

State of Arizona
Department of Liquor Licenses and Control

Created 02/15/2024 @ 07:44:53 AM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	WINCHESTER MERCANTILE		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	6533 N FORT GRANT ROAD WILLCOX, AZ 85643 USA		
Mailing Address:	6533 N FORT GRANT ROAD WILLCOX, AZ 85643 USA		
Phone:	(520)384-2879		
Alt. Phone:	(520)955-3726		
Email:	WINMERCLLC@GMAIL.COM		

AGENT

Name:	ARTHUR LORNE MILLER
Gender:	Male
Correspondence Address:	6533 N FORT GRANT ROAD WILLCOX, AZ 85643 USA
Phone:	(520)955-3726
Alt. Phone:	
Email:	WINMERCLLC@GMAIL.COM

OWNER

Name:	WINCHESTER MERCANTILE LLC		
Contact Name:	ARTHUR LORNE MILLER III		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23583703	State of Incorporation:	AZ
Incorporation Date:	09/18/2023		
Correspondence Address:	6533 N FORT GRANT ROAD WILLCOX, AZ 85643 USA		
Phone:	(520)955-3726		
Alt. Phone:			
Email:	WINMERCLLC@GMAIL.COM		

Officers / Stockholders

Name:
ARTHUR LORNE MILLER

Title:
Manager-LLC

% Interest:
95.00

WINCHESTER MERCANTILE LLC - Manager-LLC

Name: ARTHUR LORNE MILLER
Gender: Male
Correspondence Address: 6533 N FORT GRANT ROAD
WILLCOX, AZ 85643
USA
Phone: (520)955-3726
Alt. Phone:
Email: WINMERCLLC@GMAIL.COM

<h2>MANAGERS</h2>

Name: ARTHUR LORNE MILLER
Gender: Male
Correspondence Address: 6533 N FORT GRANT ROAD
WILLCOX, AZ 85643
USA
Phone: (520)955-3726
Alt. Phone:
Email: WINMERCLLC@GMAIL.COM

APPLICATION INFORMATION

Application Number: 275517
 Application Type: New Application
 Created Date: 01/05/2024

Jan

QUESTIONS & ANSWERS

010 Beer and Wine Store

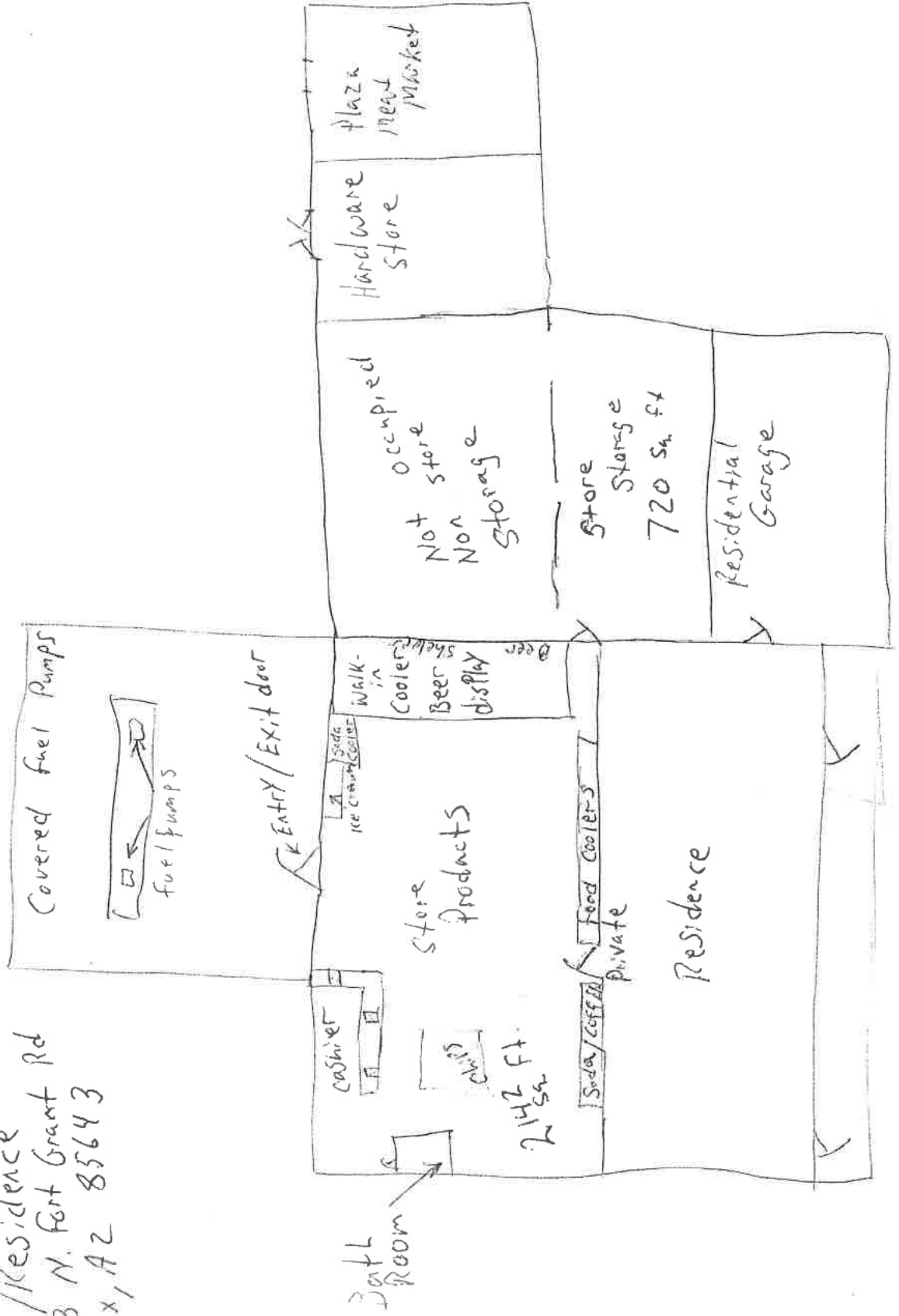
- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
~~Willcox Unified Schools, 0 miles~~ *Willcox Middle School 360 N. Bisbee Ave
Willcox, AZ 85643 9.5 Miles*
- 3) Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
 Property Owner
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
Cochise County
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
~~\$250,000.00~~ *\$495,000 - Linda K Brown Nob Mesa Dr. Willcox AZ 85643*
- 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

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	Store Diagram.pdf	01/05/2024
ALIEN STATUS	ARTHUR L MILLER III AZ DL.pdf	01/05/2024
QUESTIONNAIRE	AZ Liq Lic App..pdf	01/09/2024
	STORE DIAGRAM DRAWING.pdf	01/25/2024
	DLLC APPLICATION WIN MERC SRS-10.pdf	01/25/2024
	Articles of OrgNIZATION WIN MERC.pdf	01/25/2024

Ft Grant Rd N↑

Stone/Residence
6533 N. Fort Grant Rd
Willcox, AZ 85643



15194 L.C. 7-23



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

24 JAN 10 Lic. Lic. PM 4:34

FP Curved
 A000136862

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.

Liquor License #: _____

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--------------------------------------------------------	-------------------------------------------	----------------------------------------------------------------------------------

2. Name: Miller III Arthur Lorne Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Phoenix AZ USA Height: 6-01 Weight: 178 Eyes: BR Hair: BR
City State COUNTRY (not county)

5. Name of current/most recent spouse: Miller Karrey Lynne 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: 1999

7. Daytime telephone number: 520 955 3726 E-mail address: winmerelle@gmail.com

8. Business Name: Winchester Mercantile Business Phone: 520, 384, 2879

9. Business Location Address: 6533 N Fort Grant Rd, Willcox, AZ, Cochise 85643
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)
06/19	CURRENT	Retired / Self employed	Miller family farms 8251 N. Fort Grant Rd, Willcox, AZ 85643
01/19	05/19	Watch Commander	US Border Patrol 200 Rex Allen Jr. Drive, Willcox, AZ 85643

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 24 JAN 10 Lic. Lic. PM 434

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/23	CURRENT	6533 N. Fort Grant Rd, Willcox, AZ 85643
10/2011	12/23	8251 N. Fort Grant Rd, Willcox, AZ 85643

(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) Arthur L. Miller II hereby declare that I am the Agent/ Controlling Person / Premises Manager filling 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 Cochise
The foregoing instrument was acknowledged before me this 8 Day of Jan, 2024
Day Month Year

My Commission Expires on: Aug 31 2027



[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: _____


24 JAN 10 Lic. Lic. PM 4:34

ARIZONA
Driver License

Number	[REDACTED]
Expires	01/26/2031
Date of Birth	[REDACTED]
Issued	05/14/2013

ARTHUR L MILLER III
8251 NORTH FT GRANT RD
WILLCOX AZ 85643

Class D	Sex	M	
Eyes	BRO	Height	6'01"
Hair	BR	Weight	175



Arthur L. Miller III