

State of Arizona
Department of Liquor Licenses and Control

Created 08/21/2023 @ 10:00:53 AM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	DOLLAR GENERAL STORE #22613	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	9527 E HIGHWAY 92 HEREFORD, AZ 85615 USA	
Mailing Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA	
Phone:	(520)497-1311	
Alt. Phone:	(615)855-4000	
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	

AGENT

Name:	FRANCISCO JAVIER ROMERO
Gender:	Male
Correspondence Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA
Phone:	(615)598-5783
Alt. Phone:	
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

OWNER

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

Officers / Stockholders

Name:	Title:	% Interest:
DOLGENCORP OF TEXAS INC	Member	100.00
EMILY CHRISTINE TAYLOR	CEO	
WILLIAM HENRY CONLEY	Multi- See Casenote	
THOMAS EDWARD BENNING	10113240	
VIRGINIA DIANE LUCHI	Multi- See Casenote	
CRYSTAL LYNN MICHEL	10083280 & 10083298	
THOMAS STEVEN REISSIG	10076593 & 10083292	
KATHRYN ANN KELLIHER	10076780 & 10076783	
DEBORAH ELOISE CHEEK	Multi- See Casenote	
CHRISTIE JOANNE FORD	Multi- See Casenote	
DAVID MCARTHUR BRACKEN	Multi- See Casenote	
SAMMY DEE SPOO	Multi- See Casenote	
ROSEMARY Y MANDELT	Multi- See Casenote	
ASHLEE DAWN THRELKELD	Multi- See Casenote	
STEVEN RAY DECKARD	VP	

DG RETAIL LLC - 10076780 & 10076783

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

DG RETAIL LLC - Multi- See Casenote

Name: WILLIAM HENRY CONLEY
 Gender: Male
 Correspondence Address: 100 MISSION RIDGE
 ATTN: TAX DEPT
 GOODLETTSVILLE, TN 37072
 USA
 Phone: (480)707-3499
 Alt. Phone:
 Email: WICONLEY@FAMILYDOLLAR.COM

DG PROMOTIONS INC - Stockholder

Name: DOLLAR GENERAL CORPORATION
Contact Name: FRANCISCO JAVIER ROMERO
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
USA
Phone: (615)855-4000
Alt. Phone:
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

DG RETAIL LLC - Multi- See Casenote

Name: ROSEMARY Y MANDELT
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (623)972-3316
Alt. Phone:
Email:

DG RETAIL LLC - Multi- See Casenote

Name: DEBORAH ELOISE CHEEK
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)235-8513
Alt. Phone:
Email:

DG RETAIL LLC - 10113240

Name: THOMAS EDWARD BENNING
Gender: Male
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (520)466-6551
Alt. Phone:
Email:

DOLGENCORP OF TEXAS INC - Shareholder

Name: DG STRATEGIC I LLC
Contact Name: FRANCISCO JAVIER ROMERO
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (615)855-4000
Alt. Phone:
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

DG RETAIL LLC - VP DG PROMOTIONS INC - CEO

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

DG RETAIL LLC - Multi- See Casenote

Name: ASHLEE DAWN THRELKELD
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)228-9998
Alt. Phone:
Email:

DG RETAIL LLC - Multi- See Casenote

Name: SAMMY DEE SPOO
Gender: Male
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)537-2633
Alt. Phone:
Email:

DG RETAIL LLC - Member

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

DG RETAIL LLC - Multi- See Casenote

Name: CHRISTIE JOANNE FORD
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (480)392-9243
Alt. Phone:
Email:

DG RETAIL LLC - 10076593 & 10083292

Name: THOMAS STEVEN REISSIG
Gender: Male
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)215-5196
Alt. Phone:
Email:

DG RETAIL LLC - Multi- See Casenote

Name: VIRGINIA DIANE LUCHI
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)402-9485
Alt. Phone:
Email:

DG RETAIL LLC - CEO
DG PROMOTIONS INC - Secretary

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

DG RETAIL LLC - Multi- See Casenote

Name: DAVID MCARTHUR BRACKEN
Gender: Male
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)305-6475
Alt. Phone:
Email:

DG RETAIL LLC - 10083280 & 10083298

Name: CRYSTAL LYNN MICHEL
Gender: Female
Correspondence Address: 100 MISSION RIDGE
ATTN: TAX DEPT
GOODLETTSVILLE, TN 37072
USA
Phone: (928)404-9114
Alt. Phone:
Email:

DG STRATEGIC I LLC - Shareholder

Name: DG PROMOTIONS INC
Contact Name: FRANCISCO JAVIER ROMERO
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 100 MISSION RIDGE
GOODLETTSVILLE, TN 37072
USA
Phone: (615)855-4000
Alt. Phone:
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

APPLICATION INFORMATION

Application Number: 249255
Application Type: New Application
Created Date: 06/19/2023



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.
(If less than one (1) mile note footage)
PALOMINAS ELEMENTARY SCHOOL 10385 AZ- 92 HEREFORD AZ 85615
1.45 MILES
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
TENANT
- 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.
0
- 7) Are there walk-up or drive-through windows 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

Total Square feet 9,221

DOLLAR GENERAL

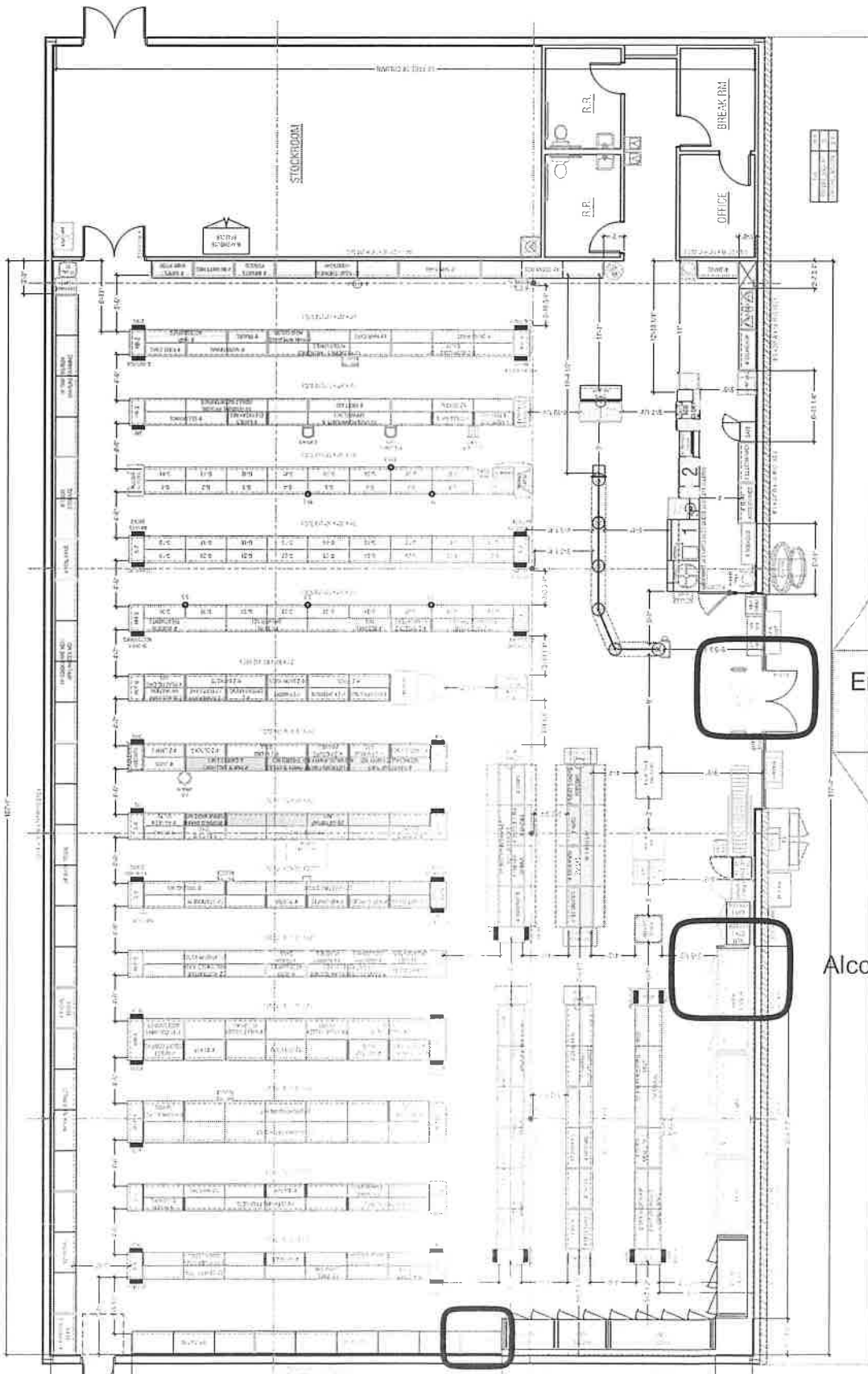
DRAWING HISTORY

DATE: 04/21/21 BY: MLB

(1)	DATE:	05/04/21	BY:	MLB
(2)		05/10/21		TKG
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				

PROJECT TYPE	NEW
FACILITY TYPE	DGH20
PLAN TYPE	9100-D
ASPECT TYPE	NCI
PERFORMANCE	STANDARD
ISSUE DATE	06/17/21
SHEET NUMBER	7,368
WAREHOUSE TOTAL	978
CEILING HEIGHT	9,221
OPEN	OPEN
LIGHTING	44
SECTION	38
STREET NUMBER	22613

ADDRESS: 9527 E HWY 92
CITY: HEREFORD
STATE: AZ
SCALE: 1/8" = 1'-0"
STREET NUMBER: 22613
STORE PLANNING HOTLINE: (615) 855-5385

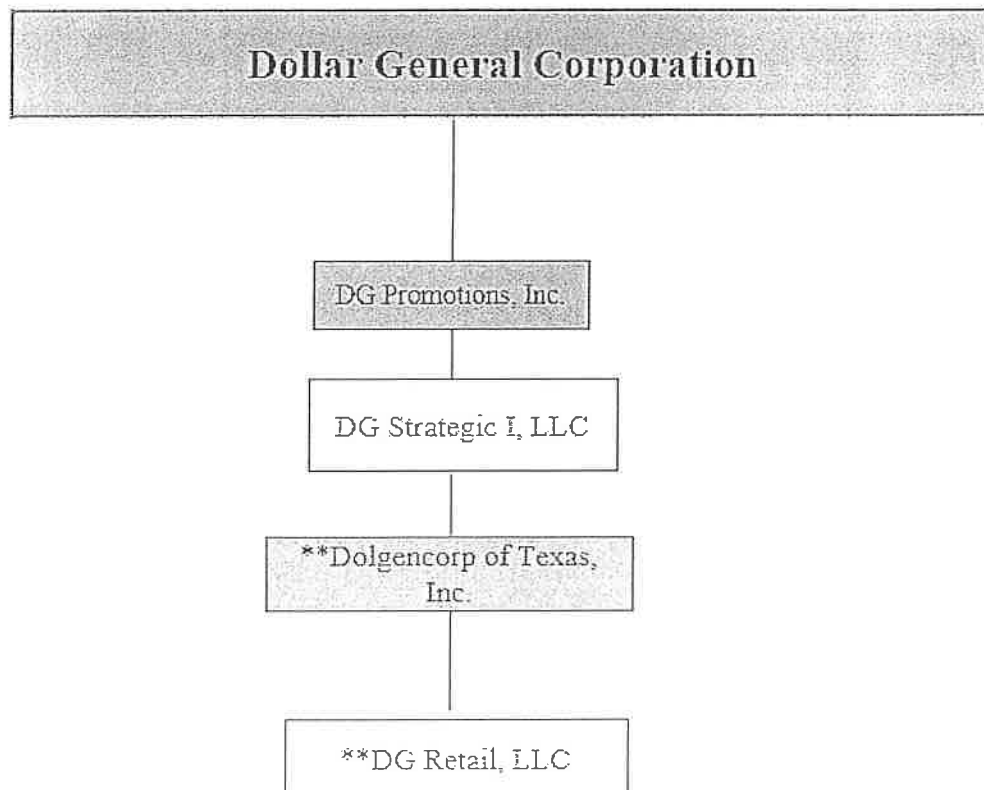


Alcohol

Alcohol

Entrance/Exit

Organization as of December 9, 2022 (Domestic Entities)



CSR:
Amount:

23 AUG 18 11:47 AM



AGENT/CONTROLLING PERSON QUESTIONNAIRE

DLIC USE ONLY
Job #: 249255
Date Accepted: 6-16-2023
CSR: Chan

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

Type or Print with Black Ink

FP Curat
4-29-2022

License Number:

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 Agent Controlling Person

2. Name: Romero Francisco Javier Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Agua Prieta, Son, MX Height: 5'10" Weight: 180 Eyes: BRO Hair: BRO

5. Name of current/most recent spouse: Uchoz Amz O 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? May 2005

7. Daytime telephone number: 615-855-4000 mail address: tax-beer-and-wine.licensedollargeneral.com

8. Premises Name: Dollar General Store # 22613 Business Phone: 520/497/1311

9. Premises Address: 9527 E Highway 92 Hereford AZ Cochise 85615

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)
2/22/21	CURRENT	Retail District manager	Dollar General, 100 m. 3501 Ridge, Goodlettsville, TN, 370
3/2019	2/22/21	ASST. ops store manager	JCP, Phoenix, AZ, 85044 5050 E Ray Rd
3/1986	3/2019	Retail District manager	Byless shoes, Topeka, KS, 66604 1801 SW Warambler Rd Space F8

(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
4/2021	CURRENT	11444 Ruscott Cir	Vizil	AZ	85641
3/2020	3/2021	14698 N. Olympic way	Fountain Hill	AZ	85268
6/2015	3/2020	7635 E Olive Los Arboles +ue		AZ	85750

(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 and Management Liquor Law Training Course within the past 3 years? Yes No
 Have you been cited, arrested, indicted, convicted, or summoned into court for
14. violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
- Are there ANY administrative law citations, compliance actions or consents, criminal
15. 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) Francisco Romero 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: 8/4/2023



ALIEN STATUS

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th 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) Francisco Romero

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 _____ State _____ COUNTRY _____

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

2) Name of document: _____

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.

Alien Registration Card

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))

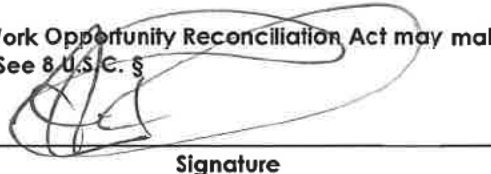
- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

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. §

Francisco Romero
Print Name


Signature

5/16/2023
Date

23 JUN 16 PM 1:40 AZD LLC

Arizona

DRIVER LICENSE

USA


NOT FOR FEDERAL IDENTIFICATION



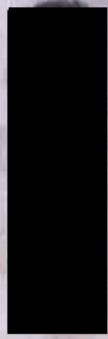
9 CLASS D
9a END L
12 REST NONE
4d DLN [REDACTED]
3 DOB [REDACTED]

1 ROMERO
2 FRANCISCO JAVIER
8 11944 E RYSCOTT CIR
VAIL, AZ 856410260

4b EXP 08/04/2030 4a ISS 06/28/2021
15 SEX M 18 EYES BRO
16 HGT 5'-10" 19 HAIR BRO
17 WGT 190 lb

DONOR 

5 DD 010102E4DR024205

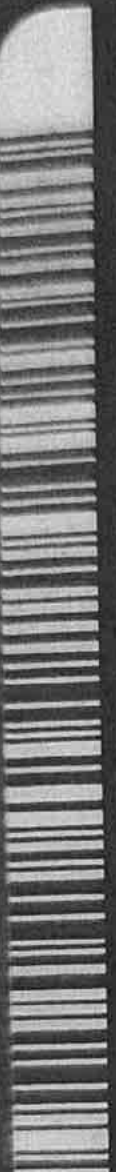




ALIEN REGISTRATION RECEIPT CARD
PERSONS ALIENS IN THIS COUNTRY ARE TO BE RECORDED PERMANENTLY AND WEAR A CARD

17927277	11	12	344	244	00244
<small>A NUMBER</small>	<small>SEX</small>	<small>AGE</small>	<small>H</small>	<small>W</small>	<small>WEIGHT</small>
5311	07108	48304	28365	19638	
<small>AGE</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>
110868	582	044	12560	3706407	
<small>ADDRESS DATA</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>	<small>DOB</small>

FORM 1 (REV. 10-1-67) 10000 (201) 1000 27



Rev 02/14/2014

CLASS: D-Operator
ENDORSEMENTS:
L-Motorcycle

RESTRICTIONS:
None

You Must Report a
Change of Address
Within 10 Days



24 4 58 67 00 06 7 68 9 4 0 3 0 4

23 JUN 16 PM 1 40 AZILLC

Certificate #516715

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

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

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Student Information


 Francisco Javier Romero
 Full Name (please print)

 Signature

05-24-2021 7012 05-23-2024
 Training Completion Date Certificate Expiration Date
 (three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

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

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
 Instructor Name (please print)
 Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103
 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control.
 I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title
 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).


 Instructor Signature

24 / 05 / 2021
 Day Mo Year

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

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

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

Bar (series 6)
 Private Club (series 14)

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

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

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

July 11, 2013

Certificate #516715

Certificate of Completion
For
Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

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

Student Information

Francisco Javier Romero

Full Name (please print)

Signature

05-24-2021

Training Completion Date

05-23-2024

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

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

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Robert Graham

Instructor Signature

24 / 05 / 2021

Day Mo Year

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

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

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

Bar (series 6)
Private Club (series 14)

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

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

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

CSR:
Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY
Job #: 249255
Date Accepted: 7-20-2023
CSR: Chapman

Type or Print with Black Ink

FP Current
6-18-2021

License Number:

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 Agent Controlling Person

2. Name: Taylor Emily Christine Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Nashville TN USA Height: 5'3" Weight: 130 Eyes: Br Hair: BL
City State COUNTRY

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

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

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

8. Premises Name: Dollar General store #22613 Business Phone: 520 497 1311

9. Premises Address: 9527 E Highway 92 Heretford AZ 85615 Cochise
Street (do not use PO Box) City State County Zip

23 JUN 16 PM 1:43 AZD LLC

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 <small>(Street Address, City, State & Zip)</small>
04/98	CURRENT	Chief Merchandising Officer	Dollar General, 100 Mission Ridge, Goodlettsville, TN, 37072

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

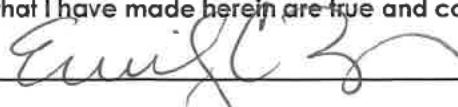
FROM Month/Year	To Month/Year	Street	City	State	Zip
06/14	CURRENT	1805 Otter Creek Road	Nashville	TN	37215

(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 and 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 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) Emily Christine Taylor 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: 5/22/23

CSR:
 Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY
Job #: 249255
Date Accepted: 5-16-23
CSR: Chay

Type or Print with Black Ink

FP Current
4-22-22

License Number:

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 Agent Controlling Person

2. Name: Deckard Steven Ray Birth Date: [Redacted] (NOT a public record)

3. Social Security #: [Redacted] Drivers License #: [Redacted] State Issued: TN

4. Place of birth: Vincennes IN USA Height: 6'3" Weight: 295 Eyes: Blu Hair: Brn

5. Name of current/most recent spouse: None Birth Date: / / (NOT a public record)

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

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

8. Premises Name: Dollar General Store #22613 Business Phone: 520 497 1311

9. Premises Address: 9527 E Highway 92 Hereford AZ 85615 Cochise

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)
02/06	CURRENT	SVP Operations	Dollar General, 100 Mission Ridge, Goodlettsville, TN, 37072

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

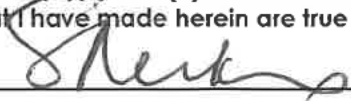
FROM Month/Year	To Month/Year	Street	City	State	Zip
09/13	CURRENT	352 Windhaven Bay	Mt Juliet	TN	37122

(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 and Management Liquor Law Training Course within the past 3 years? Yes No
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
- 14. 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
- 15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
- 16. 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
- 17. 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) Steven Ray Deckard 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: 5/22/23