

State of Arizona
Department of Liquor Licenses and Control

Created 05/30/2023 @ 10:22:00 AM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	ROCK N ROLL SUSHI		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	9950 W GLENDALE AVENUE SUITE D GLENDALE, AZ 85307 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(602)200-7222		
Alt. Phone:			
Email:	ANDREA@LEWKLaw.COM		

AGENT

Name:	ANDREA DAHLMAN LEWKOWITZ
Gender:	Female
Correspondence Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA
Phone:	(602)200-7222
Alt. Phone:	
Email:	ANDREA@LEWKLaw.COM

OWNER

Name: RNR GLENDALE LLC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23403939 State of Incorporation: AZ
Incorporation Date: 09/19/2022
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

Officers / Stockholders

Name:	Title:	% Interest:
SCOTT WILLIAM PALMATEER	MEMBER	25.00
CHRISTOPHER JOHN KRAMOLIS	MEMBER	25.00
CRAIG L LEMIEUX AND DIANNE H LEMIEUX TRUST	MEMBER	25.00
THE JESSEN FAMILY TRUST	MEMBER	25.00

RNR GLENDALE LLC - MEMBER

Name: CRAIG L LEMIEUX AND DIANNE H LEMIEUX TRUST
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 4866 COMMONWEALTH DRIVE
SIESTA KEY, FL 34242
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

RNR GLENDALE LLC - MEMBER

Name: THE JESSEN FAMILY TRUST
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 16269 CAMDEN LAKES CIRCLE
NAPLES, FL 34110
USA
Phone: (602)200-7222
Alt. Phone:
Email: ANDREA@LEWKLAW.COM

THE JESSEN FAMILY TRUST - Trustee

Name: TERRI LYN JESSEN
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (239)877-1656
Alt. Phone:
Email: TERRIJESSEN15@GMAIL.COM

RNR GLENDALE LLC - MEMBER

Name: SCOTT WILLIAM PALMATEER
Gender: Male
Correspondence Address: 13355 S 186TH AVENUE
GOODYEAR, AZ 85338
USA
Phone: (623)349-3985
Alt. Phone:
Email: PALMATEERSCOTT@GMAIL.COM

CRAIG L LEMIEUX AND DIANNE H LEMIEUX TRUST - Trustee

Name: CRAIG LAWRENCE LEMIEUX
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (810)691-9623
Alt. Phone:
Email: LEMIEUXDEVELOPMENT@GMAIL.COM

THE JESSEN FAMILY TRUST - Trustee

Name: ANDREW CARL JESSEN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (239)877-1657
Alt. Phone:
Email: ANDREWJESSEN33@GMAIL.COM

**CRAIG L LEMIEUX AND DIANNE H LEMIEUX
TRUST - Trustee**

Name: DIANNE HELEN LEMIEUX
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (810)691-9625
Alt. Phone:
Email: DHLEMIEUX27@GMAIL.COM

RNR GLENDALE LLC - MEMBER

Name: CHRISTOPHER JOHN KRAMOLIS
Gender: Male
Correspondence Address: 98 WILDERNESS WAY
SANTA ROSA, FL 32459
USA
Phone: (501)352-0175
Alt. Phone:
Email: CKRAMOLIS@ME.COM

APPLICATION INFORMATION

Application Number:	246501
Application Type:	New Application
Created Date:	05/18/2023

QUESTIONS & ANSWERS

012 Restaurant

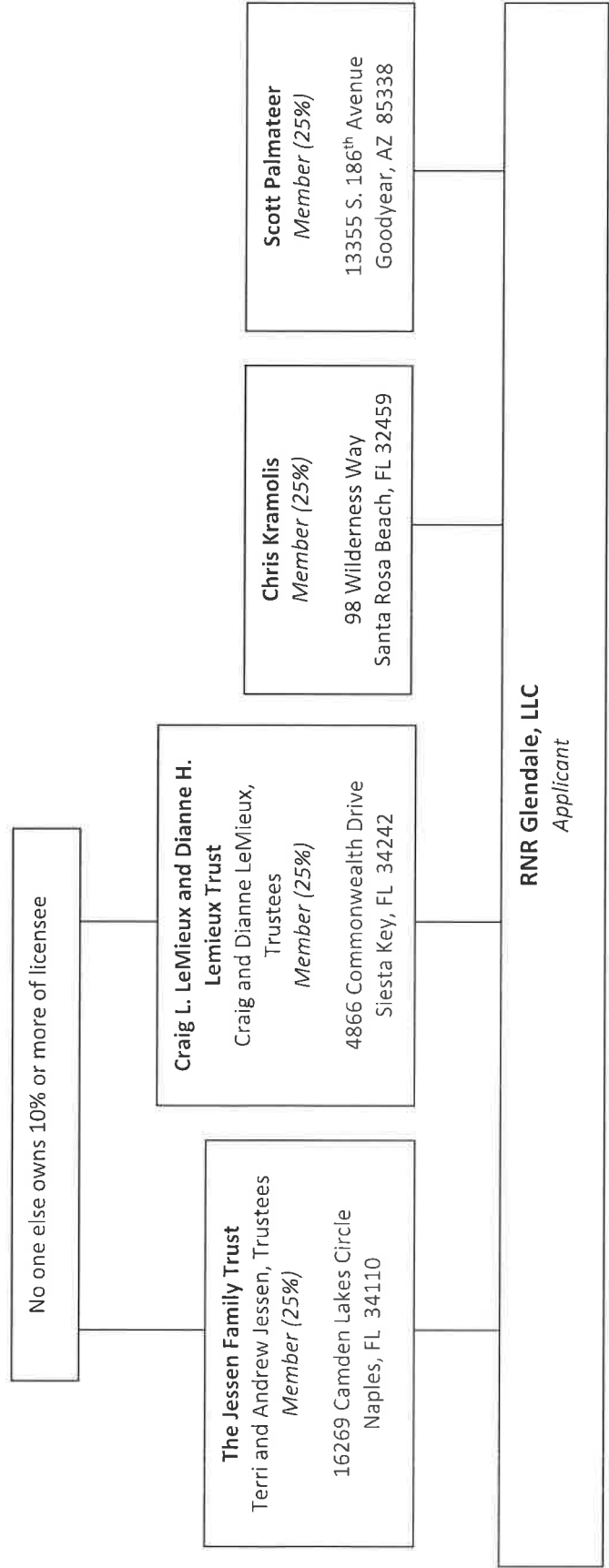
- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY TENANT
- 3) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
TERMINATION AND/OR OTHER MONETARY PENALTIES
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0.00

- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
JULY 2023
- 9) What type of business will this license be used for?
RESTAURANT

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	RNR (Glendale)_Diagram.pdf	05/18/2023
ORGANIZATIONAL DOCUMENTS	RNR Glendale, LLC_Ownership.pdf	05/18/2023
RECORDS REQUIRED FOR AUDIT	RNR (Glendale)_Audit.pdf	05/18/2023
MISCELLANEOUS	RNR (Glendale)_Agt ADL (Ctzn).pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_Agt ADL (Q).pdf	05/18/2023
RESTAURANT OPERATION PLAN	RNR (Glendale)_ROP.pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_CP Kramolis (Q).pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_CP D LeMieux (Q).pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_CP A Jessen (Q).pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_CP T Jessen (Q).pdf	05/18/2023
QUESTIONNAIRE	RNR (Glendale)_CP C LeMieux (Q).pdf	05/18/2023
MENU	RNR (Glendale)_Menu.pdf	05/22/2023
QUESTIONNAIRE	RNR (Glendale)_CP Palmateer (Q).pdf	05/22/2023

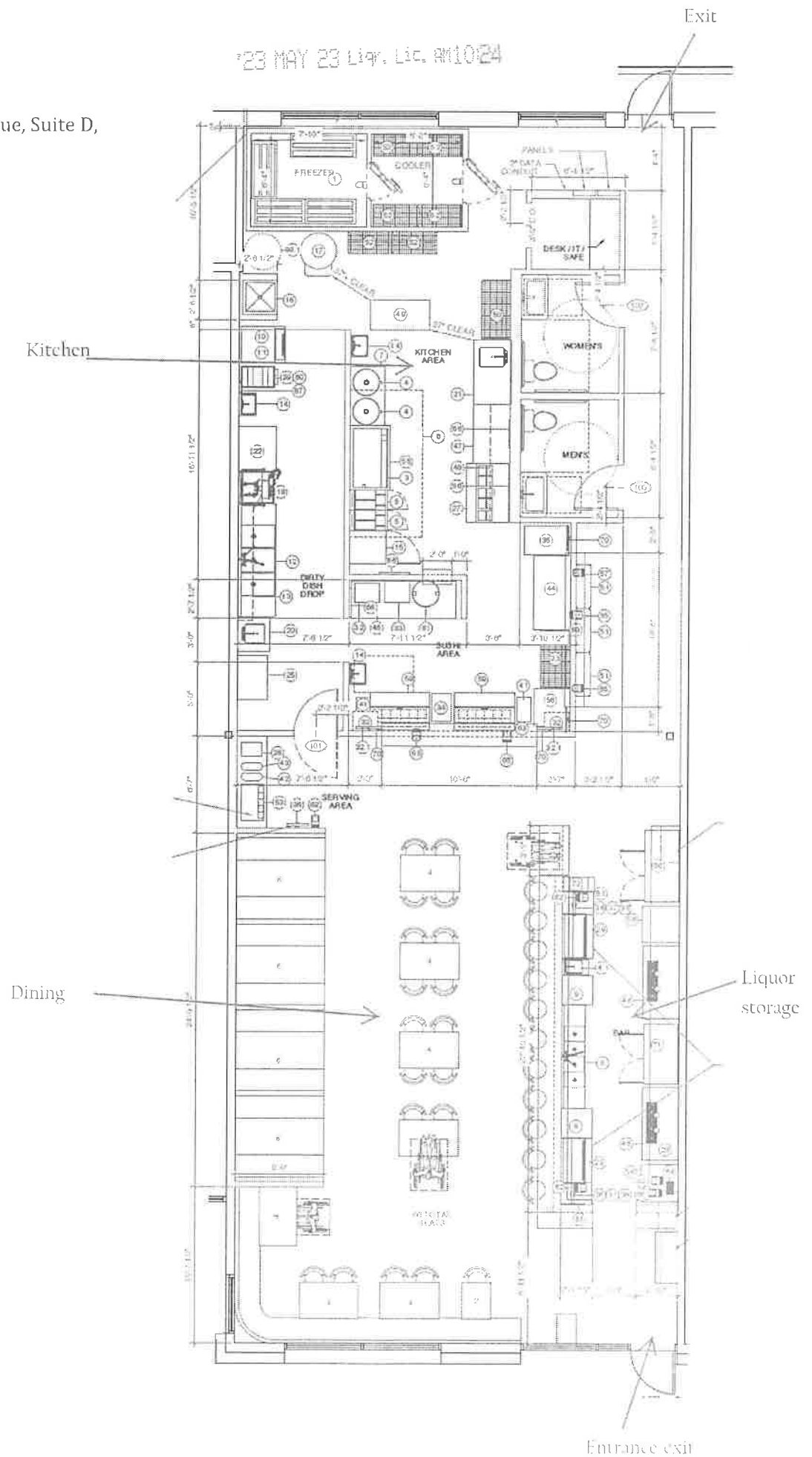
RNR Glendale, LLC
Ownership draft
April 11, 2023



23 MAY 23 14:11:11

Rock N Roll Sushi

9950 W. Glendale Avenue, Suite D,
Glendale, AZ 85307
2,577 SF





RESTAURANT/HOTEL/MOTEL OPERATION PLAN

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**

1. Name of restaurant (Please print): ROCK N ROLL SUSHI

2. Must indicate the equipment below by Make, Model, and Capacity:

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	GRIDDLE/ELECTRIC/COUNTERTOP (Imperial/Model No. ITG-36-E) FRYER/ELECTRIC (Henny Penny Model No. OFE341.0)
Oven	CONVECTION OVEN/ELECTRIC (Winco Model No. ECO-250) MICROWAVE OVEN /x2 (ACP Model No. RMS10TSA)
Freezer	REACH-IN FREEZER/x2 (Atosa USA, Inc. Model Nos. MBF8503GR+MBF8501GR) REACH-IN UNDERCOUNTER FREEZER (Atosa USA, Inc. Model No. MGF8405GRL)
Refrigerator	REACH-IN REFRIGERATOR/x2 (Atosa USA, Inc. Model Nos. MBF8507GR + MBF8505GR) REFRIGERATED WORK TOP /x2 (True Mfg/Model #TWT-72-HC + Atosa/Model #MGF8409GR)
Sink	HAND SINK /x3 (BK Resources Model No. BKHS-W-1410-1SSBKKPG) (1) COMPARTMENT SINK (John Boos Model No. 1B244-1D24R-X)
Dish Washing Facilities	DISHTABLE, WITH POTSINKS (Advance Tabco Model No. DTC93-2020-9L) UNDERBAR SINK UNITS (Advance Tabco Model No. PRB-24-64C)
Food Preparation Counter (Dimensions)	WORK TABLES, 48" x 36" x 30" (John Boos Model Nos. FBLG4830-X+FBLG3624-X+ST6-330SSK) WORK TABLE, 72" (John Boos Model No. FBLG7224-X)
Other	RICE SHEETER (for making sushi rolls) Autec Inc. Model No. ASM865A

3. Attach a copy of your FULL menu with pricing **INCLUDING ALCOHOLIC BEVERAGES**

4. What percentage of your public premises is used primarily for restaurant dining?

(Do not include kitchen, bar, hi-top tables, or game area.) 40 %

5. Does your restaurant have a bar area that is distinct and separate from the dining area? ☒ YES ☐ No

(If yes, what percentage of the public floor space does this area cover?) 10 %

6. List the **seating capacity** for:

a) Restaurant dining area of your premises: [54]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 11]

TOTAL [= 65]

7. What type of dinnerware is primarily used in your restaurant? ☐ Reusable ☐ Disposable ☒ Both

8. Does your restaurant contain any games, televisions, or any other entertainment? ☒ YES ☐ No

If yes, specify what types and how many (examples: 4-TV's, 2-Pool Tables, 1-Video Game, etc.)

6 TV's

9. Do you have live entertainment or dancing? ☐ YES ☒ No

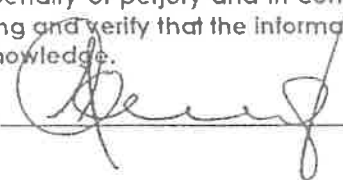
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

10. List number of employees for each position:

Position	How many
Cooks	8-10
Bartenders	2
Hostesses	2
Managers	2
Servers	8-10
Other ()	
Other ()	
Other ()	

23 MAY 23 11:41 AM EDT

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 



RECORDS REQUIRED FOR AUDIT RESTAURANT/HOTEL/MOTEL

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

Type or Print with **Black Ink**

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine Compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. Name of restaurant (Please print): ROCK N ROLL SUSHI
2. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
3. A list of **all** food and liquor vendors
4. The restaurant menu used during the audit period
5. A price list for alcoholic beverages during the audit period
6. Mark-up figures on food and alcoholic products during the audit period
7. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
8. Monthly Inventory Figures - beginning and ending figures for food and liquor
9. Chart of accounts (copy)
10. Financial Statements-income Statements-Balance Sheets
11. **General Ledger**
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks

12. **Tax Records**

- A. Transaction Franchise Sales, Use and Severance Tax Return (copies)
- B. Income Tax returns - city, state and federal (copies)
- C. Any supporting documents, records, schedules or documents used in preparation of tax returns

13. Payroll Records

*23 MAY 23 14:14 AM 1025

- A. Copies of all reports required by the State and Federal Government
- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages

14. Off-site Catering Records (must be complete and separate from restaurant records)

- A. All documents which support the income derived from the sale of food off the license premises.
- B. All documents which support purchases made for food to be sold off the licensed premises.
- C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

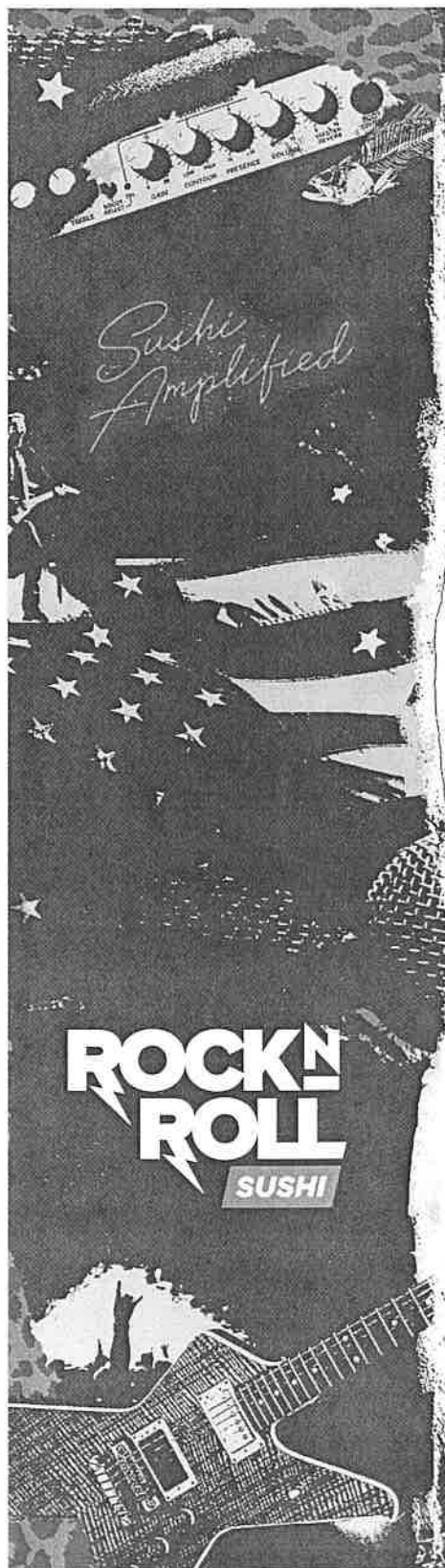
For the purpose of this section:

- 1. "Restaurant" means an establishment which derives **at least forty percent (40%)** of its gross revenue from the sale of food
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: 

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH RECORDS REQUIRED BY THE STATE



OPENING ACTS

CRISPY WONTONS

Stuffed with krabmeat and cream cheese filling, studded with green onion and jalapeño, and served with headbanger dip swirled with eel sauce. You'll definitely wonton encore. (601cal.) 7.95



APPETIZER SAMPLER

All of our most famous opening acts on one plate! Crispy wontons, jalapeño poppers, egg rolls and TNT shrimp served with headbanger and sweet chili dip, both swirled with eel sauce. (1045cal.) 14.95

TUNA TATAKI*

Red Tuna lightly seared, sliced, drizzled with our savory Agedashi sauce and finished with a sprinkle of sesame seeds. (209 cal.) 8.95



HEADBANGER SHRIMP

Juicy shrimp fried to a golden crunch, drizzled in our signature spicy-sweet creamy headbanger sauce and a sprinkle of sesame seeds. (462cal.) 6.95

T.N.T. SHRIMP

It's dy-na-mite. Crispy shrimp tempura drizzled with headbanger sauce, savory eel sauce and a sprinkle of sesame seed confetti. Boom. (480cal.) 7.95

STAGE DIVERS

Japanese style Crispy Panko chicken bites ready to take the dive in to our headbanger, creamy ginger and sweet chili dipping sauces. (725cal.) 9.95



JALAPEÑO POPPERS

Fresh jalapeños stuffed with crab stick and cream cheese and fried to perfection. Served with headbanger dip swirled with eel sauce for extra pop. (492cal.) 6.95

EGG ROLLS

A classic. Fried crisp and served with sweet chili dip and a dash of eel sauce. (401cal.) 6.95

TWISTED TUNA**

Our spin on tuna tartare. Chopped, spicy red tuna and coolly twisted avocado topped with tobiko, sweet chili, eel sauce and crunchy flakes. (495cal.) 9.95



EDAMAME

Soybeans steamed in their pods and lightly salted. Eat 'em with your fingers. (380cal.) 4.95

MISO SOUP

Briny miso broth with seaweed, green onions and tofu. (35cal.) 2.95



GREATEST HITS CHOSEN BY THE FANS

* SUSHI ITEMS MAY CONTAIN RAW OR UNDERCOOKED FISH OR SEAFOOD. CONSUMING RAW OR UNDERCOOKED MEATS, POULTRY, SEAFOOD, SHELLFISH, OR EGGS MAY INCREASE THE RISK OF FOOD BORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS.

SPICY GLUTEN-FREE VEGAN

GREEN ROOM

AHI TUNA SALAD*

Open wide and say AHI. Just-seared tuna slices, cucumber, avocado and strawberries piled on spring greens, topped with ponzu, sesame seeds and your choice of sweet chili or house made ginger dressing. (417cal.) 11.95

SPICY SASHIMI SALAD**

Three sashimi rockstars - red tuna, salmon, and yellowtail - crab stick and cucumber piled up on spring greens, topped with ponzu, sriracha, eel sauce, and your choice of sweet chili or house made ginger dressing. (451cal.) 12.95

CUCUMBER SALAD

Cool as a... You get it. Cukes and crab stick glazed with sweet chili and ponzu sauce, piled on spring mix, topped with sesame seeds. (133cal.) 4.95

SEAWEED SALAD

Sweet and savory wakame seaweed on spring mix. (137cal.) 4.95

GINGER SALAD

Chopped romaine with a sweet, refreshing, house made ginger dressing topped with shredded carrots and sesame seeds. (245cal.) 2.95

HIBACHI BACK STAGE

GRILLED TO ORDER, VIP-STYLE.

SOLOS

Served with soup or salad, side of fried rice, vegetables and yum-yum sauce

CHICKEN (1417cal.) 13.95

FILET MIGNON (1344cal.) 19.95

SHRIMP (1163cal.) 16.95

LOBSTER (1176cal.) 24.95



COMBOS

Served with soup or salad, fried rice, vegetables and yum-yum sauce

VEGETABLES & FRIED RICE (Served with soup or salad) (880cal.) 9.95

CHICKEN & FILET MIGNON (1381cal.) 17.95

CHICKEN & SHRIMP (1290cal.) 15.95

SHRIMP & FILET MIGNON (1254cal.) 18.95

CHICKEN, SHRIMP & FILET MIGNON (1441cal.) 24.95

LOBSTER & FILET MIGNON (1327cal.) 32.95

CHICKEN & LOBSTER (1363cal.) 28.95

SHRIMP & LOBSTER (1236cal.) 29.95

ROCKIN' SIDES

FRIED RICE (616cal.) 4.95

Add Chicken (94cal.) +3.00

Add Shrimp (40cal.) +4.00

Add Filet Mignon (86cal.) +5.00

VEGETABLES (264cal.) 4.95

WHITE RICE (340cal.) 2.50

KIDS ROCK

FOR MINI-ROCKERS (12 AND UNDER) ONLY.

CRISPY SHRIMP TEMPURA & FRENCH FRIES

Served with ketchup. (505cal.) 5.95

CLASSIC CHICKEN NUGGETS & FRENCH FRIES

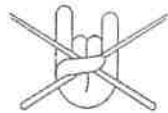
Served with ketchup. (573cal.) 5.95

CHICKEN TERIYAKI & FRIED RICE

Served with yum-yum sauce. (966cal.) 7.95

FILET MIGNON TERIYAKI & FRIED RICE

Served with yum-yum sauce. (930cal.) 9.95



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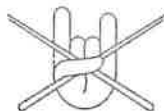
BEER

BUDWEISER	KING OF BEERS	\$3
BUD LIGHT	LIGHTWEIGHT KING	\$3
MILLER LITE	FEATHERWEIGHT KING	\$3
MICHELOB ULTRA	FLYWEIGHT KING	\$3.5
HONEYBIRD (<i>Flyway</i>)	HONEY BLONDE ALE	\$5
EARLYBIRD	IPA	\$5
SAPPORO	JAPANESE LAGER	\$4
KIRIN	JAPANESE LAGER	\$4
WHITE CLAW	BLACKCHERRY/RASPBERRY	\$4

ON TAP

LAGUNITAS	IPA	\$6
JUICY HAZE- <i>NEW BELGIUM</i>	IPA	\$6
OATMEAL STOUT - <i>BIKE RACK</i>	TART	\$6.50
EAST SIXTH HUSTLE	BLONDE	\$6
BLUEWING- <i>FLYWAY</i>	BLUEBERRY WHEAT	\$6
HIBISCUS CIDER	CIDER	\$6
SAPPORO	JAPANESE PREMIUM LAGER	\$6
THE HUNTER- <i>LOST FORTY</i>	OKTOBERFEST	\$6

ROCK N ROLL **SUSHI**



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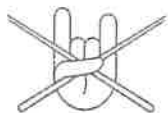
SAKE

SHO CHIKU BAI	SMALL - \$8	LARGE - \$12
TY KU SILVER	SMALL \$10	LARGE - \$14
MOMO KAWA ORGANIC	SMALL \$11	LARGE - \$16
HANA AWAKA SPARKLING FLOWER		LARGE - \$13
MOMO KAWA SILVER	SMALL \$10	LARGE - \$14

WINE ME

		GLASS	BOTTLE
TERCOS	MALBEC	\$8	\$28
THREE HENRY'S	PINOT NOIR	\$8	\$28
PRA VINERA	CABERNET SAUVIGNON	\$9	\$32
MILOU	ROSE	\$8	\$28
RAPTOR RIDGE	PINOT GRIS	\$10	\$32
THREE HENRY'S	CHARDONNAY	\$8	\$28
LE COUER DE LA REINE	SAUVIGNON BLANC	\$9	\$28
MERCAT CAVA	BRUT	\$9	\$32
MASOTTINA	PROSECCO-6.5OZ BOTTLE		\$11

ROCK N ROLL **SUSHI**



*23 MAY 23 Lic. Lic. #10124

ROCK-TAILS

GEISHA GONE WILD J Rieger Vodka, Routin Blanc Vermouth, Bitter Truth Peach Bitters, matcha simple syrup, Lemon Juice, Shaken, Served Up - \$8

TOKYO 75 J Rieger Gin, Giffard Ginger Liqueur, Mercat Cava Brut, lemon juice, Shaken & Served Up \$8

DAWN PATROL Lunazul Blanco Tequila, OJ, Splash of Grenadine, Rocks \$7

BUILT IN TANLINES Plantation OG Dark Rum, Giffard Pineapple Liqueur, Bitter Truth Peach Bitters, Lime Juice, Shaken & Served Up - \$8

ROCK YOU LIKE A Plantation 3 Star Rum, Plantation OFTD Rum, Giffard Passion Fruit and Grenadine, Orange Juice, Lime Juice, Rocks - \$9

THE ELDER Rocktown Vodka, Giffard Wild Elderflower Liqueur, Lime Juice, Shaken & Served Up or on the Rocks - you call it - \$8

SMELLS LIKE ADULT SPIRITS Rocktown Vodka, J Rieger Gin, El Dorado 3 Rum, Giffard Triple Sec, Giffard Framboise, Lemon Juice, Soda, Rocks - \$9

OLD FASHIONED ROCK N ROLL Rittenhouse Rye Whiskey 100, Bitter Truth Orange Bitters, Simple Syrup, Luxardo Cherry. Classic \$11

LANDSLIDE Pinnacle Whipped Vodka, Kahlua, & Bailey's on the rocks \$8

ROCK N COKE Rocktown Bourbon & Coke, squeeze of lime \$8

ACE OF SPADES Shot of Jack and Bottle of Bud \$8

MULES ON PARADE!

BACK IN THE USSR Rocktown Vodka, Lime Juice, Ginger Beer - \$8

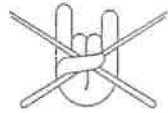
LA GRANGE Lunazul Blanco Tequila, Lime Juice, Ginger Beer - \$8

GIMME THREE STEPS Old Grandad Bourbon, Lime Juice, Ginger Beer - \$8

COLD GIN TIME AGAIN J Rieger MW Gin, Lime Juice, Ginger Beer - \$8

RIDER ON THE STORM Plantation OG Dark Rum, Lime Juice, Ginger Beer \$8





*23 MAY 23 14:14 AM10/24

Old Fashioned RocknRoll

In Mixing Glass

2.5 oz Rittenhouse Rye 100

.5 oz Simple Syrup

Dash Orange Bitters

Fill with ice and mix with spoon

Strain in Rocks Glass

Add 3 ice cubes, luxardo cherry, orange peel

The Elder

2 oz RockTown Vodka

.5 oz Elderflower Liqueur

.5 oz Simple Syrup

1 oz Lime Juice

Shake over ice

Serve in Martini Glass

Landslide

1 oz Pinnacle Whipped Vodka

1 oz Kahlua

1 oz Baileys

Mix over ice and pour into rocks glass

Dawn Patrol

2 oz Lunazul Tequila

Fill with OJ

Splash of Grenadine

Collins glass on the rocks



CSR:

Amount:

23 MAY 23 14:14:14 101024



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DILL USE ONLY

Job #:	246501
Date Accepted:	05-30-2023
CSR:	SG

Type or Print with Black Ink

Fp Current
12-09-2021

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: LEWKOWITZ ANDREA DAHLMAN Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: MANKATO MN USA Height: 5'8" Weight: 140 Eyes: HBL Hair: BLN
City State COUNTRY

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

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 04 1961

7. Daytime telephone number: (602) 200-7222 Email address: ANDREA@LEWKILAW.COM

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING /

9. Premises Address: 9950 W. GLENDALE AVENUE, SUITE D GLENDALE AZ MARICOPA 85307
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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	ATTORNEY	LEWKOWITZ LAW OFFICE PLC
			2600 N. CENTRAL AVE. STE. 1775
			PHOENIX, AZ 85004

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
02/1999	CURRENT	5745 N. 25th STREET, PHOENIX, AZ 85016			

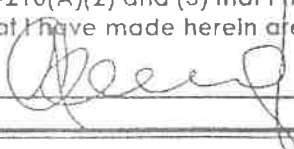
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 Liquor Law Training Course within the past 3 years? Yes ☐ No ☐
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) ANDREA DAHLMAN LEWKOWITZ hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 05/18/2023



ALIEN STATUS RESTAURANT/HOTEL/MOTEL

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

Type or Print with Black Ink

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) ANDREA DAHLMAN LEWKOWITZ

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☒ Yes ☐ No - If yes, indicate place of birth:

City MANKATO State MN COUNTRY USA

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

2) Name of document AZ DRIVERS LICENSE

If you answered **No**, you must complete Sections II

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after Jan. 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – QUALIFIED ALIEN DECLARATION

Applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

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

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

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. §

ANDREA DAHLMAN LEWKOWITZ

Print Name



Signature

05/18, 2023

Date

*23 MAY 23 149. Lic. AM1024

ARIZONA

Driver License

Number

Expires

Date of Birth

Issued

12/27/2025

11/30/2006

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

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

Andrea Lewkowitz



CSR:

Amount:

23 MAY 23 11:11 AM 1025



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY

Job #:

Date Accepted:

CSR:

246501

05-20-2023

SG

805-375

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: Jessen Andrew Carl Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Bronxville, NY USA Height: 6'4 Weight: 185 Eyes: Brown Hair: Brown
City State COUNTRY

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

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

7. Daytime telephone number: 239-877-1657 Email address: andrewjessen33@gmail.com

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING / _____

9. Premises Address: 9950 W. GLENDALE AVENUE, SUITE D GLENDALE AZ MARICOPA 85307
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 place of residence address.

23 MAY 23 09:14:10

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
3/2020	CURRENT	Retired	16269 Camden Lakes Circle, Naples, FL 34110
12/2007	2/2020	Self Employed	Tropical Smoothie of South West Florida, Inc. 16269 Camden Lakes Circle, Naples, FL 34110

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
5/2015	CURRENT		16269 Camden Lakes Circle, Naples, FL	34110	

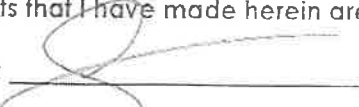
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 DLEC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☐
Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
14. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
16. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒
17. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Andrew Carl Jessen hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: 

Date: 5/1/2023



*23 MAY 25 PM 2:25 AZDLLC

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 #:	246501
Date Accepted:	05-30-2023
CSR:	SG

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 5/2/2023	Name of Applicant: Andrew Carl Jessen
Name of Fingerprint Technician: AARON KRZYSIK	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: THE UPS STORE / STERLING IDENTITY	Phone Number: 239-455-6245
Type of Photo ID Provided (check one): ☒ Driver's License ☒ Passport ☐ Other (Please specify)	

CSR:

Amount:

23 MAY 23 Lic. #101024



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #:

Date Accepted:

CSR:

246501

05-30-2023

SG

805-375

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: Jessen Terri Lyn Birth Date: [REDACTED]

Last

First

Middle

(NOT a public record)

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

4. Place of birth: Plainfield NJ USA Height: 5'10 Weight: 160 Eyes: Blue Hair: Blonde

City

State

COUNTRY

5. Name of current/most recent spouse: Jessen Andrew Carl Birth Date: [REDACTED]

Last

First

Middle

(NOT a public record)

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

7. Daytime telephone number: 239-877-1656 Email address: terrijessen15@gmail.com

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING / _____

9. Premises Address: 9950 W. GLENDALE AVENUE SUITE D GLENDALE AZ MARICOPA 85307

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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
3/2020	CURRENT	Retired	16269 Camden Lakes Circle, Naples, FL 34110
12/2007	2/2020	Self Employed	Tropical Smoothie of South West Florida, Inc 16269 Camden Lakes Circle, Naples, FL 34110

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
5/2015	CURRENT	16269 Camden Lakes Circle	Naples	FL	34110

(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 DLIC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☒
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a **signed statement**.
Give **complete details** including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Terri L. Jessen 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: Terri L. Jessen Date: 5/1/2023



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 #:	246501
Date Accepted:	05-20-2023
CSR:	SG

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 5/2/2023	Name of Applicant: Terri Lyn Jessen	
Name of Fingerprint Technician: AARON KRZYSIK		
Fingerprint technician's Signature: 		
Fingerprint technician's Agency/company Name: THE UPS STORE / STERLING IDENTITY		Phone Number: 239-455-6245
Type of Photo ID Provided (check one):		
☒ Driver's License	☒ Passport	☐ Other (Please specify)

CSR:

Amount:

23 MAY 23 Lgr. Lic. #110125



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #:

Date Accepted:

CSR:

246501
05-30-2023
SG

805-375

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: Lemieux Craig Lawrence Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Flint Michigan USA Height: 5'6" Weight: 175 Eyes: Gr Hair: Bl
City State COUNTRY

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

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

7. Daytime telephone number: 810-691-9623 Email address: lemieuxdevelopment@gmail.com

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING

9. Premises Address: 9950 W. GLENDALE AVENUE, SUITE D GLENDALE AZ AZ 85307
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 place of residence address.

23 MAY 23 11:10:25

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/04	CURRENT	Franchise Developer	Self Employed 15730 Willows Dr Spring Lake Mi 49456

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	Siesta Key	State	Zip
1/20	CURRENT					
3/15	1/20					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☐
Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
14. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
16. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒
17. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Craig L Lemieux 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: Craig L Lemieux Date: 05/02/23

*23 MAY 25 PM 2:26 AZDLLC



FINGERPRINT VERIFICATION FORM

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

DLIC USE ONLY

Job #:	246501
Date Accepted:	05-30-2023
CSR:	SG

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.
ELECTRONIC
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 05/03/2023	Name of Applicant: CRAIG LAWRENCE LEMIEUX
Name of Fingerprint Technician: CHRISTOPHER P LESTER	
Fingerprint technician's Signature: <i>Christopher P Lester</i>	
Fingerprint technician's Agency/company Name: THE UPS STORE #6467	Phone Number: 941.882.3711
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	

CSR:

Amount:

23 MAY 23 Lic. Lic. AM1023



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY

Job #:

246501

Date Accepted:

05-20-2023

CSR:

SS

805-375

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: LeMieux Dianne Helen Birth Date: [REDACTED]

Last

First

(NOT a public record)

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

4. Place of birth: Miami Florida USA Height: 5'6" Weight: 124 Eyes: Hazel Hair: Brown

City

State

COUNTRY

5. Name of current/most recent spouse: LeMieux Craig Lawrence Birth Date: [REDACTED]

Last

First

Middle

(NOT a public record)

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

7. Daytime telephone number: (810) 691-9625 Email address: dhlemieux27@gmail.com

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING

9. Premises Address: 9950 W. GLENDALE AVENUE, SUITE D GLENDALE AZ MARICOPA 85307

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 place of residence address.

23 MAY 23 Lic. Lic. #1024

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/2004	CURRENT	Franchise Developer	Self-employed 15730 Willows Dr, Spring Lake, MI 49456

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
01/2020	CURRENT	4866 Commonwealth Dr,	Siesta Key,	FL	34242
03/2015	01/2020	15730 Willows Dr,	Spring Lake,	MI	49456

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☐
Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202.4-210 Yes ☐ No ☒
14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
15. 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 ☒
16. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Dianne Helen LeMieux 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: Dianne H. LeMieux Date: 05/04/2023



FINGERPRINT VERIFICATION FORM

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

DLCL USE ONLY

Job #:	246501
Date Accepted:	05-30-2023
CSR:	SG

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:		
05/04/2023	Dianne Helen LeMieux		
Name of Fingerprint Technician:			
Shylo Williams			
Fingerprint technician's Signature:			
Fingerprint technician's Agency/company Name:		Phone Number:	
UPS Store		616-399-6245	
Type of Photo ID Provided (check one):			
☒ Driver's License ☐ Passport ☒ Other (Please specify) Social Security Card			

CSR:

Amount:

*23 MAY 23 Lic. Lic. #1024



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLLC USE ONLY

Job #:	246501
Date Accepted:	05-30-2023
CSR:	SG

Type or Print with Black Ink

805-375

License Number: SERIES 12

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

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

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →

☐

Agent

☒

Controlling Person

2. Name: Kramolis Christopher John Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Chicago, IL, USA Height: 6.0 Weight: 180 Eyes: BR Hair: Grey

5. Name of current/most recent spouse: Kramolis Shannon Rene Birth Date: [REDACTED] (NOT a public record)

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

7. Daytime telephone number: 5013520175 Email address: ckramolis@me.com

8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING / _____

9. Premises Address: 9950 W. GLENDALE AVENUE, SUITE D GLENDALE AZ MARICOPA 85307

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 place of residence address.

23 MAY 23 11:47 AM 1024

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
10/2020	CURRENT	CEO	RocknRoll Sushi Holdings LLC 426 Flatwoods Forest Lp, Santa Rosa Beach, FL 32459
6/2003	Current	President	KRAM Marketing and Dev 235 N. Bishop Rd., Santa Rosa Beach, FL 32459

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
1/2022	CURRENT	426 Flatwoods Forest Loop,	Santa Rosa Beach	FL.	32459
1/2021	1/2022	98 Wilderness Way.	Santa Rosa Beach	FL.	32459
9/2017	1/2021	235 Bishop Rd.	Santa Rosa Beach	FL.	32459

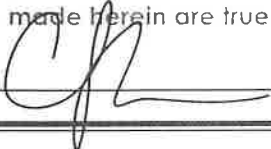
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☒
Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
14. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
15. 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 ☒
Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Christopher Kramolis hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 5/2/2023



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 #:	246501
Date Accepted:	05-30-2023
CSR:	SG

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 5/3/23	Name of Applicant: Christopher Kramolis	
Name of Fingerprint Technician: Julie R. Sutton		
Fingerprint technician's Signature: Julie R. Sutton #202		
Fingerprint technician's Agency/company Name: Nation County Sheriff's Ofc	Phone Number: 800 892-8111	
Type of Photo ID Provided (check one):		
☐ Driver's License	☒ Passport	☐ Other (Please specify)

CSR:

Amount:

23 MAY 23 Lic. Lic. #1024



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #:

Date Accepted:

CSR:

246561
05-30-2023
SG

License Number: SERIES 12

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

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

805-375

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the
Appropriate
Box →



Agent



Controlling Person

2. Name: Palmateer Scott William Birth Date: [REDACTED]
Last First Middle (NOT a public record)
3. Social Security # [REDACTED] Drivers License #: [REDACTED] State Issued: Arizona
4. Place of birth: Gary Indiana US Height: 5'9 Weight: 260 Eyes: Hazel Hair: Bald
City State COUNTRY
5. Name of current/most recent spouse: Palmateer Fay Jennifer Birth Date: [REDACTED]
Last First Middle (NOT a public record)
6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 1986
7. Daytime telephone number 623-349-3985 Email address: palmateerscott@gmail.com
8. Premises Name: ROCK N ROLL SUSHI Business Phone: PENDING
9. Premises Address: 9950 W. GLENDALL AVENUE, SUITE D GLENDALL AZ MARICOPA 85307
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 place of residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
6-15-2022	CURRENT	Operating Partner/Developer	Rock N Roll Sushi 9950 W. Glendale, AZ 85307
4-11-2011	6-14-2022	Operating Partner/Developer	Tropical Smoothie Cafe 13355 W. McDowell Rd, Goodyear, AZ 85395

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
3-17-2013	CURRENT		1355 S. 186th Ave, Goodyear, AZ		85338

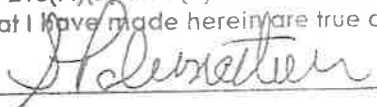
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☒ No ☐
13. Have you attended a DLLC approved Basic and Management Liquor Law Training Course within the past 3 years? Yes ☐ No ☒
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes ☐ No ☒
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes ☐ No ☒
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes ☐ No ☒

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

I, (Print Full Name) Scott William Palmateer 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: 05-01-2023

23 MAY 25 PM 2:27 AZDLLC



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 #:	246501
Date Accepted:	05-30-2023
CSR:	SG

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.

PRINT the following information:

Date 5/12/23	Name of Applicant: Scott William Palmateer
Name of Fingerprint Technician: Kathy DeAnda	
Fingerprint technician's Signature: [Signature]	
Fingerprint technician's Agency/company Name: Arizona Livescan Fingerprinting Network	Phone Number: (602) 246 - 3444
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	