

State of Arizona
Department of Liquor Licenses and Control

Created 05/29/2024 @ 02:10:36 PM

Local Governing Body Report

LICENSE

Number:	09070261	Type:	009 LIQUOR STORE
Name:	WINCO FOODS #130		
State:	Pending		
Issue Date:		Expiration Date:	12/31/2024
Original Issue Date:	01/01/1933		
Location:	15581 W MCDOWELL ROAD GOODYEAR, AZ 85395 USA		
Mailing Address:			
Phone:	(480)304-8300		
Alt. Phone:			
Email:	GMALQUOR@GAMLAW.COM		

Currently, this license has pending applications.

AGENT

Name:	RYAN WITNER ANDERSON
Gender:	Male
Correspondence Address:	1850 N CENTRAL AVENUE #1700 C/O BURCH & CRACCHIOLO P.A. PHOENIX, AZ 85004 USA
Phone:	(602)274-8773
Alt. Phone:	
Email:	BCLIQUOR@BCATTORNEYS.COM

OWNER

Name:	WINCO FOODS LLC		
Contact Name:	NICHOLAS GUTTILLA		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	R16352721	State of Incorporation:	DE
Incorporation Date:	10/25/2010		
Correspondence Address:	ATTN: TAX & LICENSE DEPT PO BOX 5756 BOISE, ID 83705 USA		
Phone:	(480)304-8300		
Alt. Phone:			
Email:	PSINES@GAMLAW.COM		

Officers / Stockholders

60TH - 7/28/24
105TH - 9/11/24

Name:	Title:	% Interest:
WINCO HOLDINGS INC	Member,Stockholder	92.00
GRANT MATTHEW HAAG	President/CEO	
JAMES EUGENE PARKER	Officer	
GLEN DALE REYNOLDS	Officer	
RICHARD LINDEN CHARRIER	Director	
JOHN GILBERT DUKEN	Officer	
ROBERT JOSEPH KELLER	Officer	
LARRY EMERSON PRINCE	Officer	
ISAAC ALAN KIMBALL	Sec/TREAS/VP/CFO	
RICHARD LINDEN CHARRIER	EXEC VP/ COO	
MELISSA SUE VANDENBERG	Director	

WINCO FOODS LLC - Member,Stockholder

Name: WINCO HOLDINGS INC
 Contact Name: NICHOLAS GUTTILLA
 Type: CORPORATION
 AZ CC File Number: State of Incorporation:
 Incorporation Date:
 Correspondence Address: ATTN: TAX & LICENSE DEPT
 PO BOX 5756
 BOISE, ID 83705
 USA
 Phone: (208)377-0110
 Alt. Phone:
 Email: LICENSING@WINCOFOODS.COM

WINCO HOLDINGS INC - Director

Name: JAMES EUGENE PARKER
 Gender: Male
 Correspondence Address: 5415 E HIGH STREET
 #200 C/O GUTTILLA MURPHY ANDERSON
 PHOENIX, AZ 85054
 USA
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WINCO FOODS LLC - Director**

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Gender: Male
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USA
Phone: (208)377-0110
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WINCO FOODS LLC - Officer
WINCO HOLDINGS INC - Director

Name: ROBERT JOSEPH KELLER
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
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WINCO FOODS LLC - Director

Name: MELISSA SUE VANDENBERG
Gender: Female
Correspondence Address: 5415 E HIGH STREET
#200 C/O GUTTILLA MURPHY ANDERSON
PHOENIX, AZ 85054
USA
Phone: (208)377-0110
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MANAGERS

Name: KERRIE DEE OLSON
Gender: Female
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
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Phone: (602)978-2730
Alt. Phone:
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Name: JASON DANIEL STOPHER
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
USA
Phone: (623)463-8661
Alt. Phone:
Email: LICENSING@WINCOFOODS.COM

Name: MONICA MOORE
Gender: Female
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
USA
Phone: (623)930-5071
Alt. Phone:
Email: LICENSING@WINCOFOODS.COM

Name: KIMBERLY CHRISTINA HIPP
Gender: Female
Correspondence Address: ATTN: TAX & LICENSE DEPT
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Phone: (480)941-6774
Alt. Phone:
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Name: MIKE MYERS HARPER
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
USA
Phone: (480)981-8046
Alt. Phone: (480)694-5821
Email: SYNDI.WHITMIRE@WINCOFOODS.COM

Name: HAROLD ANTHONY SALCIDO
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
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Phone: (775)971-7159
Alt. Phone:
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Name: JOSHUA JOSE ARRIAGA
Gender: Male
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BOISE, ID 83705
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Name: MARK ALLAN STRAUCH
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
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Phone: (310)625-6948
Alt. Phone:
Email: PSINES@GAMLAW.COM

Name: MICHAEL JORDAN PIPPIN
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
USA
Phone: (530)339-6022
Alt. Phone:
Email: LICENSING@WINCOFOODS.COM

Name: MICHAEL MYERS HARPER
Gender: Male
Correspondence Address: ATTN: TAX & LICENSE DEPT
PO BOX 5756
BOISE, ID 83705
USA
Phone: (480)694-5821
Alt. Phone:
Email: LICENSING@WINCOFOODS.COM

APPLICATION INFORMATION

Application Number: 295437
Application Type: Location Transfer TA
Created Date: 04/30/2024

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. (If less than one (1) mile note footage)
Trivium Preparatory Academy
2001 N Bullard Avenue
Goodyear, AZ 85395
Approx 8,448 feet

- 11) Are you one of the following? Please indicate below.
 Property Tenant
 Subtenant
 Property Owner
 Property Purchaser
 Property Management Company
 Property Owner
- 12) Is there a penalty if lease is not fulfilled?
 No
- 13) What is the total money borrowed for the business not including the lease?
 Please list lenders/people owed money for the business.
 \$0
- 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
 NA
- 16) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 Yes
 If yes, what is your estimated completion date?
 09/16/2024

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Cover Letter - Application.pdf	04/30/2024
DIAGRAM/FLOOR PLAN	WinCo #130 .pdf	04/30/2024
ORGANIZATIONAL DOCUMENTS	Org Chart.pdf	04/30/2024
SAMPLING PRIVILEGES	Sampling Application.pdf	04/30/2024
QUESTIONNAIRE	Ryan Anderson PQ.pdf	04/30/2024
ALIEN STATUS	Ryan - Alien Status Statement.pdf	04/30/2024
QUESTIONNAIRE	Charrier #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Duken #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Haag #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Keller #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Kimball #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Parker #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Prince #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Reynolds #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Harper PQ and TAMS.pdf	04/30/2024
	Letter to ADLLC wth Fingerprints & check.pdf	05/09/2024

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Name: ROBERT JOSEPH KELLER
Gender: Male
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WINCO ESOP TRUST - Trustee

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Name: MONICA MOORE
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Gender: Male
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PO BOX 5756
BOISE, ID 83705
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Phone: (480)694-5821
Alt. Phone:
Email: LICENSING@WINCOFOODS.COM

APPLICATION INFORMATION

Application Number: 295437
Application Type: Location Transfer TA
Created Date: 04/30/2024

QUESTIONS & ANSWERS

009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?
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- 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?
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DIAGRAM/FLOOR PLAN	WinCo #130 .pdf	04/30/2024
ORGANIZATIONAL DOCUMENTS	Org Chart.pdf	04/30/2024
SAMPLING PRIVILEGES	Sampling Application.pdf	04/30/2024
QUESTIONNAIRE	Ryan Anderson PQ.pdf	04/30/2024
ALIEN STATUS	Ryan - Alien Status Statement.pdf	04/30/2024
QUESTIONNAIRE	Charrier #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Duken #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Haag #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Keller #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Kimball #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Parker #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Prince #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Reynolds #130 PQ.pdf	04/30/2024
QUESTIONNAIRE	Harper PQ and TAMS.pdf	04/30/2024
	Letter to ADLLC wth Fingerprints & check.pdf	05/09/2024

CSR:

Amount:

24 MAY 16, 11:11 AM



SAMPLING PRIVILEGE APPLICATION SERIES 9 AND 10 ONLY

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

DLLC USE ONLY

Job #:	295437
Date Accepted:	4/30/24
☒ Liquor Store (series 9)	
☐ Beer and Wine Store (series 10)	
CSR:	26

Type or Print with Black Ink

License #: 09070261

Applicant's Name: ☒ Agent ☐ Sole Proprietor Anderson Ryan Witner
Last First Middle

Premises Name: WinCo Foods #130

Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
Street Address City State County Zip Code

Mailing Address: c/o Guttilla Murphy Anderson - 5415 E. High St. #200, Phoenix, AZ 85054
Street Address City State County Zip Code

Business Phone #: Pending Daytime Contact #: (480) 304-8323 Email Address: sgonzales@gamlaw.com

Series #10 Beer and Wine Store Only

I declare that my business qualifies as a

☐ Premises that is 5,000 square feet or larger

☐ Premises that has at least 75% of shelf space dedicated to beer and wine

SIGNATURE

Declaration:

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

Signature

LOCAL GOVERNING BOARD

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

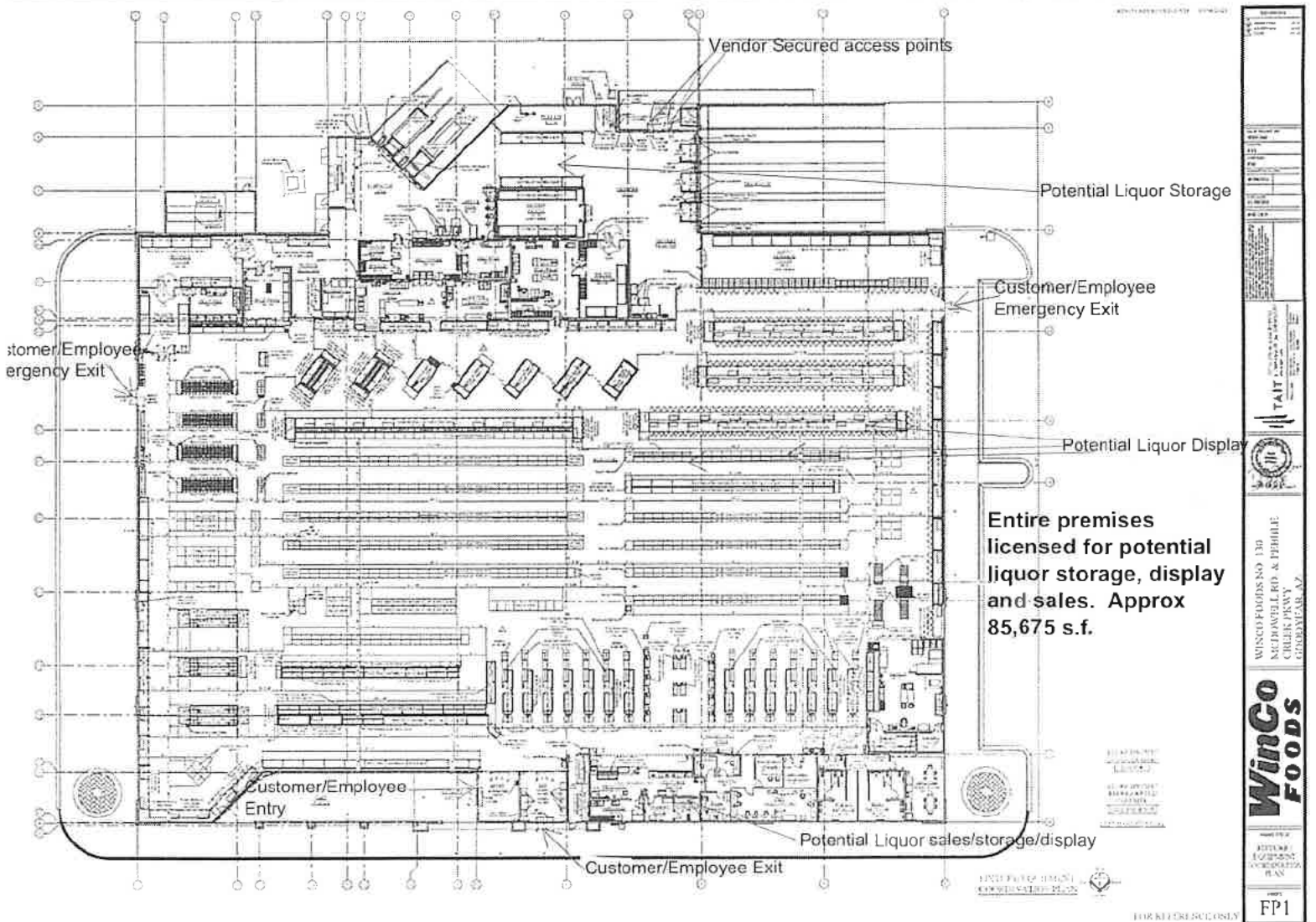
on behalf of _____
(City, Town, County) Phone Date

DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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

24 MAY 6 10:11 PM 1993



WinCo Foods No. 130
NICHOLSON RD. & PEBBLE
CREEK HWY
GLENDALE, AZ

**WinCo
FOODS**

FP1

2020.05.04 11:11:39 2020.05.04

[illegible]

24 NOV 6 11:11 AM '23

WINCO OWNERSHIP FLOW CHART

WinCo ESOP Trust

Employee Stock Option Plan (ESOP)

(No one person owns 10% or more of the ESOP)

Isaac Kimball, Trustee/Committee member

Administered by the "ESOP Committee" whose members are appointed by and report to the WinCo Holdings, Inc. board of directors.

WinCo Holdings, Inc.

(100% owned by WinCo ESOP)

Pres/CEO/Director Grant M. Haag

Directors: Richard L. Charrier
John G. Duken
Robert J. Keller
James E. Parker
Larry E. Prince
Glen D. Reynolds
Melissa Vandenberg

Sec/Treas/VP/CFO: Isaac Kimball

Class A Members of WinCo Foods LLC own less than 10% of WinCo Foods, LLC.

Ownership percentage is subject to change annually depending on options exercised.

WinCo Foods, LLC (Licensee)

(owned approx. 93% by WinCo Holdings, Inc., - no other member owns 10% or more of licensee)

LLC Managers: Richard L. Charrier
John G. Duken
Grant M. Haag
Robert J. Keller
James E. Parker
Larry E. Prince
Glen D. Reynolds
Melissa Vandenberg

Sec/Treas/VP/CFO: Isaac Kimball

LC: _____
Amount: _____

24 MAY 6 10:14 PM 1 32



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 #: 295437
Date Accepted: 4/30/24
CSR: R6

Type or Print with Black Ink

License Number: 09070261

*fp current
11/10/23*

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: ANDERSON RYAN WITNER Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Pomona CA USA Height: 6'4" Weight: 230 Eyes: Blue Hair: Brown
City State COUNTRY

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

7. Daytime telephone number: (480) 304-8300 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pending

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
09/2001	CURRENT	Law Firm	Guttilla Murphy Anderson - 5415 E High St #200 - Phoenix, AZ 85054

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
07/2011	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒

13. Have you attended a DLT approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) Ryan Witner Anderson 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: [Signature] Date: 4/26/24

124 MAY 6 10:00 AM '13

LC:

Amount:



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 #: 295437

Date Accepted: 9/30/24

CSR: Rb

Type or Print with **Black Ink**

License Number: 09070261

005-539

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: Prince Larry Emerson Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Gooding ID USA Height: 5'11" Weight: 190 Eyes: Hazel Hair: Brown
City State COUNTRY

5. Name of current/most recent spouse: Prince Julie Ann 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pending

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2017	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
7/2017	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704

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

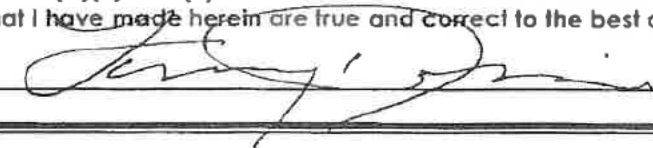
FROM Month/Year	To Month/Year	Street	City	State	Zip
1/2003	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
- ~~13. Have you attended a DULC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) Larry Emerson Prince 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: 1-25-24



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	295437
Date Accepted:	4/30/24
CSR:	Rh

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 4/3/24	Name of Applicant: Larry E. Prince	
Name of Fingerprint Technician: Javon Burton		
Fingerprint technician's Signature: Javon Burton		
Fingerprint technician's Agency/company Name: Idaho State Police - BCI		Phone Number: 208-884-447130
Type of Photo ID Provided (check one):		
☒ Driver's License	☐ Passport	☐ Other (Please specify)

LC:

Amount:

24 MAY 6 10 41 AM '02



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 #: 295437

Date Accepted: 4/30/24

CSR: RCh

Type or Print with Black Ink

License Number: 09070261

805-539

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: Reynolds Glen Dale Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Salem OR USA Height: 5'10" Weight: 185 Eyes: Blue Hair: [REDACTED]
City State COUNTRY

5. Name of current/most recent spouse: Reynolds Kathryn NMN 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
5/2012	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
5/2012	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
4/2015	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒

~~13. Have you attended a DILC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) Glen Dale Reynolds 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: Glen Reynolds Date: 1-25-2024



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 #:	295437
Date Accepted:	4/30/24
CSR:	RG

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 3-28-24	Name of Applicant: Glen D. Reynolds
Name of Fingerprint Technician: Katie Snyder	
Fingerprint technician's Signature: K. Snyder	
Fingerprint technician's Agency/company Name: Oregon State Police HQ	Phone Number: 503.378.3720
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:
Amount:

24 MAY 6 11:47 AM '18



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #: 2954/37
Date Accepted: 4/30/24
CSR: RG

Type or Print with **Black Ink**

805-539

License Number: 09070261

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: Haag Grant Matthew Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Portland OR USA Height: 5'6" Weight: 172 Eyes: Blue Hair: Grey
City State COUNTRY

5. Name of current/most recent spouse: NA Birth Date: / /
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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: / / Pen ding

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
10/2018	CURRENT	CEO/President/LLC Manager	WinCo Foods LLC, 650 N. Armstrong Pl., Boise ID 83704
10/2018	current	CEO/Director/President	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
9/2021	CURRENT				
03/2016	9/2021				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? MUST attach copies of both training certificates. 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) Grant Matthew Haag 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: 11/25/24



FINGERPRINT VERIFICATION FORM

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

DLCC USE ONLY

Job #:	295437
Date Accepted:	4/30/24
CSR:	RL

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: Grant M. Haag		
Name of Fingerprint Technician: Beatriz Lopez			
Fingerprint technician's Signature: <i>[Signature]</i>			
Fingerprint technician's Agency/company Name: BCI/ISD Idaho State Police		Phone Number: 208 884-7130	
Type of Photo ID Provided (check one):			
☒ Driver's License ☐ Passport ☐ Other (Please specify)			

LC:

Amount:



AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

DLIC USE ONLY

Job #:	295437
Date Accepted:	9/30/24
CSR:	Rh

Type or Print with Black Ink

License Number: 09070261

fp current

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: Parker James Eugene Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Boise ID USA Height: 6'2" Weight: 260 Eyes: Blue Hair: Brown
City State COUNTRY

5. Name of current/most recent spouse: Parker Ashley Kay 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2021	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
7/2021	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704
6/2017	7/2021	retired	

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
2/2020	CURRENT				
7/2018	2/2020				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒

~~13. Have you attended a DILC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) James Eugene Parker 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: [Signature] Date: 1/25/24

LC: _____
Amount: _____

24 MAY 5 1999 104 PM 1 00



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 #: 295437
Date Accepted: 4/30/24
CSR: PL

Type or Print with Black Ink

License Number: 09070261

805-539

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: Duken John Gilbert Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Plattsburgh NY USA Height: 6'3" Weight: 205 Eyes: Hazel Hair: Brown
City State COUNTRY

5. Name of current/most recent spouse: Duken Colleen Marie 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: (208) 377-0110 Email address: gmaliqor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2016	CURRENT	LLC Manager	WinCo Foods LLC, 650 N. Armstrong Pl., Boise ID 83704
7/2016	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
1/2002	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
- ~~13. Have you attended a DLTG approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) John Gilbert Duken 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: [Signature] Date: 1/25/2024



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 #:	295437
Date Accepted:	4/30/24
CSR:	Rb

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: John Duken	
Name of Fingerprint Technician: J. [Signature] #4159		
Fingerprint technician's Signature: [Signature]		
Fingerprint technician's Agency/company Name: CCSO		Phone Number:
Type of Photo ID Provided (check one):		
☒ Driver's License ☐ Passport ☐ Other (Please specify)		

LC:

Amount:



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 #:	295437
Date Accepted:	4/30/24
CSR:	KA

License Number: 09070261

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: Keller Robert Joseph Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Camp Lejeune NC USA Height: 6'0" Weight: 210 Eyes: Green Hair: Bald
City State COUNTRY

5. Name of current/most recent spouse: Keller Eileen Patricia 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

24 NOV 5 11:11 PM 1 00

10. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2017	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
7/2017	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
7/2022	CURRENT				
1/2015	7/2022				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒

~~13. Have you attended a DCLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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 ☒

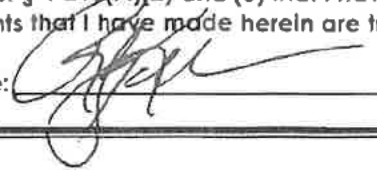
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

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) Robert Joseph Keller 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: 1/25/24



FINGERPRINT VERIFICATION FORM

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

DLLC USE ONLY

Job #:	295437
Date Accepted:	4/30/24
CSR:	R6

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 4/3/2024	Name of Applicant: Robert J. Keller
Name of Fingerprint Technician: B. Walton	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: Identigo	Phone Number: 1-877-783-4187
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	

LC:

Amount:

24 MAY 5 11:47 AM '19



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 #:

Date Accepted:

CSR:

Type or Print with Black Ink

License Number: 09070261

for current

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: Kimball Isaac Alan Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: McCall ID USA Height: 6'1" Weight: 210 Eyes: Hazel Hair: Red
City State COUNTRY

5. Name of current/most recent spouse: Colucci Christin Leigh 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
9/2022	CURRENT	Snr VP/CFO/Secretary/Treasurer	WinCo Foods, LLC 650 N. Armstrong Pl., Boise, ID 83704
9/2022	current	Snr VP/CFO/Secretary/Treasurer	WinCo Holdings, Inc. 650 N. Armstrong Pl., Boise, ID 83704
10/2021	9/2022	VP Accounting	WinCo Foods, LLC 650 N. Armstrong Pl., Boise, ID 83704
3/2020	10/2021	Senior Director, FP&A	WinCo Foods, LLC 650 N. Armstrong Pl., Boise, ID 83704
2/2010	3/2020	Asst. Controller	WinCo Foods, LLC 650 N. Armstrong Pl., Boise, ID 83704

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
10/2005	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of 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? MUST attach copies of both training certificates. 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) Isaac Alan Kimball 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: 1/25/24

LC:
Amount:

124 MAY 6 10 47 AM '23



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 #:	2AS437
Date Accepted:	5/29/24
CSR:	TA

Type or Print with Black Ink

License Number: 09070261

fp current

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: Parker James Eugene Birth Date: [REDACTED]

La [REDACTED] First [REDACTED] Middle [REDACTED] (NOT a public record)

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

4. Place of birth: Boise ID USA Height: 6'2" Weight: 260 Eyes: Blue Hair: Brown

City

State

COUNTRY

5. Name of current/most recent spouse: Parker Ashley Kay 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 15581 W McDowell Road Goodyear AZ Maricopa 85395

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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2021	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
7/2021	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704
6/2017	7/2021	retired	

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
2/2020	CURRENT				
7/2018	2/2020				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒

~~13. Have you attended a DULC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) James Eugene Parker 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: [Signature] Date: 1/25/24

LC:

Amount:

24 MAY 8 11:09 PM '09



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 #: 295437
Date Accepted: 4/30/24
CSR: RG

License Number: 09070261

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: Charrier Richard Linden Birth Date: [REDACTED]
Last First Middle (NOT a public record)

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

4. Place of birth: Tulsa OK USA Height: 5'9" Weight: 220 Eyes: Blue Hair: Blonde
City State COUNTRY

5. Name of current/most recent spouse: Charrier Jodi Lynn 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: (208) 377-0110 Email address: gmaliquor@gamlaw.com

8. Premises Name: WinCo Foods #130 Business Phone: Pen ding / /

9. Premises Address: 1551 W McDowell Road Goodyear AZ Maricopa 85395
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. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
4/2010	CURRENT	LLC Manager	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise ID 83704
4/2010	current	Director	WinCo Holdings, Inc.- 650 N. Armstrong Pl., Boise ID 83704
2/2011	5/2020	COO	WinCo Foods, LLC- 650 N. Armstrong Pl., Boise, ID 83704
2/2011	5/2020	COO	WinCo Holdings, Inc. -650 N. Armstrong Pl., Boise, ID 83704

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

FROM Month/Year	TO Month/Year	Street	City	State	Zip
3/2013	CURRENT				

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As an Agent or Controlling Person, will you be managing the day to day operation of the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14 Yes ☐ No ☒
13. Have you attended a DCLC approved Basic and Management Liquor Law Training Course within the past 3 years? MUST attach copies of both training certificates. 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) Richard Linden Charrier 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: [Signature]

Date: 2-12-2024



FINGERPRINT VERIFICATION FORM

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

DLCC USE ONLY

Job #:	295437
Date Accepted:	4/30/24
CSR:	KG

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:		
4-3-24	Richard L. Charrier		
Name of Fingerprint Technician:			
Melissa A Knutzen			
Fingerprint technician's Signature:			
<i>Melissa A Knutzen</i>			
Fingerprint technician's Agency/company Name:		Phone Number:	
Idaho State Police BCI		208-884-7130	
Type of Photo ID Provided (check one):			
☒ Driver's License ☐ Passport ☐ Other (Please specify)			

LC:
Amount:



PREMISES MANAGER QUESTIONNAIRE

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

DLIC USE ONLY	
Job #:	295437
Date Accepted:	4/30/24
CSR:	R6

Type or Print with Black Ink

License Number: 09070261

805.545

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.

- Name: Harper Michael Myers Birth Date: [REDACTED]
Last First Middle (NOT a public record)
- Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ
- Place of birth: Santa Rosa CA USA Height: 6' Weight: 215 Eyes: Blue Hair: Brown
City State COUNTRY
- Name of current/most recent spouse: Harper Cindy Diane Birth Date: [REDACTED]
Last First Middle (NOT a public record)
- Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 1997
- Daytime telephone number: (480) 981-8046 Email address: gmaliqur@gamlaw.com
- Premises Name: WinCo Foods #130 Business Phone: Pen ding
- Premises Address: 15581 W. McDowell Road Goodyear AZ Maricopa 85395
Street (do not use PO Box) City State County Zip

9. List your employment or type of business during the past five (5) years, if unemployed, retired, or student, list place of residence address. (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
05/2024	CURRENT	Store Manager	WinCo Foods-1235 S Power Rd, Mesa, AZ 85206

10. Provide your residence address information for the last five (5) years A.R.S. §4-202(D) (ATTACH ADDITIONAL SHEET IF NECESSARY)

FROM Month/Year	To Month/Year	Street	City	State	Zip
10/2009	CURRENT				

11. Have you attended a DLLC approved Basic Liquor Law Training Course within the past 3 years? Yes ☒ No ☐
12. 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 ☒
13. 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 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) Michael Myers Harper 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: Michael Myers Harper Date: 4-26-2024

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

Print Name: Ryan Witner Anderson Signature: [Signature] Date: 4/30/24

24 MAY 23 11:14 AM 121



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 #:	295437
Date Accepted:	5/29/24
CSR:	TA

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 5.21.2024	Name of Applicant: Michael Harper
Name of Fingerprint Technician: Brenda Fourie	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: PostNet AZ 109	Phone Number: 480-917-2468
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)	

**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

Michael Harper

Full Name (please print)



Signature

4/23/2024

Training Completion Date

4/23/2027

Certificate Expiration Date
(three years from completion date)

Training Provider Information

ABC – Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Theresa Morse**, 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).



Instructor Signature

23 / 4 / 2024

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

24 MAY 5 11:14 PM 1 2024

☐ On-sale

☐ Off-sale

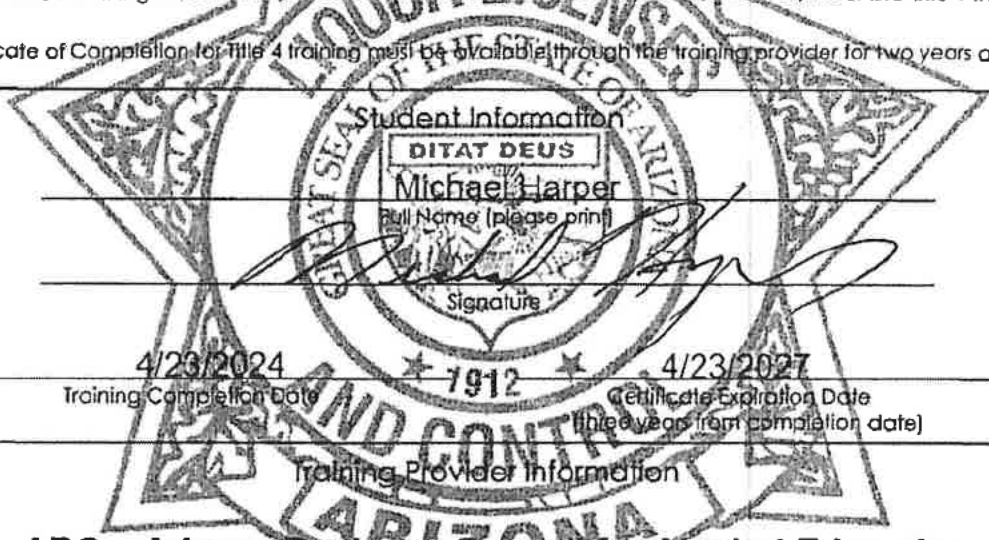
☒ On- and off-sale

Certificate of Completion
For
Title 4 **BASIC** 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.

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.



4/23/2024 Training Completion Date 7912 4/23/2027 Certificate Expiration Date
(three years from completion date)

Training Provider Information
ABC – Arizona Business Council for Alcohol Education
Company Name

8155 North 24th Avenue, Suite A; Phoenix, Arizona 85021
Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, Theresa Morse 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).

Theresa Morse
Instructor Signature

23 / 4 / 2024
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | 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.

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