADDITIONAL SHEET IF NECESSARY)

22 DEC 8 Lic. Lic. #1847



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.

505.281

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 09020053 / # 200018

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: GIANG Alice Birth Date: [Redacted] (NOT a public record)

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

4. Place of birth: VIETNAM Height: 5-00 Weight: 128 Eyes: BLK Hair: BLK

5. Name of current/most recent spouse: RAHMAN FAROQ A Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: 2008

7. Daytime telephone number: 562-912-0278 E-mail address: MiltonUSA@yahoo.com

8. Business Name: Beverage House Business Phone: 520/323/6566

9. Business Location Address: 67 E. Highway 82 Huachua City AZ Cochise 85616

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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
12/2007	CURRENT	Member Manager	Shad & Aliza Enterprise LLC 10321 E Jarod James Place, Tucson, AZ 85747

(ATTACH ADDITIONAL SHEET IF NECESSARY)

22 DEC 8 Lic. Lic. #1847

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
08/09	CURRENT	10321 E Jared James Pl Tucson, AZ 85747

(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 DILC approved Basic & Management Liquor Law/Training Course within the past 3 years?  Yes  No (pending)
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

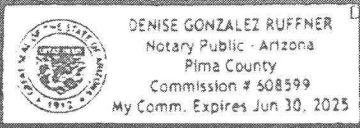
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

**NOTARY**

I (Print Full Name) Alice Giang 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 ARIZONA County of PIMA  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 06.30.2025 12<sup>th</sup> Day of AUGUST 2022  
Day Month Year



[Signature]  
Signature of Notary

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

PRINT NAME: Alice Giang SIGNATURE: [Signature]