

State of Arizona
Department of Liquor Licenses and Control

Created 01/23/2025 @ 05:00:34 PM

Local Governing Body Report

LICENSE

Number:	09020044	Type:	009 LIQUOR STORE
Name:	MUSTANG MALL		
State:	Pending		
Issue Date:		Expiration Date:	06/30/2025
Original Issue Date:	12/03/1981		
Location:	13116 S HWY 191 PEARCE, AZ 85625 USA		
Mailing Address:	13116 S HWY 191 PEARCE, AZ 85625 USA		
Phone:	(602)200-7222		
Alt. Phone:			
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:	K MONEY PEARCE, LLC		
Contact Name:	ANDREA LEWKOWITZ		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23750340	State of Incorporation:	AZ
Incorporation Date:	11/12/2024		
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:
MANRAJ SINGH SAMRA	Member	100.00

K MONEY PEARCE, LLC - Member

Name: MANRAJ SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)518-8648
Alt. Phone:
Email: MONEY@SAMRA.US

MANAGERS

Name: VICTORIA LEE BRAND
Gender: Female
Correspondence Address: RR HC 1 BOX 25
PEARCE, AZ 85625
USA
Phone: (520)507-5037
Alt. Phone:
Email: VBRAND4@GMAIL.COM

APPLICATION INFORMATION

Application Number: 328999
Application Type: Owner Transfer
Created Date: 01/13/2025

ML

QUESTIONS & ANSWERS

009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?
Yes
What date are you taking ownership? Please upload the Interim Permit Notary page when you reach the upload page.
TBD -PENDING DLLC FOR DATE
- 8) Did the Premises phone number change?
No
- 10) Will there be an agent on this license?
Yes
A Document of type QUESTIONNAIRE is required.
- 12) Provide name, address, and distance of nearest school. (If less than one (1) mile note footage)
Ash Creek Elementary School Dist 53 | 3.33 Miles
6460 AZ-181, Pearce, AZ 85625

- 13) Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
PROPERTY OWNER
- 14) Is there a penalty if lease is not fulfilled?
 No
- 15) What is the total money borrowed for the business not including the lease?
 Please list lenders/people owed money for the business.
 \$1,150,000.00
 13116 South Highway 191 LLC | 2301 W. Quail Hollow Trail, St. David, AZ 85630
- 16) Is there a drive through window on the premises?
 No
- 17) If there is a patio please indicate contiguous or non-contiguous within 30 feet
 NO PATIO
- 18) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 No
- 19) 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	Mustang_AGT ADL (Ctn).pdf	01/13/2025
QUESTIONNAIRE	Mustang_AGT ADL (Q).pdf	01/13/2025
MISCELLANEOUS	Mustang_Bus Ph#.pdf	01/13/2025
QUESTIONNAIRE	Mustang_CP Manraj (Q+FP).pdf	01/13/2025
INTERIM PERMIT NOTARY PAGE	Mustang_INP (SIGNED).pdf	01/13/2025

State of Arizona
Department of Liquor Licenses and Control

Created 01/23/2025 @ 05:00:47 PM

Local Governing Body Report

LICENSE

Number:	INP020031592	Type:	INP INTERIM PERMIT
Name:	MUSTANG MALL		
State:	Active		
Issue Date:	01/23/2025	Expiration Date:	05/08/2025
Original Issue Date:	01/23/2025		
Location:	13116 S HWY 191 PEARCE, AZ 85625 USA		
Mailing Address:	13116 S HWY 191 PEARCE, AZ 85625 USA		
Phone:	(602)200-7222		
Alt. Phone:			
Email:	ANDREA@LEWKLAW.COM		

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:	K MONEY PEARCE, LLC		
Contact Name:	ANDREA LEWKOWITZ		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	23750340	State of Incorporation:	AZ
Incorporation Date:	11/12/2024		
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(602)200-7222		
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Email:	ANDREA@LEWKLAW.COM		

Officers / Stockholders

Name:	Title:	% Interest:
MANRAJ SINGH SAMRA	Member	100.00

K MONEY PEARCE, LLC - Member

Name: MANRAJ SINGH SAMRA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (818)518-8648
Alt. Phone:
Email: MONEY@SAMRA.US

MANAGERS

Name: VICTORIA LEE BRAND
Gender: Female
Correspondence Address: RR HC 1 BOX 25
PEARCE, AZ 85625
USA
Phone: (520)507-5037
Alt. Phone:
Email: VBRAND4@GMAIL.COM

APPLICATION INFORMATION

Application Number: 329006
Application Type: New Application
Created Date: 01/13/2025

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location *09020044*
- 2) Is the license currently in use? *Yes*
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page? *yes*

BILL OF SALE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, **Mustang Mall L.L.C.**, an Arizona limited liability company ("Seller"), hereby sells, grants, and transfers to **K Money Pearce LLC**, a Arizona limited liability company ("Buyer"), all right, title, and interest in and to Arizona Liquor License No. 09020044 (the "License"), according to the terms of the parties' Purchase and Sale Agreement dated January 1, 2025.

Seller warrants it is the lawful owner of the License, that the undersigned is authorized to execute all documents necessary to effect the sale of the License on behalf of Seller, and that the License is free and clear of all taxes, liens, encumbrances, and claims.

This Bill of Sale shall be binding upon Seller, its successor and assigns, and shall inure to the benefit of Buyer, its successors, and assigns.

Mustang Mall L.L.C.,
an Arizona limited liability company

By Judith L. Leiker
Judith L. Leiker, sole member

STATE OF Arizona)
County of Pima)

SUBSCRIBED AND SWORN to before me this 10 day of January, 2025,
by Judith L. Leiker, sole member of Mustang Mall L.L.C., an Arizona limited liability company.

My Commission Expires: 06/19/25

Theresa M. Casey
Notary Public

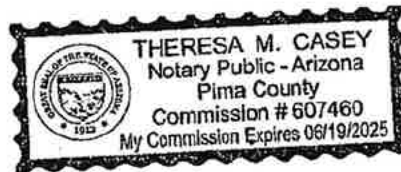
APPROVED and ACCEPTED:

K Money Nogales LLC,
an Arizona Limited Liability Company

By Manraj Singh Samra

Name/Title Manraj Samra / Managing Member

Date _____





Interim Permit (INP) Notary Page

FOR DLIC USE ONLY

INP number:	INP02001592
Date Approved:	1/23/25
Expiration:	5/8/25
CSR:	RLG
Fee:	\$100.00

SECTION 5 page 2 of the license application

For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§ 4-203.01(A)


1. Enter license number currently at the location: 09020044 MUSTANG MALL

2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

I, (Print Full Name) JUDITH LEIKER hereby declare that I am the individual, Owner, Agent, or Controlling Person on the stated license and location.

Signature: Judith Leiker

State of Arizona
 County of Pima
 Signed before me on this 10 day of January, 2025.
 Notary Signature Theresa M. Casey
 My commission expires on 6/19/25



THERESA M. CASEY
 Notary Public - Arizona
 Pima County
 Commission # 607460
 My Commission Expires 06/19/2025

Notary Seal

SECTION 6 Person to Person Transfer ARS§4-203(C), (D), (G) - series 6, 7 or 9

1. License #: 09020044
2. Current Agent Name / Individual Name LEIKER JUDITH
Last First Middle
3. Current Ownership Name (Legal Entity): MUSTANG MALL L.L.C.
(Exactly as it appears on the license)
4. Premises Name: MUSTANG MALL
(Exactly as it appears on the license)
5. Premises Location Address: 13116 S HWY 191 PEARCE AZ COCHISE 85625
Street City State County Zip
6. Does current licensee intend to operate the business while this application is pending? Yes No
7. I, (Signature): Judith Be Leiker authorize the transfer of this license to the applicant.
(Current Agent/Individual as listed on the license certificate)

SECTION 7 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G) - series 6, 7 or 9

1. License #: N.A
2. Current Business: Name: _____
Address: _____
(Exactly as it appears on license)
3. New Business: Name: _____
Address: _____

SECTION 8 Proximity to School

A.R.S. §4-207 States that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph **DOES NOT** apply to:

- Series 01 Producer
- Series 03 Microbrewery
- Series 04 Wholesaler/Distributor
- Series 05 Government license
- Playing area of a golf course

- Series 11 Hotel/motel license
- Series 12 Restaurants that do not sell growlers
- Series 13 Farm Winery
- Series 18 Craft Distillery

Distance to nearest School: 5 miles Name of School: Ash Creek
(If less than one (1) mile, note footage)

School Address: 6460 East Highway 181

CSR:

Amount:



SAMPLING PRIVILEGE APPLICATION SERIES 9 AND 10 ONLY

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

DLLC USE ONLY

Job #:	328999
Date Accepted:	1/13/25
<input checked="" type="checkbox"/> Liquor Store (series 9)	
<input type="checkbox"/> Beer and Wine Store (series 10)	
CSR:	RG

Type or Print with **Black Ink**

License #: 09020044

Applicant's Name: Agent Sole Proprietor LEWKOWITZ ANDREA DAHLMAN
Last First Middle

Premises Name: MUSTANG MALL

Premises Address: 13116 S. HWY 191 PEARCE AZ COCHISE 85625
Street Address City State County Zip Code

Mailing Address: 2600 N.. CENTRAL AVENUE, #1775 PHOENIX AZ MARICOPA 85004
Street Address City State County Zip Code

Business Phone #: (520) 824-3226 Daytime Contact #: (602) 200-7222 Email Address: ANDREA@LEWKLAW.COM

Series #10 Beer and Wine Store Only

I declare that my business qualifies as a

- Premises that is 5,000 square feet or larger
- Premises that has at least 75% of shelf space dedicated to beer and wine

SIGNATURE

Declaration:

I, (Print Name) ANDREA DAHLMAN LEWKOWITZ, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

Signature

LOCAL GOVERNING BOARD

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official Signature) (Title)

on behalf of _____
(City, Town, County) Phone Date

DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___

STATE LIQUOR LICENSE APPLICATION ATTACHMENT
BUSINESS PHONE NUMBER

Applicant: K MONEY PEARCE, LLC

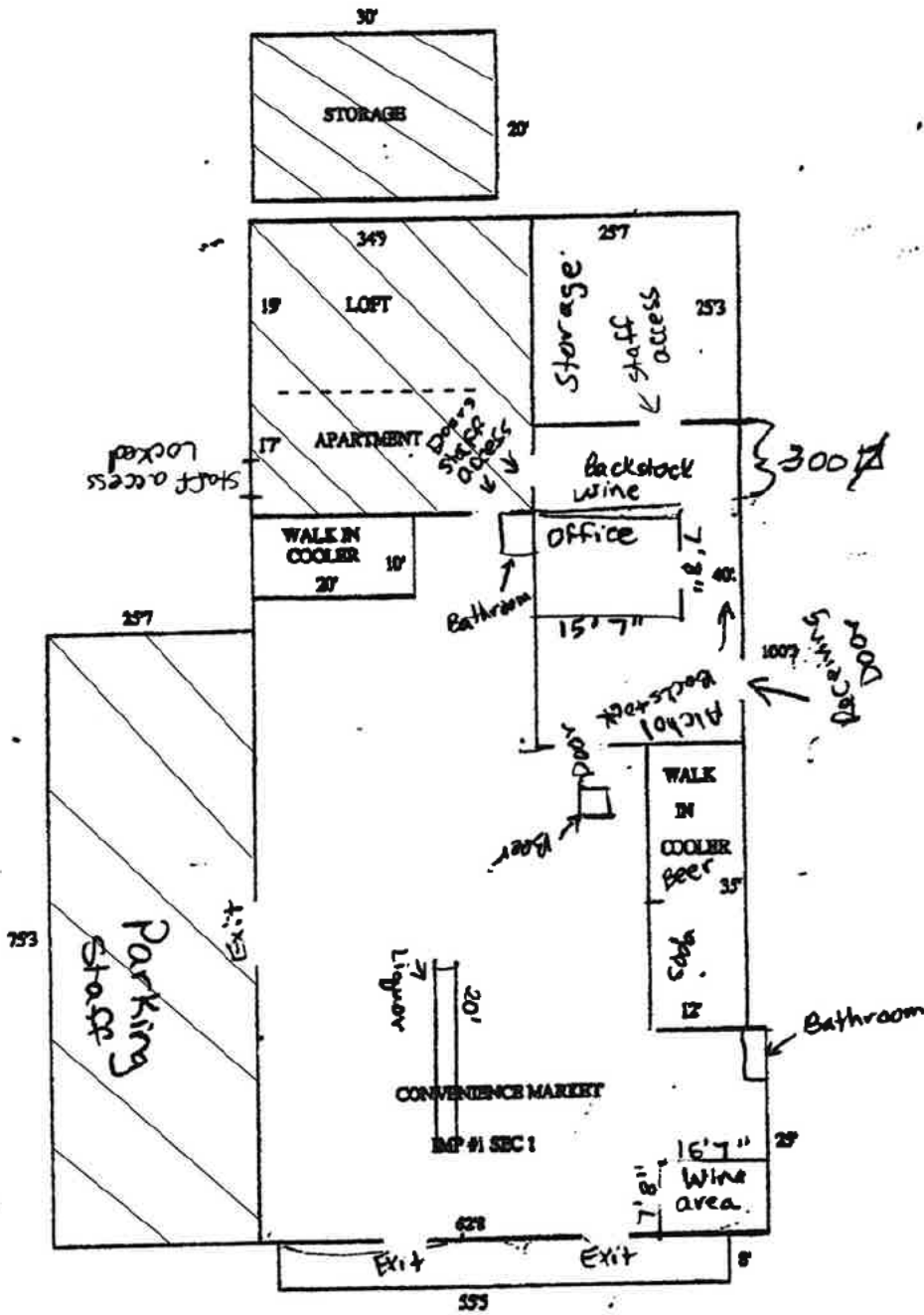
Business Name: MUSTANG MALL

Location: 13116 S. HWY 191, PEARCE, AZ 85625

Business Phone No. (520) 824-3226

MUSTANG MALL
13116 S. Hwy 191
Pearce, AZ 85625
6,000 SF

125 1 23 1997 Dept PM 4 45





Arizona Dept. of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLCC USE ONLY	
Fee:	
Job #:	328999
Date Accepted:	1/13/25
CSR:	RG

Personal Information Questionnaire

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

*fp current
8/29/23*

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 04 / 01 / 1961
- Email address: ANDREA@LEWKLAW.COM
- Home Address: 5745 N 25TH STREET, PHOENIX, AZ 85016
- Daytime phone #: (602) 200-7222 Alternative phone #: (602) 200-7222

SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: PENDING | 09020044
- Business Name (doing business as): MUSTANG MALL
- Business Address: 13116 S. HWY 191, PEARCE, AZ 85625

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS 125 1 16 Lic. Dept. 9:39

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

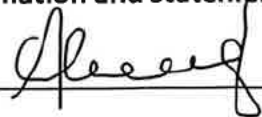
Name of persons who will be handling the day to day operations: VICTORIA BRAND

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

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: 12/06/2024

ARIZONA

Driver License

Number [REDACTED]
Expires 12/27/2025
Date of Birth [REDACTED]
Issued 11/30/2006

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

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

Andrea Lewkowitz





**ALIEN STATUS
RESTAURANT/HOTEL/MOTEL**

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) 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

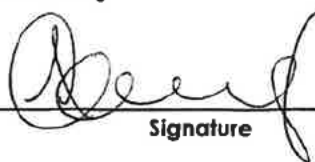
Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 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 et seq.];
- 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

Print Name



Signature

1/13/2025

Date



Fee:	
Job #:	320999
Date Accepted:	1/13/25
CSR:	lh

Personal Information Questionnaire

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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ADD0441962

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: SAMRA MANRAJ SIGNH
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: CA
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: / /
- Email address: MONEY@SAMRA.US
- Home Address: 10415 EDGEBROOK WAY, NORTHRIDGE, CA 91326
- Daytime phone #: (818) 518-8648 Alternative phone #: (818) 518-8648

SECTION 2 – LICENSED BUSINESS INFORMATION

- License Number: 09020044 | PENDING
- Business Name (doing business as): MUSTANG MALL
- Business Address: 13116 S. HWY 191, PEARCE, AZ 85625

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

25 1 16 Lic. Sept 21 9 40

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: VICTORIA BRAND

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

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- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. 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 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) MANRAJ SINGH SAMRA 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: Manraj Singh Samra Date: 01/13/2025

Manraj Singh Samra
AzDLC Questionnaire Supplement

SECTION 4, Question 1 - YES

I am or have been a controlling person for the following liquor license(s) in the past five years:

State	License no.	Business Name + Address
Az	010120030603	Express Fuel 282 N. Grand Avenue Nogales, AZ 85621
Az	010100022689	Irvington Energy 3535 E. Irvington Rd. Tucson, AZ 8714

Manraj Singh Samra

Signature

ARIZONA

RECEIPT

Date: 01/12/2025

Order ID: 673752450751595

Authorization #: 6129129

Please reference these numbers in any correspondence regarding your transaction



Billing Information

MANRAJ SAMRA

3535 E Irvington Road

Tucson AZ 85714

Phone #: 818-518-8648

Email: money@samra.us

Account Information

Payment Method: VISA

XXXXXXXXXXXX1038 07/2028

Product ID	Item Description	Amount	Quantity	Gross
PSAPT001	Conduct Criminal Background Checks for Pre-Employment Screening - State & Federal Agencies	\$22.00	1	\$22.00
PSPSPCC1	Service Fees	\$0.44	1	\$0.44
			TOTAL	\$22.44

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000441962



DLIC USE ONLY

Fee:	
Job #:	320999
Date Accepted:	1/13/25
CSR:	KG

Personal Information Questionnaire

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.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

A00045822

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. 54-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. 54-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. 54-101(22) and A.R.S. 54-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Brand Victoria Lee
Last First Middle
- Social Security # [REDACTED] Birth Date [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License # [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 06 / 15 / 1976
- Email address: VBRAND4@GMAIL.COM
- Home Address: 13268 S SINGLE TREE LANE
- Daytime phone #: 520-507-5037 Alternative phone #: 520-824-3226

SECTION 2 – LICENSED BUSINESS INFORMATION

- Liquor License #: 09020044
- Business Name (doing business as): Mustang Mall
- Business Address: 13116 S Highway 191, Pearce, AZ 85625

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Victoria Brand

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
3. 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 5 years? *A.R.S. §4-202(D)* Yes No
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes No
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Victoria Brand 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: Victoria J. Brand Date: 1-12-2025

ARIZONA

RECEIPT

Date: 01/16/2025

Order ID: 734319935187295

Authorization #: 6141469

Please reference these numbers in any correspondence regarding your transaction



Billing Information

Victoria Brand

13268 S Single Tree Ln

Pearce AZ 85625

Phone #: 520-507-5037

Email: vbrand4@gmail.com

Account Information

Payment Method: VISA

XXXXXXXXXXXX5927 04/2029

Product ID	Item Description	Amount	Quantity	Gross
PSAPT001	Conduct Criminal Background Checks for Pre-Employment Screening - State & Federal Agencies	\$22.00	1	\$22.00
PSPSPCC1	Service Fees	\$0.44	1	\$0.44
			TOTAL	\$22.44

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000445822

Certificate # ON-LINE

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

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

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

Victoria Brand

Full Name (please print)

Victoria Brand

Signature

01/13/2025

Training Completion Date

01/13/2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

Mailing Address

(480) 664-0389

Daytime Contact Phone Number

I, Jared Repinski 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).

Jared Repinski

Instructor Signature

13 / 01 / 2025

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.

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

Victoria Brand

Full Name (please print)

Victoria J. Brand

Signature

01/14/2025

Training Completion Date

01/14/2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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).

Samantha Montalbano

Instructor Signature

01/14/2025

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

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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.