

Parcel 107-67-008A

RCVD COCHISE CNTY BOS
MAR 19 2025 AM 9:25

State of Arizona
Department of Liquor Licenses and Control

Created 01/16/2025 @ 02:12:16 PM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	DOLLAR GENERAL #24755	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	5584 S SANTA ELENA AVENUE SIERRA VISTA, AZ 85650 USA	
Mailing Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA	
Phone:	(615)855-4000	
Alt. Phone:		
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	

AGENT

Name:	LINDA ISABEL ROMERO
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

OWNER

60th Day 5-15-25
105th Day 7-2-25

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 MANDEL T	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)855-4000
Alt. Phone:
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

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

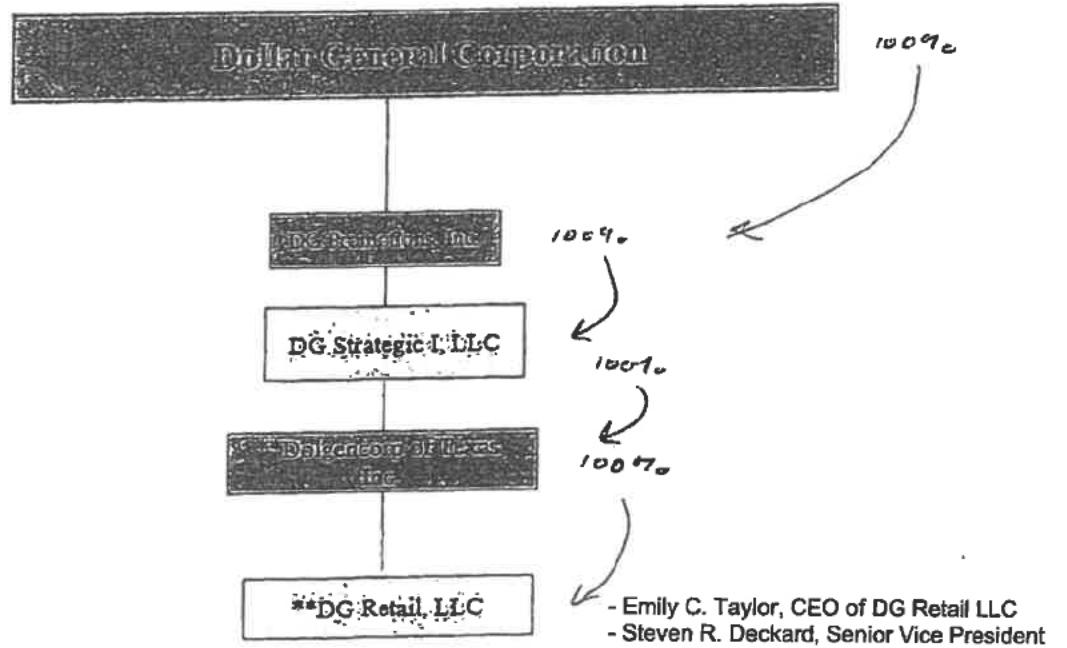
Application Number: 319678
Application Type: New Application
Created Date: 11/26/2024

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)
PUEBLO DEL SOL ELEMENTARY SCHOOL 5130 PASEO LAS PALMAS SIERRA VISTA
AZ 85635
4,052 FEET
- 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

Organization as of December 9, 2022 (Domestic Entities)



DOLLAR GENERAL

DRAWING HISTORY

DATE: 10/30/23 BY: NAB

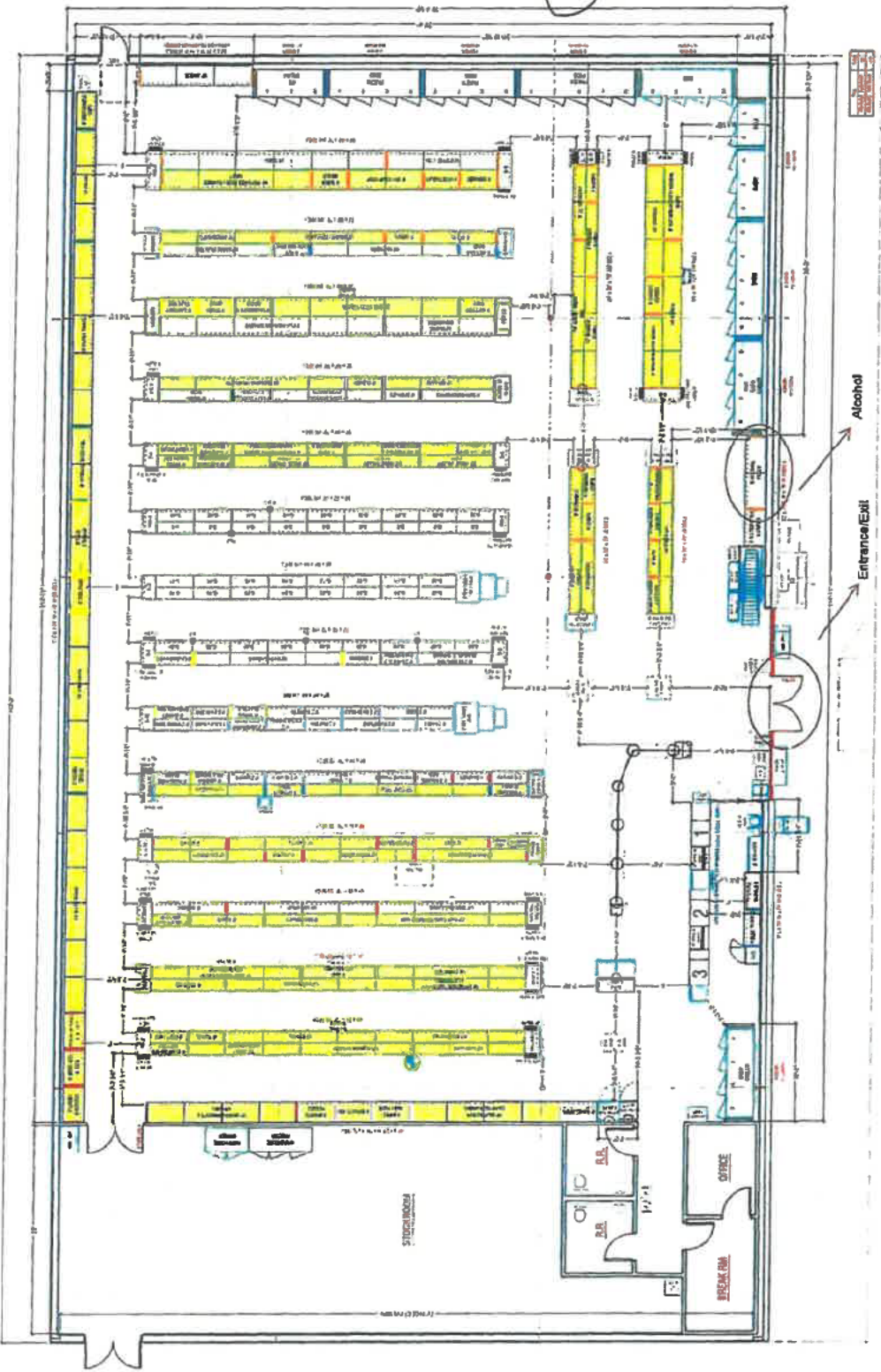
DATE	BY
[1]	
[2]	
[3]	
[4]	
[5]	
[6]	
[7]	
[8]	
[9]	
[10]	
[11]	

PROJECT TYPE: NEW
 SYMBOL CODE: DGP23
 PLAN TYPE: 10840-C
 LABORATORY: FULL
 LABORATORY: SELECT
 ESTIMATE DATE: 12/11/23

ESTABLISHMENT ID: 8977
 SUPERSTORE ID: 1313
 STORE LABEL: 10770
 COLUMN NUMBER: OPEN

LABORATORY: 11'-0"
 SUPERSTORE NUMBER: 43
 SECTION CODE: 346
 SECTION LABEL: 24646

ADDRESS: 5240 EAST HIGHWAY 90
 CITY: SIERRA VISTA
 STATE: AZ
 ZIP: 85635





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

DLLC USE ONLY

Fee:
Job # <u>319678</u>
Date Accepted <u>11-22-2024</u>
CSR <u>Chay</u>

Personal Information Questionnaire

805-630

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.

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: Romero Linda Isabel
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: 01 / 29 / 1975
- Email address: tax-beerandwine@dollargeneral.com
- Home Address: 3225 South Treasure Cove Place, Tucson, AZ 85713-6855
- Daytime phone #: 615-855-4000 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: _____
- Business Name (doing business as): Dollar General # 24755
- Business Address: 3584 South Santa Elena Avenue, Sierra Vista, AZ 85650

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: Linda Isabel Romero

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) Yes No
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Linda Isabel 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: *Linda Romero* Date: 10/14/24



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY	
Job #:	39678
Date Accepted:	11-22-2024
CSR:	Chayn

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:		
9-5-24	Linda Isabel Romero		
Name of Fingerprint Technician:			
Mary Schach			
Fingerprint technician's Signature:			
Mary Schach			
Fingerprint technician's Agency/company Name:		Phone Number:	
Arizona Livescan		520-338-2800	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			



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) Linda Isabel 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 Douglas State Arizona COUNTRY USA

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

2) Name of document: Arizona driver's 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.

Certificate # 748993

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

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

Linda Isabel Romero

Full Name (please print)

Linda Romero
Signature

09-07-2024

Training Completion Date

09-06-2027

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).

Robert Graham

Instructor Signature

07 / 09 / 2024

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 # 748993

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.

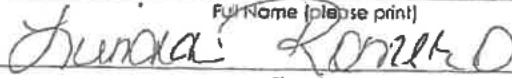
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing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

Linda Isabel Romero

Full Name (please print)



Signature

09-07-2024

Training Completion Date

09-06-2027

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)

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Instructor Signature

07 / 09 / 2024

Day Mo Year

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24 NOV 22 AM 7:42 AZDILLC

ARIZONA
The Grand Canyon State

DRIVER LICENSE

NOT VALID FOR OFFICIAL FEDERAL PURPOSES

DL ID# [REDACTED] EXP 01/28/2040

DOB 07/09/2024 SEX [REDACTED]

1 ROMERO
2 LINDA ISABEL

3 02279 TREASURY CODE PL
TUCSON, AZ 85733-8855

SEX F HT 5-02" BRN WT 120 LB
EYES BRN HAIR BRN

RESTRICTIONS NONE

DL# 02890058AR084305



Agent
Dist 446





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

DLIC USE ONLY

Fee:	
Job #:	319678
Date Accepted:	11-22-2024
CSR:	Chay

FP Curmed
4-22-2022

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.

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).

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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: Deckard Steven Ray
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: TN
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: / /
- Email address: tax-beerandwinelicense@dollargeneral.com
- Home Address: 352 Windhaven Bay, Mount Juliet, TN 37122
- Daytime phone #: 615-855-4000 Alternative phone #:

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number:
- Business Name (doing business as): Dollar General # 24755
- Business Address: 35841 South Santa Elena Avenue, Sierra Vista, AZ 85650

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: Linda Teribul Rezano

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) 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: 10-21-2024



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

DLLC USE ONLY

Fee:	
Job #:	319678
Date Accepted:	11-22-2024
CSR:	Chay

Personal Information Questionnaire

FP current
3-15-2024

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.

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: Taylor Emily Christine
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: TN
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: ___/___/___
- Email address: tax-beerandwinlicense@dollargeneral.com
- Home Address: 1805 Otter Creek Road, Nashville, TN 37215
- Daytime phone #: 615-855-4000 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: _____
- Business Name (doing business as): Dollar General # 24755
- Business Address: 5584 South State Blanca Avenue Sierra Vista AZ 85650

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: Linda Isabel Romero

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) 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: 10-31-2024