

State of Arizona
Department of Liquor Licenses and Control

Created 07/19/2021 @ 08:01:59 AM

Local Governing Body Report

LICENSE

Number:	09070522	Type:	009 LIQUOR STORE
Name:	TOTAL WINE & MORE #1008		
State:	Pending		
Issue Date:		Expiration Date:	12/31/2021
Original Issue Date:	11/01/1991		
Location:	1416 N LITCHFIELD ROAD GOODYEAR, AZ 85338 USA		
Mailing Address:			
Phone:	(623)547-2109		
Alt. Phone:	(480)304-8300		
Email:			

Currently, this license has pending applications.

AGENT

Name:	RYAN WITNER ANDERSON
Gender:	Male
Correspondence Address:	5415 E HIGH STREET #200 C/O GUTTILLA MURPHY ANDERSON PHOENIX, AZ 85054 USA
Phone:	(480)304-8300
Alt. Phone:	
Email:	PSINES@GAMLAW.COM

OWNER

Name:	ARIZONA FINE WINE AND SPIRITS LLC	
Contact Name:	RYAN WITNER ANDERSON	
Type:	LIMITED LIABILITY COMPANY	
AZ CC File Number:	L12995800	State of Incorporation: AZ
Incorporation Date:	07/20/2006	
Correspondence Address:	5415 E HIGH STREET #200 C/O GUTTILLA MURPHY ANDERSON PHOENIX, AZ 85054 USA	
Phone:	(480)304-8300	
Alt. Phone:		
Email:	PSINES@GAMLAW.COM	

Officers / Stockholders

Name:	Title:	% Interest:
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SPT 2020 LLC DELAWARE TRUST	Member,Stockholder	22.50
SPT 2020 FLAZ DELAWARE TRUST	Member,Stockholder	22.50
RJT 2013 LLC RECEIVING TRUST	Stockholder,Member	11.25
NRT 2013 LLC RECEIVING TRUST	Stockholder,Member	11.25
JET 2013 LLC RECEIVING TRUST	Stockholder,Member	11.25
MCT 2013 LLC RECEIVING TRUST	Stockholder,Member	11.25
ROBERT LEE TRONE	Member,Stockholder	5.00
DAVID JOHN TRONE	Member,Stockholder	5.00
PNC BANK NATIONAL ASSOCIATION	Creditor	

**ARIZONA FINE WINE AND SPIRITS LLC -
Stockholder,Member**

Name: MCT 2013 LLC RECEIVING TRUST
 Contact Name: RYAN WITNER ANDERSEN
 Type: TRUST
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: 5415 E HIGH STREET
 #200 C/O GUTTILLA MURPHY ANDERSON
 PHOENIX, AZ 85054
 USA
 Phone: (480)304-8300
 Alt. Phone:
 Email: PSINES@GAMLAW.COM

**ARIZONA FINE WINE AND SPIRITS LLC -
Stockholder,Member**

Name: JET 2013 LLC RECEIVING TRUST
 Contact Name: RYAN WITNER ANDERSON
 Type: TRUST
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: 5415 E HIGH STREET
 #200 C/O GUTTILLA MURPHY ANDERSON
 PHOENIX, AZ 85054
 USA
 Phone: (480)304-8300
 Alt. Phone:
 Email: PSINES@GAMLAW.COM

**ARIZONA FINE WINE AND SPIRITS LLC -
Stockholder,Member**

Name: NRT 2013 LLC RECEIVING TRUST
Contact Name: RYAN WITNER ANDERSEN
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)304-8300
Alt. Phone:
Email: PSINES@GAMLAW.COM

**ARIZONA FINE WINE AND SPIRITS LLC -
Stockholder,Member**

Name: RJT 2013 LLC RECEIVING TRUST
Contact Name: RYAN WITNER ANDERSEN
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)304-8300
Alt. Phone:
Email: PSINES@GAMLAW.COM

**ARIZONA FINE WINE AND SPIRITS LLC -
Creditor**

Name: PNC BANK NATIONAL ASSOCIATION
Gender:
Correspondence Address: 800 17TH ST NW
WASHINGTON, DC 20006
USA
Phone: (202)835-4492
Alt. Phone:
Email:

**ARIZONA FINE WINE AND SPIRITS LLC -
Member,Stockholder**

Name: DAVID JOHN TRONE
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)795-1000
Alt. Phone:
Email: PSINES@GAMLAW.COM

**ARIZONA FINE WINE AND SPIRITS LLC -
Member,Stockholder**

Name: ROBERT LEE TRONE
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)795-1000
Alt. Phone:
Email: PSINES@GAMLAW.COM

**JET 2013 LLC RECEIVING TRUST - Trustee
MCT 2013 LLC RECEIVING TRUST - Trustee
NRT 2013 LLC RECEIVING TRUST - Trustee
RJT 2013 LLC RECEIVING TRUST - Trustee**

Name: GEORGE PAUL MAVRIKES
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)469-5113
Alt. Phone:
Email: PSINES@GAMLAW.COM

JET 2013 LLC RECEIVING TRUST - Trustee
MCT 2013 LLC RECEIVING TRUST - Trustee
NRT 2013 LLC RECEIVING TRUST - Trustee
RJT 2013 LLC RECEIVING TRUST - Trustee

Name: ROBERT THOMAS SHAFFER III
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)795-1000
Alt. Phone:
Email: PSINES@GAMLAW.COM

ARIZONA FINE WINE AND SPIRITS LLC -
Member, Stockholder

Name: SPT 2020 FLAZ DELAWARE TRUST
Contact Name: RYAN WITNER ANDERSEN
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)304-8300
Alt. Phone:
Email: PSINES@GAMLAW.COM

ARIZONA FINE WINE AND SPIRITS LLC -
Member, Stockholder

Name: SPT 2020 LLC DELAWARE TRUST
Contact Name: RYAN WITNER ANDERSEN
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)304-8300
Alt. Phone:
Email: PSINES@GAMLAW.COM

SPT 2020 FLAZ DELAWARE TRUST - Trustee
SPT 2020 LLC DELAWARE TRUST - Trustee

Name: BRANDON WAYNE WILKERSON
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)547-0706
Alt. Phone:
Email: PSINES@GAMLAW.COM

MANAGERS

Name: TERRY VERNON JOHNSON
Gender: Male
Correspondence Address: 12490 N COPPER QUEEN WAY
ORO VALLEY, AZ 85755
USA
Phone: (520)887-0174
Alt. Phone:
Email:

Name: KATHLEEN FEESER
Gender: Female
Correspondence Address: 4262 E WASHINGTON COURT
GILBERT, AZ 85234
USA
Phone: (480)753-4225
Alt. Phone: (623)451-7558
Email:

Name: JAMES JOSEPH ORTEGA
Gender: Male
Correspondence Address: 18171 W OCOTILLO AVENUE
GOODYEAR, AZ 85338
USA
Phone: (480)515-6211
Alt. Phone: (623)203-5265
Email:

Name: KEM MARTIN WINSTON
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (480)515-6211
Alt. Phone:
Email: PSINES@GAMLAW.COM

Name: ANDREW VIEANE
Gender: Male
Correspondence Address: 4349E ENCINAS AVENUE
GILBERT, AZ 85234
USA
Phone: (602)279-0540
Alt. Phone: (480)334-7108
Email:

Name: RICHARD ALLEN DAVIDSON
Gender: Male
Correspondence Address: 3870 E PINON COURT
GILBERT, AZ 85234
USA
Phone: (480)476-0270
Alt. Phone: (480)329-4078
Email:

Name: LYNDEL MARIE WALL
Gender: Male
Correspondence Address: 16362 E ARROW DRIVE
#2
FOUNTAIN HILLS, AZ 85268
USA
Phone: (480)510-3830
Alt. Phone:
Email:

Name: BRANDON WAYNE WILKERSON
Gender: Male
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (301)547-0706
Alt. Phone:
Email: PSINES@GAMLAW.COM

APPLICATION INFORMATION

Application Number: 153511
Application Type: Location / Owner Transfer
Created Date: 06/25/2021

AR

QUESTIONS & ANSWERS

009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 4) Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
No
- 10) Provide name, address, and distance of nearest school and church. (If less than one (1) mile note footage)
Approx 1,135 feet - Archway Classical Academy - 14130 W McDowell Rd #222 - Goodyear, AZ 85395
Aprox 3,589 feet - Palm Valley Church - 431 N Litchfield Road - Goodyear, AZ 85338
- 11) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Tenant
- 12) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
Unpaid rent, eviction, termination of lease
- 13) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
\$0 (none)
- 14) Is there a drive through window on the premises?
No
- 15) If there is a patio please indicate contiguous or non-contiguous within 30 feet
n/a
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

23) Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only)
\$400,000.00

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Alien Status statement.pdf	06/25/2021
DIAGRAM/FLOOR PLAN	Diagram.pdf	06/25/2021
MISCELLANEOUS	Cover letter to ADLLC for Total Wine application.pdf	06/25/2021
MISCELLANEOUS	Bill of Sale.pdf	06/25/2021
MISCELLANEOUS	Signed Section 9.pdf	06/25/2021
QUESTIONNAIRE	Winston #1008 double up.pdf	06/25/2021
QUESTIONNAIRE	Anderson PQ.pdf	06/25/2021
MISCELLANEOUS	Flow chart.pdf	06/25/2021
QUESTIONNAIRE	Mavrikes #1008 - PQ.pdf	06/25/2021
QUESTIONNAIRE	R Trone #1008 - PQ.pdf	06/25/2021
QUESTIONNAIRE	Shaffer #1008 - PQ.pdf	06/25/2021
QUESTIONNAIRE	Wilkerson #1008 PQ.pdf	06/25/2021
SAMPLING PRIVILEGES	#1008 Sampling application.pdf	06/25/2021
QUESTIONNAIRE	D Trone #1008 - PQ.pdf	06/25/2021

Arizona Fine Wine and Spirits, LLC

Last	First	Middle	Type	% Owned	Mailing Address
Trone	Robert	Lee	Member	5.00%	6600 Rockledge Drive, #150 Bethesda, MD 20817
Trone	David	John	Member	5.00%	6600 Rockledge Drive, #150 Bethesda, MD 20817
MCT 2013 LLC Receiving Trust – George Mavrikes, Co-Trustee Robert Shaffer, Co-Trustee			Member	11.25%	6600 Rockledge Drive, #150 Bethesda, MD 20817
JET 2013 LLC Receiving Trust – George Mavrikes, Co-Trustee Robert Shaffer, Co-Trustee			Member	11.25%	6600 Rockledge Drive, #150 Bethesda, MD 20817
NRT 2013 LLC Receiving Trust – George Mavrikes, Co-Trustee Robert Shaffer, Co-Trustee			Member	11.25%	6600 Rockledge Drive, #150 Bethesda, MD 20817
RJT 2013 LLC Receiving Trust – George Mavrikes, Co-Trustee Robert Shaffer, Co-Trustee			Member	11.25%	6600 Rockledge Drive, #150 Bethesda, MD 20817
SPT 2020 FLAZ Delaware Trust – Brandon Wilkerson, TTE			Member	22.50%	6600 Rockledge Drive, #150 Bethesda, MD 20817
SPT 2020 LLC Delaware Trust – Brandon Wilkerson, TTE			Member	22.50%	6600 Rockledge Drive, #150 Bethesda, MD 20817

BILL OF SALE

STATE OF ARIZONA)
) ss
COUNTY OF MARICOPA)

KNOW ALL MEN BY THESE PRESENTS:

THAT Camelback Liquors II, LLC, an Arizona limited liability company (hereinafter referred to as "Seller"), for an in consideration of the sum of Four Hundred Thousand and no/100 (\$400,000.00) Dollars and other good and valuable consideration to Seller paid by Arizona Fine Wine & Spirits, LLC, an Arizona limited liability company (hereinafter "Buyer"), the receipt and sufficiency of which are hereby acknowledged and confessed, has bargained, sold, assigned and delivered, and by these presents does bargain, sell, assign and deliver, unto Buyer all of the Seller's right, title and interest in and to all of the following described personal property in Maricopa County, Arizona, to wit:

Arizona liquor license #09070522

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

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

EXECUTED this 20th day of JANUARY, 2021.

SELLER:

Camelback Liquors II, LLC
an Arizona limited liability company


By: SARGON SHLITA
Its: MANAGER



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

21 JUL 19 14:14 AM B 17

DLLC USE ONLY

Issuance fee: \$100.00
Issuance Date: _____
☐ Liquor Store (series 9)
☐ Beer and Wine Store (series 10)
CSR: <u>AP</u>
Job #: <u>153511</u>

**SAMPLING PRIVILEGES APPLICATION
SERIES 9 OR 10**

Applicant's Name: ☐ Individual ☒ Agent Ryan Witner Anderson License #: 09070522

Business Name: Total Wine & More #1008

Business Location: 1416 N Litchfield Road Goodyear AZ Maricopa 85338

Street Address	City	State	County	Zip Code
Mailing Address: <u>c/o Guttilla Murphy Anderson, PC - 5415 E High St #200</u>	<u>Phoenix</u>	<u>AZ</u>	<u>Maricopa</u>	<u>85054</u>
Street Address or P.O. Box	City	State	County	Zip Code
Business Phone Number: <u>(623) 547-2109</u>				
Daytime Contact Number: <u>(480) 304-8300</u>				

Email Address: psines@gamlaw.com

Series #10 Beer and Wine Store Only:

I declare that my business qualifies as a

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

A.R.S. §4-206.01(J) Bar, Beer and Wine Bar or Liquor Store Licenses; number permitted; fee; sampling privileges

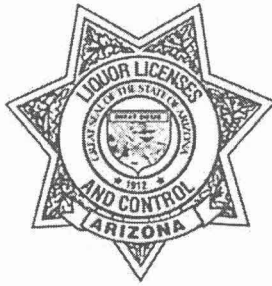
I (Signature), [Signature], hereby declare that I am the INDIVIDUAL/AGENT filing this form, that I have read A.R.S. §4-206.01 and verify all statements made on this document to be true, correct, and complete to the best of my knowledge. I understand there is a \$100 issuance fee and the annual \$60 renewal fee for these sampling privileges. The sampling privilege renewal fees are due at the same time as the renewal for the current license number identified on the first line of this application.

LOCAL GOVERNING BOARD

I, _____ (Government Official Signature)	_____ recommend ☐ APPROVAL ☐ DISAPPROVAL (Title)
on behalf of _____ (City, Town, County)	_____ Phone _____ Date _____

DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____
Director Signature required for Disapprovals: _____ Date: ____/____/____



21 JUL 19 147. Lic. #1817

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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP Current
11-22-19

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the
Appropriate
Box →

☐ Controlling Person

☒ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Anderson Ryan Witner Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Pomona CA USA Height: 6'4" Weight: 230 Eyes: Blue Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Anderson Dina Lambrou 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: 2001

7. Daytime telephone number: (480) 304-8300 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
9/2001	CURRENT	Law Firm	Guttilla Murphy Anderson - 5415 E High St #200 - Phoenix, AZ 85054

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

21 JUL 19 4:17 PM 8:17

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
7/2011	CURRENT	21823 N 37th Terrace - Phoenix, AZ 85050

(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 & 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) Ryan Witner Anderson hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

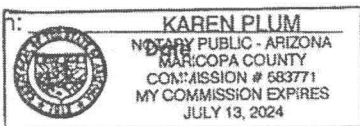
Signature: [Signature]

State of Arizona

County of Maricopa

The foregoing instrument was acknowledged before me this

My Commission Expires on:



10
Day

Day of June

2021
Month

2021
Year

[Signature]
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

'21 JUL 19 Lir. Lic. AM 8:17

Note: Alien Status form for Ryan Witner Anderson is current at the ADLLC



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

FP current
12-20-2019

The fees allowed by R19-1-102 will be charged for all dishonored checks.

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the Appropriate Box →

☒ Controlling Person	☐ Agent	☐ Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: Trone Robert Lee Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Glen Cove, NY, USA Height: 5'10" Weight: 190 Eyes: Bl Hair: Gray
City State COUNTRY (not county)

5. Name of current/most recent spouse: Parisi-Trone Anna Marie 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: N/A

7. Daytime telephone number: 301-795-1000 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
1/2016	CURRENT	Owner	Corridor Wine, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817
1/2016	Current	Owner	EG Holding Corp., 6600 Rockledge Dr #150, Bethesda, MD 20817
1/2014	1/2016	Co-owner	Retail Services & Systems, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

21 JUL 19 11:47 AM 8:17

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2006	CURRENT	9829 Avenel Farm Drive, Potomac, MD 20854

(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 & 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) Robert Lee Trone hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Maryland County of Montgomery
The foregoing instrument was acknowledged before me this

My Commission Expires on: 7-24-2023

20th Day of May, 2021
Day Month Year

CHERYL A. COLE
Notary Public
Montgomery County
Maryland

[Signature]
Signature of Notary

My Commission Expires July 24, 2023

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

PRINT NAME: _____

SIGNATURE: _____

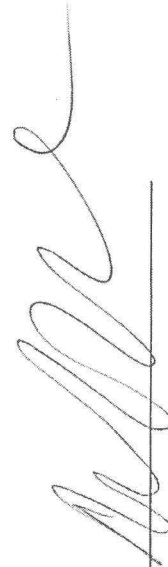
SUPPLEMENTAL STATEMENT FOR ROBERT LEE TRONE

Question 18:

Upon information and belief, listed below are license rejections, denials, revocations, or suspensions within the past five (5) years against liquor licenses on which I am named as a controlling person:

Licensee	Location	Agency	Violation Date	Violation	Disposition
Massachusetts Fine Wine & Spirits, LLC	Burlington, MA	Town of Burlington, Office of the Board of Selectmen and Town Administrator	12/12/2018	Sale to a minor	1-day suspension (02/25/2019)
	Natick, MA	Massachusetts Alcoholic Beverages Control Commission	11/01/2015-12/31/2015; 05/01/2016-06/30/2016	Sales below cost	3-day suspension (11/04-06/2019)
	Everett, MA	Massachusetts Alcoholic Beverages Control Commission	05/01/2016-06/30/2016	Sales below cost	2-day suspension (11/04-05/2019)

Licensee	Location	Agency	Denial Date	Disposition
Stony Brook Fine Wine & Spirits, LLC	Stony Brook, NY	New York State Licensing Authority	7/2018	Application denied based on failure to demonstrate public convenience and advantage.
White Plains Fine Wine & Spirits, LLC	Hartsdale, NY	New York State Licensing Authority	12/2018	Application denied based on failure to demonstrate public convenience and advantage.



ROBERT LEE TRONE

'21 JUL 19 14:14:14 AM 8 18



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

21 JUL 19 Lqr. Lic. # 818

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.

PP Current
12-20-2019

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Trone David John Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Cheverly, MD, USA Height: 6' Weight: 195 Eyes: Hzl Hair: Brn
City State COUNTRY (not county)

5. Name of current/most recent spouse: Trone June Susan (Malament) 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: N/A

7. Daytime telephone number: 301-795-1000 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
1/2019	CURRENT	Congressman	U.S. Government, Longworth House Office Bldg, Washington, DC 20515
1/1995	11/2016	Co-owner	Retail Services & Systems, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817
1/2016	12/2018	Owner	TFWS, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817
1/2016	12/2018	Owner	Cherry Hill Wine & Spirits, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

21 JUL 19 11:47 AM '18

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
7/1999	CURRENT	11417 Skipwith Lane, Potomac, MD 20854

(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 & 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) David John Trone hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____

State of Maryland County of Montgomery

The foregoing instrument was acknowledged before me this

21ST Day of May, 2021

Day

Month

Year



Cheryl A. Cole
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

SUPPLEMENTAL STATEMENT FOR DAVID JOHN TRONE

Question 18:

Upon information and belief, listed below are license rejections, denials, revocations, or suspensions within the past five (5) years against liquor licenses on which I am named as a controlling person:

Licensee	Location	Agency	Violation Date	Violation	Disposition
Massachusetts Fine Wine & Spirits, LLC	Burlington, MA	Town of Burlington, Office of the Board of Selectmen and Town Administrator	12/12/2018	Sale to a minor	1-day suspension (02/25/2019)
	Natick, MA	Massachusetts Alcoholic Beverages Control Commission	11/01/2015-12/31/2015; 05/01/2016-06/30/2016	Sales below cost	3-day suspension (11/04-06/2019)
	Everett, MA	Massachusetts Alcoholic Beverages Control Commission	05/01/2016-06/30/2016	Sales below cost	2-day suspension (11/04-05/2019)



DAVID JOHN TRONE

21 JUL 19 14:47.11Z AM 8:18

21 JUL 19 147. Lic. AM 8 18



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP Current
12-20-2019

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the Appropriate Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Mavrikes George Paul Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Bronx NY USA Height: 5'11" Weight: 165 Eyes: Brn Hair: Brn
City State COUNTRY (not county)

5. Name of current/most recent spouse: Mavrikes Jennifer Garver 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: N/A

7. Daytime telephone number: 301-469-5113 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
01/2016	CURRENT	Partner	Blue Skye Construction, LLC, 5125 MacArthur Blvd, NW, Ste 19, Washington, DC 20016
11/1999	01/2016	President	Mavrikes & Associates, 4720 Montgomery Lane, Bethesda, MD 20814

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

21 JUL 19 04 PM 18

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
11/1999	CURRENT	9537 Purcell Drive, Potomac, MD 20854

(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 & 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) George Paul Mavrikes hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____

State of Maryland County of Montgomery

The foregoing instrument was acknowledged before me this

21ST Day of May, 2021

Day

Month

Year

My Commission Expires on: 7-24-2023
CHERYL A. COLE
Notary Public
Montgomery County
Maryland
My Commission Expires July 24, 2023

Cheryl A. Cole
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

SUPPLEMENTAL STATEMENT FOR GEORGE PAUL MAVRIKES

Question 18:

Upon information and belief, listed below are license rejections, denials, revocations, or suspensions within the past five (5) years against liquor licenses on which I am named as a controlling person:

Licensee	Location	Agency	Violation Date	Violation	Disposition
Massachusetts Fine Wine & Spirits, LLC	Burlington, MA	Town of Burlington, Office of the Board of Selectmen and Town Administrator	12/12/2018	Sale to a minor	1-day suspension (02/25/2019)
	Natick, MA	Massachusetts Alcoholic Beverages Control Commission	11/01/2015-12/31/2015; 05/01/2016-06/30/2016	Sales below cost	3-day suspension (11/04-06/2019)
	Everett, MA	Massachusetts Alcoholic Beverages Control Commission	05/01/2016-06/30/2016	Sales below cost	2-day suspension (11/04-05/2019)



GEORGE PAUL MAVRIKES



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

QUESTIONNAIRE

A.R.S. §4-202, 4-210

Type or Print with **Black Ink**

The fees allowed by R19-1-102 will be charged for all dishonored checks.

FP Current
12-20-2019

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the
Appropriate
Box

☒ Controlling Person

☐ Agent

☐ Premises Manager

(complete all questions except #12)

2. Name: Shaffer, III Robert Thomas Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Baltimore MD USA Height: 5'10" Weight: 165 Eyes: Gr Hair: Br
City State COUNTRY (not county)

5. Name of current/most recent spouse: Shaffer Denise Oakes 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: N/A

7. Daytime telephone number: 301-795-1000 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623/547/2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
09/2016	CURRENT	SVP, General Counsel	Retail Services & Systems, Inc., 6600 Rockledge Dr #150, Bethesda, MD 20817
09/1987	09/2016	Partner	Zuckerman Spaeder, LLP, 1800 M Street NW, Ste 1000, Washington, DC 20036

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) JUL 19 Lic. Lic. # 818

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2002	CURRENT	13101 Long Green Pike, Hydes, MD 21082

(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 & 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

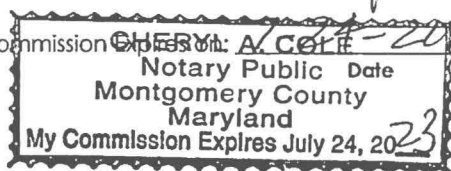
NOTARY

I (Print Full Name) Robert Thomas Shaffer, III hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Robert Shaffer State of Maryland County of Montgomery
The foregoing instrument was acknowledged before me this

My Commission Expires: July 24, 2023

19th Day of May, 2021
Day Month Year



Cheryl A. Cole
Signature of Notary

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

~~PRINT NAME: _____ SIGNATURE: _____~~

SUPPLEMENTAL STATEMENT FOR ROBERT THOMAS SHAFFER, III

Question 18:

Upon information and belief, listed below are license rejections, denials, revocations, or suspensions within the past five (5) years against liquor licenses on which I am named as a controlling person:

Licensee	Location	Agency	Violation Date	Violation	Disposition
Massachusetts Fine Wine & Spirits, LLC	Burlington, MA	Town of Burlington, Office of the Board of Selectmen and Town Administrator	12/12/2018	Sale to a minor	1-day suspension (02/25/2019)
	Natick, MA	Massachusetts Alcoholic Beverages Control Commission	11/01/2015-12/31/2015; 05/01/2016-06/30/2016	Sales below cost	3-day suspension (11/04-06/2019)
	Everett, MA	Massachusetts Alcoholic Beverages Control Commission	05/01/2016-06/30/2016	Sales below cost	2-day suspension (11/04-05/2019)



ROBERT THOMAS SHAFFER, III



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

'21 JUL 19 14:17:00 #848

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.

FP Current
3-26-2021

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the
Appropriate
Box →

☒ Controlling Person

☐ Agent

☐ Premises Manager
(complete all questions except #12)

2. Name: Wilkerson Brandon Wayne Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Danville VA USA Height: 5'9" Weight: 155 Eyes: Br Hair: Br
City State COUNTRY (not county)

5. Name of current/most recent spouse: Wilkerson Selina Lee 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: N/A

7. Daytime telephone number: 301-547-0706 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
8/2015	CURRENT	Senior Director of Tax & Treasury	Retail Services & Systems, Inc., 6600 Rockledge Dr. #150, Bethesda, MD 20817

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 21 JUL 19 Lic. Lic. # 818

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
3/2019	CURRENT	4038 Chestnut Street, Fairfax, VA 22030
1/2014	3/2019	1511 Lincoln Circle, Apt. 304, McLean, VA 22102

(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 & 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) Brandon Wayne Wilkerson hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: Bah Wilkerson

State of Maryland County of Montgomery

The foregoing instrument was acknowledged before me this

1st Day of JUNE, 2021
Day Month Year

My Commission Expires on: 7-24-2023
Notary Public
Montgomery County
Maryland
My Commission Expires July 24, 2023

Date

Cheryl A. Cole
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____



21 JUL 19 14. Lic. # 818

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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

FP current
12-20-2019

The fees allowed by R19-1-102 will be charged for all dishonored checks.

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QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 09070522

1. Check the
Appropriate
Box →

☐ Controlling Person

☐ Agent

☒ Premises Manager
(complete all questions except #12)

2. Name: WINSTON KEM MARTIN Birth Date: [REDACTED]
Last First Middle ✓ (NOT a public record)

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

4. Place of birth: Hampton VA USA Height: 5'10" Weight: 165 Eyes: Brown Hair: bald
City State COUNTRY (not county)

5. Name of current/most recent spouse: Reno Richard Michael 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: December 2007

7. Daytime telephone number: (480) 515-6211 E-mail address: psines@gamlaw.com

8. Business Name: Total Wine & More #1008 Business Phone: 623 / 547 / 2109

9. Business Location Address: 1416 N Litchfield Road Goodyear AZ Maricopa 85338
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)
12/2007	CURRENT	Store manager	Arizona Fine Wine & Spirits - 6600 rockledge Dr #150 - Bethesda, MD 20817

(ATTACH ADDITIONAL SHEET IF NECESSARY)

21 JUL 19 Lic. Lic. AM 8:18

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2007	CURRENT	19595 65th Drive - Glendale, AZ 85308

(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

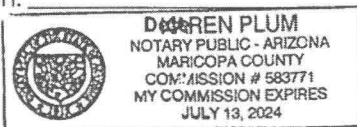
I (Print Full Name) Kem Martin Winston hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____

15th Day of June, 2021
Day Month Year



[Signature]
Signature of Notary

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

PRINT NAME: Ryan Witner Anderson SIGNATURE: see attached

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

21 JUL 19 Lic. Lic. AM 8:18

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
	CURRENT	

(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 & 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) _____ hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: _____ State of _____ County of _____
The foregoing instrument was acknowledged before me this

My Commission Expires on: _____ Date _____ Day of _____ Month _____ Year _____

Signature of Notary

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

PRINT NAME: Ryan Witner Anderson, Agent SIGNATURE: [Signature]

Certificate # 11476

*21 JUL 19 Lic. # 8-18

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

☐ On-sale
☐ Off-sale
☒ 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

Kem Winston

Full Name (please print)

[Signature]
Signature

May 15, 2019

Training Completion Date

May 14, 2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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).

Kelly Bailey
Instructor Signature

May 15, 2019

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 # 11988

'21 JUL 19 Lic. Lic. # 819

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

Kem Winston

Full Name (please print)

Signature

November 14, 2019

Training Completion Date

November 13, 2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Diversys Learning, Inc. DBA SureSellNow.com

Company Name

1011 Arrow Point Drive, Cedar Park, Texas 78613

Mailing Address

512-879-1063

Daytime Contact Phone Number

I, Kelly Bailey, 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).

Kelly Bailey
Instructor Signature

November 14, 2019

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.