

State of Arizona
Department of Liquor Licenses and Control

Created 07/11/2024 @ 04:27:28 PM

Local Governing Body Report

LICENSE

Number:		Type:	012 RESTAURANT
Name:	THE STILLERY		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	1971 N GLOBE DRIVE BLDG #03A GOODYEAR, AZ 85395 USA		
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	(602)200-7222		
Alt. Phone:			
Email:	ANDREA@LEWKLA.W.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@LEWKLA.W.COM

OWNER

Name: STILLAZ THREE LLC
Contact Name: ANDREA DAHLMAN LEWKOWITZ
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23383032 State of Incorporation: AZ
Incorporation Date: 06/06/2022
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:
ALANE JENET KOVACH	Member	30.00
STEPHEN EMERY KOVACH IV	Member	30.00
STILL CHANDLER LLC	Member	10.00
WINTERS III LLC	Member	10.00
SARGENT DINING LLC	Member	10.00

SARGENT DINING LLC - MEMBER

Name: STEVEN RYAN SARGENT
Gender: Male
Correspondence Address: 2450 S ARIZONA AVENUE
#1
CHANDLER, AZ 85286
USA
Phone: (817)666-5275
Alt. Phone:
Email: SARGENTDININA@GMAIL.COM

STILL CHANDLER LLC - ManaGING MEMBER

Name: JAMES FRED SAMPLEY III
Gender: Male
Correspondence Address: 2501 W HAPPY VALLEY ROAD
#12
PHOENIX, AZ 85085
USA
Phone: (480)399-6635
Alt. Phone:
Email: JIM.SAMPLEY@GMAIL.COM

WINTERS III LLC - Member

Name: KELDY RAY WINTERS
Gender: Male
Correspondence Address: 2727 W FRYE ROAD
STE 220
CHANDLER, AZ 85224
USA
Phone: (480)782-5550
Alt. Phone: (360)431-4135
Email: KELDYWINTERS@GMAIL.COM

STILLAZ THREE LLC - Member

Name: STILL CHANDLER LLC
Contact Name: WILLIAM CHARLES RYAN
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 2501 W HAPPY VALLEY ROAD
#12
PHOENIX, AZ 85085
USA
Phone: (480)694-4773
Alt. Phone:
Email: BILLRYANINFINITY@GMAIL.COM

STILLAZ THREE LLC - Member

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

STILLAZ THREE LLC - Member

Name: STEPHEN EMERY KOVACH IV
Gender: Male
Correspondence Address: 12539 N SIERRA DEL SOL
FOUNTAIN HILLS, AZ 85268
USA
Phone: (602)432-4007
Alt. Phone:
Email: STEVE@STEVEKOVACH.NET

STILLAZ THREE LLC - Member

Name: SARGENT DINING LLC
Contact Name: WILLIAM CHARLES RYAN
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 2501 W HAPPY VALLEY ROAD
#12
PHOENIX, AZ 85085
USA
Phone: (480)694-4773
Alt. Phone:
Email: BILLRYANINFINITY@GMAIL.COM

STILLAZ THREE LLC - Member

Name: ALANE JENET KOVACH
Gender: Female
Correspondence Address: 12539 N SIERRA DEL SOL
FOUNTAIN HILLS, AZ 85268
USA
Phone: (602)432-4008
Alt. Phone:
Email: KOVACHAK@GMAIL.COM

APPLICATION INFORMATION

Application Number: 300081
Application Type: New Application
Created Date: 06/25/2024

QUESTIONS & ANSWERS

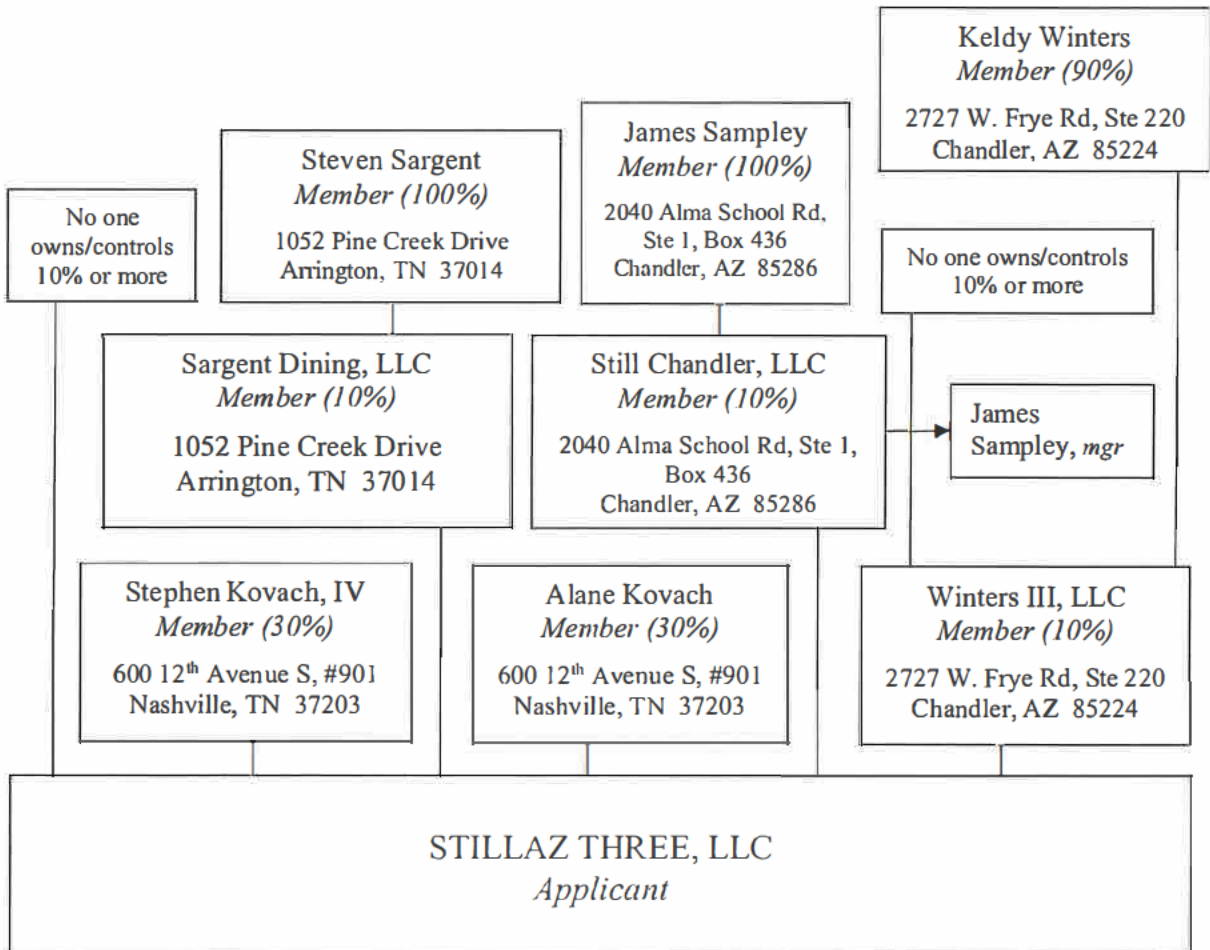
012 Restaurant

- 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?
Yes
Is the patio contiguous or non-contiguous (within 30 feet)?
CONTIGUOUS
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
SEPTEMBER 2024
- 9) What type of business will this license be used for?
RESTAURANT

DOCUMENTS

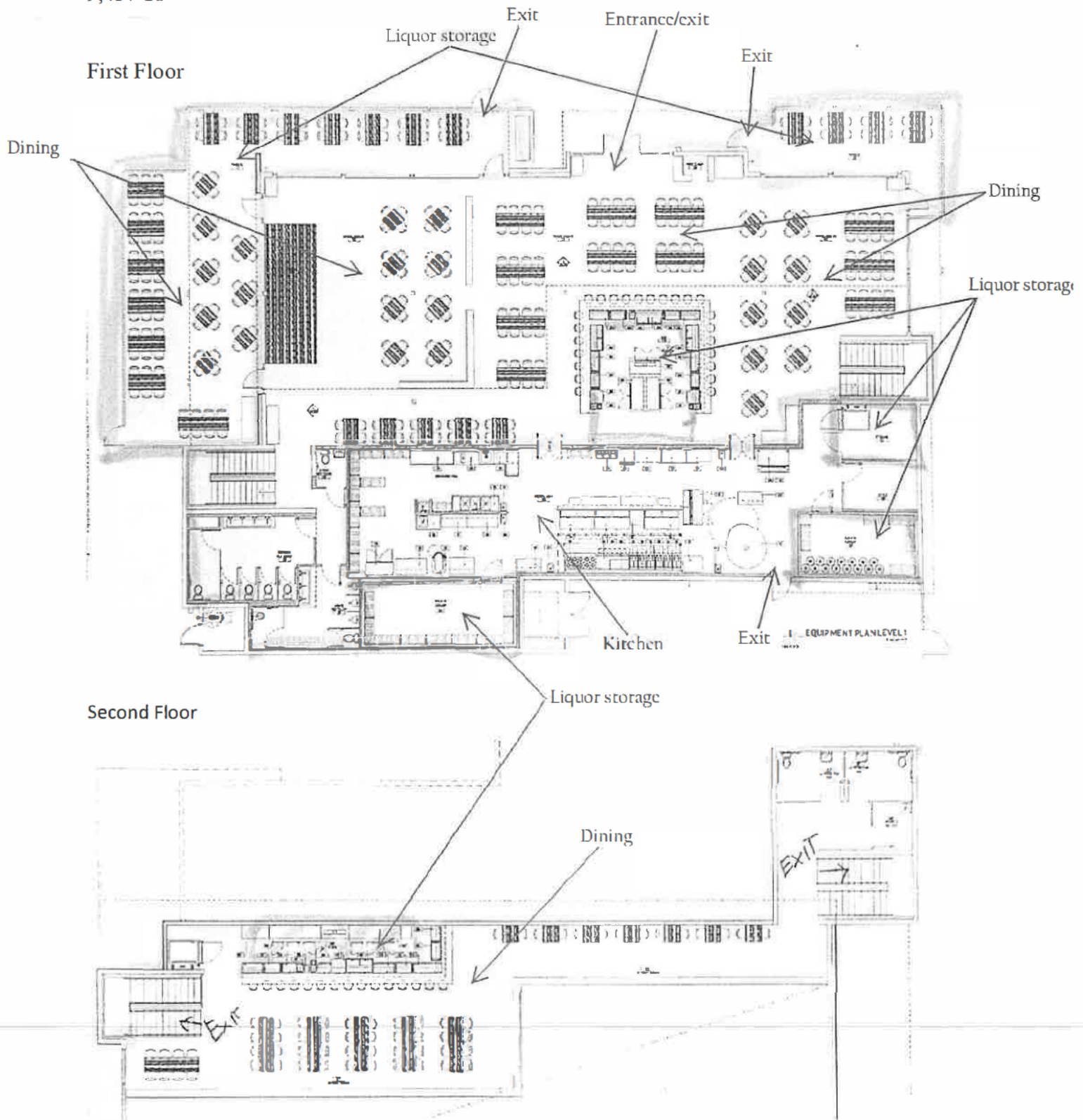
DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	Gdyr Agt ADL (Ctn).pdf	06/25/2024
QUESTIONNAIRE	Gdyr Agt ADL (Q).pdf	06/25/2024
RECORDS REQUIRED FOR AUDIT	Gdyr Audit.pdf	06/25/2024
DIAGRAM/FLOOR PLAN	Gdyr Diagram.pdf	06/25/2024
QUESTIONNAIRE	Gdyr_CP A Kovach (Q+S).pdf	07/03/2024
QUESTIONNAIRE	Gdyr CP S Kovach (Q+S).pdf	07/03/2024
QUESTIONNAIRE	Gdyr_CP Sampley (Q+S+T).pdf	07/03/2024
QUESTIONNAIRE	Gdyr CP Sargent (Q+S).pdf	07/03/2024
QUESTIONNAIRE	Gdyr CP Winters (Q+FP).pdf	07/03/2024
MENU	Gdyr Menu.pdf	07/03/2024
RESTAURANT OPERATION PLAN	Gdyr ROP.pdf	07/03/2024
ORGANIZATIONAL DOCUMENTS	StillAz Three, LLC_Ownership Chart.pdf	07/03/2024

STILLAZ THREE, LLC
Ownership Chart | 7/11/2024



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99 7 12 124. 1247 99 1 10





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): THE STILLERY

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

LIST ONLY THE FOLLOWING - NO ATTACHMENTS

Grill	60" GRIDDLE/VULCAN 36" BROILER/VULCAN FRYER/VULCAN
Oven	60" RANGE, 10-BURNER, DOUBLE OVEN/VULCAN PIZZA OVEN/WOODSTONE
Freezer	49" FREEZER/TRUE
Refrigerator	WALK-IN COOLER
Sink	HAND SINK/single WORK TABLE/sink 3-COMPARTMENT
Dish Washing Facilities	DISH MACHINE/CONVEYOR DIRTY DISH TABLE
Food Preparation Counter (Dimensions)	STAINLESS STEEL TABLES (30"x60" + 36"x30" + 60"x30" + 48"x30")
Other	60 QT MIXER

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.) 65 %

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?) 15 %

6. List the seating capacity for:

a) Restaurant dining area of your premises: [262]

(DO NOT INCLUDE PATIO SEATING)

b) Bar area [+ 126]

TOTAL [= 388]

124 7 11 Lic Dept PH 130
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.)

(I) TELEVISION

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

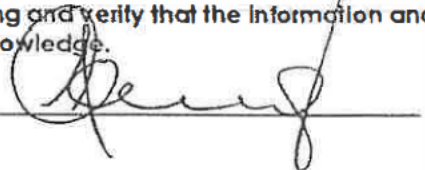
If yes, what type and how often (example: DJ-2 x a week, Karaoke-2 x a month, Live Band-1 x a month, etc.)

LIVE MUSIC + PATRON DANCING

10. List number of employees for each position:

Position	How many
Cooks	20
Bartenders	8
Hostesses	4
Managers	5
Servers	20
Other (DISHWASHERS)	6
Other ()	
Other ()	

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: 



-Nashville, TN-
113 2nd Ave N
1021 Broadway

-Chandler, AZ-
180 S Arizona Ave

-Phoenix, AZ-
2501 W Happy Valley Rd

-Goodyear, AZ-
Coming in 2024!

-Westminster, CO-
10683 Westminster Blvd

STARTERS

- Sriracha Devil Eggs 12** As the name describes, crispy prosciutto, parm, chive
- Fried Green Beans 13 w/ house ranch**
- Queso 16** House made w/ roasted chiles + chips
- Crispy Brussels 15** Hot honey, feta, chive, lemon
- Chicken Fried Cheese 15** House breaded deep fried cheese curds w/ sriracha ranch
- Pretzels 14** Semi-soft pretzel bites w/ our house queso
- Jalapeno-Bacon Rangons 14** Inside-out jalapeno 'poppers' wrapped in crispy wontons w/ house ranch
- Pickle Chips 13** Lightly breaded & fried crispy, w/ house ranch
- Cast Iron Wings 19** One pound, choose: BBQ, house hot, or 'Nashville' HOT
- Hot Chicken Nachos 19** Queso, mac sauce, roasted jalapenos, tomato, crema, chive

GREENS

Wrap it all up in an oversized tortilla +1

- Caesar 14** Romaine hearts, garlicky-dressing, croutons, shaved parm, lemon zest
- Chop-Chop 14** Roasted tomato, brussels sprouts, roasted red bell pepper, feta, romaine, honey-balsamic vinaigrette, house croutons, shaved parm, herbs
- Strawberry Gorgonzola 14** Strawberries, gorgonzola, candied pecans, mixed greens, crispy wonton, white balsamic vinaigrette
- Wedge 13** Iceberg, gorgonzola, bacon, tomato, onion, buttermilk-bleu dressing
- Thai Chicken 15** Shredded chicken, napa cabbage, carrot, cilantro, spring mix, ginger-sesame vin, crispy wonton
- Hot Chicken Salad 17.5** Hot chicken atop chopped romaine w/ shredded cheddar, tomato, bacon, onion, house ranch

HOUSE SPECIALTIES

- Mac & Cheese 15** Cavatappi, house cheese sauce, baked with buttery breadcrumb *top w/ hot chicken +\$3*
- Chicken Fingers 17** House brined and hand breaded, w/ house cut fries + Texas toast (ask for house or Nashville hot)
- Steak Fingers 18** Hand breaded & deep fried cube steak, w/ house cut fries + Texas toast +country gravy
- Catfish & 'Chips' 19** Deep-fried with a light & crispy breading, w/ house cut fries + Texas toast
- Blackened Salmon 26** Honey-mustard glazed, house cut fries, mixed greens

RUSTIC PIES

All pizzas are individual+ (8x12" ish) sized, made using freshly sourced & house made ingredients then baked in our +/-700 degree brick oven

- Plain Jane 18** Red sauce, mozz, parm, herbs
- Spicy Sausage 20** House-made hot Italian sausage, grilled onions, red sauce, mozz, parm, herbs
- Cheese Steak Pie 20** Thin sliced sirloin, mac sauce, caramelized onion, mozz, chive + pretzel crust!
- Sticky Sweet 20.5** Pepperoni, mushroom, feta, red sauce, mozz, parm, herbs, hot honey
- Brussel Sprout 19** Garlic oil, caramelized onion, roasted brussel sprouts, bacon, mozz, parm, herbs
- Hot Chicken Pie 20** Hot chicken, white sauce, cheddar, mozz, bacon, ranch crust
- Tomato+Pesto 19** Roasted tomato, basil pesto, red sauce, mozz, parm, herbs
- Pepperoni 20** Roasted red pepper, confit garlic, red sauce, mozz, parm, herbs
- BBQ Chicken 20** Roasted chicken, bacon, caramelized onion, bbq sauce, cheddar, mozz, parm, chive
- Prosciutto & Arugula 20** White sauce, mozz, parm, dressed arugula
- Braised Broccolini 19** White sauce, roasted tomato, caramelized onion, mozz, parm, herbs

TWO HANDED SANDWICHES

Served w/ house cut fries, sweet potato fries (+2), mixed greens, or baked mac & cheese (+\$3)

- Hot Chicken 17.5** Fried crispy, spicy sauce, fried pickles, lettuce, tomato, bleu cheese spread
- Turkey Burger 18** Muenster cheese, avocado, arugula, sriracha mayo
- Cheesesteak 17** White American, roasted garlic aioli, caramelized onion
- Grilled Cheese 16** Muenster grilled cheese (add bacon +2, tomato +1)
- Sonoran Burger 19** Roasted jalapenos, caramelized onion, bacon, pepper jack, roasted garlic aioli
- MC Burger* 19** Cheddar, bacon, prosciutto, fried egg, roasted garlic aioli on an oversized English muffin
- All-American Burger 18** Cheddar, lettuce, tomato, onion, pickle
- Bacon Mushroom Bleu 19** Gorgonzola spread, bacon, mushroom, arugula, roasted garlic aioli
- Pimento Cheese Burger 19** House pimento cheese, bacon, caramelized onion, roasted garlic aioli
- The Carnivore 26** Four patties, bacon, cheddar, pepper jack, roasted garlic aioli, house BBQ sauce

Prices listed on our menu reflect our cash price. Our regular price includes 3.5% non cash adjustment. We offer savings when you pay cash

*These items may contain raw or undercooked ingredients.

*Consuming raw or undercooked protein may increase your risk of foodborne illness.

SPECIALTY COCKTAILS

Smoked Old Fashioned 14
Buffalo Trace bourbon, two bitters,
brown sugar simple, cherry smoke, big rock

Papa G 13
Double spiced Superbird Fuego, lime, agave

Stillery Paloma 13
Cazadores reposado, lime, simple, grapefruit jarritos

Old Oaxacan 15
Corazon anejo, agave, aztec chocolate bitters,
big rock

Kentucky Mule 13
Traveller whiskey, lime, mint, ginger beer

Gold Brew Martini 13
Mr Black, Wheatley vodka, cold brew, vanilla simple

3 AMIGOS HOUSE MARG 9

MASON JAR COCKTAILS '13

Corbasil
Commerce gin, fresh basil, simple syrup, soda, lime

Dreamsicle
Ole Smoky orange, vanilla infused 'shine,
orange juice, lemonlime soda

Blueberry Smash
Western Son blueberry vodka, smashed
blueberries, simple syrup, lime, soda

Hunch Punch
Ole Smoky Hunch Punch 'shine, house sour,
lemon-lime soda

Southern Peach
American Born Dixie 'shine, peach liquor,
sweet tea, sour

Blackberry Lime
Ole Smoky Blackberry 'shine, lime,
sour, lemon-lime soda

ON TAP

San Tan Hefe 7
Chandler, AZ - ABV 5% - IBU 8

Papago Orange Blossom 7
Tempe, AZ ABV 5% - IBU 15

Mother Rd Towerstation IPA 7
Flagstaff, AZ ABV 7.3% - IBU 70

Four Peaks Kitlifter 7
Tempe, AZ ABV 6% - IBU 21

San Tan JuicyJack IPA 7
Chandler, AZ - ABV 6.5% IBU 37

The Shop Beer Co Crispy Blonde 7
Tempe, AZ - ABV 5.5% - IBU 10

Rotating Seasonal MKT
Ever changing

The Stillery Light Lager 6
Tempe, AZ - ABV 4%

LOCAL+REGIONAL BREWS

Huss Scottsdale Blonde 7
Tempe, AZ - ABV 4.7% - IBU 16

College Street Big Blue Van 7
Lake Havasu, AZ ABV 5.4%

Phx Beer Co Monsoon IPA 7
Phoenix, AZ ABV 7% - IBU 70

O.H.S.O. Popcycle Blonde 7
Phoenix, AZ, ABV 4.5% - IBU 8

College St V. Beauregard 7
Lake Havasu, AZ ABV 4.3% - IBU 11

Mudshark Vanilla Carmel Porter 7
Lake Havasu, AZ 5.8% ABV - IBU 20

Grand Canyon Sunset Amber 6
Flagstaff, AZ ABV 5.5% - IBU 25

The Shop Beer Co Church M. IPA 7
Tempe, AZ 6.7% ABV - IBU 46

Cider Corps Cider [rotating] 8
Mesa, AZ

EVERYTHING ELSE

Modelo Especial 6
Mexico - ABV 4.5%

XX Lager 6
Mexico - ABV 4.5%

Pacifico Clara 6
Mexico - ABV 4.4%

Firestone Walker 805 7
Central Coast, CA - ABV 4.7% - IBU 15

Guinness Stout (16oz) 7
Ireland ABV 4.2% IBU 50

High Noon Seltzer 7
Vodka or Tequila

Santan Sun Splash 7
Vodka based seltzer

Long Drink 7
Gin based seltzer

Athletics Upslope Golden Ale [NA] 6

Run Wild IPA [NA] 6

USUAL SUSPECTS '7

Coors Light Golden, CO
Coors Banquet, Golden, CO
PBR Milwaukee, WI
Miller Lite Milwaukee, WI
Michelob Ultra St Louis, MO
Bud Light St Louis, MO

16oz cans

WINE BY THE GLASS

La Marca Prosecco [187ml] 11

Daou Rose 12

Three Pears Pinot Grigio 12

Whitehaven Sauvignon Blanc 13

La Crema Chardonnay 14

Bonanza by Caymus Cab 12

Sea Sun Pinot Noir 12

Michael David Freakshow Red Blend 14

Juggernaut Cabernet Sauvignon 16

'24 7 11 Ltr. Dept PM 1 10

The Stillery Goodyear Non Alcoholic Beverage List

Pepsi Products \$3

Iced Teas \$3

Coffee \$3



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): THE STILLERY
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 Privilege Sales, Use and Severance Tax Return (copies)
- B. Income Tax Return - city, state and federal (copies)
- C. Any supporting books, records, schedules or documents used in preparation of tax returns

13. Payroll Records

- 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

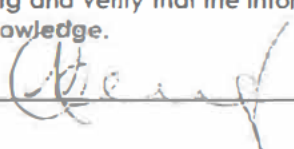
The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records,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

CSR:

Amount:

24 7 11 09: 10: 1 09



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 #: 300081

Date Accepted: 07-11-2024

CSR: 36

Type or Print with Black Ink

Fp current
08-29-2023

License Number: SERIES I2

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: HZL 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@LEWKOWITZ.COM

8. Premises Name: THE STILLERY Business Phone: PENDING /

9. Premises Address: 1971 N. GLOBE DRIVE BLDG 03A 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.

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				

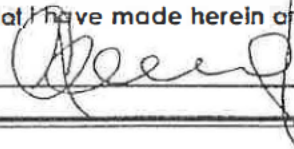
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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: 06/24/2024

LC:

Amount:

24 7 11 Lic. Act #109



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 #: 300081

Date Accepted: 07-11-2024

CSR: SG

FP: current until 5/ 2025

Type or Print with Black Ink

FP current
05.05.2023

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: KOVACH ALANE JENET Birth Date: [REDACTED] [REDACTED] (NOT a public record)

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

4. Place of birth: GRAND JUNCTION CO USA Height: 5'2" Weight: 114 Eyes: BL Hair: BWN

5. Name of current/most recent spouse: KOVACH STEPHEN EMERY Birth Date: [REDACTED] [REDACTED] [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: 602 432 4008 Email address: kovachak@gmail.com

8. Premises Name: THE STILLERY Business Phone: PENDING

9. Premises Address: 1971 N. GLOBE DRIVE BLDG 03A GOODYEAR AZ MARICOPA 85395

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)
07/13	CURRENT	MEMBER/OWNER	NASHVILLE STREET TACO, THE STILLERY NA
			THE STILLERY CHANDLER, PHOENIX, WESTM
			600 12th AVENUE S, #901, NASHVILLE, TN 37203

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
11/22	CURRENT				
06/2010	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 DLLC 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) Alane Kovach 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: Alane Kovach Date: June 20 2024

Supplement to AzDLLC Questionnaire

ALANE JENET KOVACH

#18. Yes –

I hold an interest in StillAz II, LLC, which holds Arizona liquor license no. 012070017320. By AzDLLC Consent Agreement and Order No. 000437-23, the license was suspended from May 30 – June 2, 2024, and a fine was paid as a settlement of alleged violations for an incident that occurred on August 6, 2023.

Alane Kovach

Date 6/20/24

LC:

Amount:

24 7 11 Lic. Dept PM 1 09



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 #: 00081

Date Accepted: 07-11-2024

CSR: SG

FP: current until 5/5/2025

Type or Print with Black Ink

FP current
05-05-2023

License Number: SERIES I2

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: Kovach^{IV} Stephen Emery Birth Date: [REDACTED]
Last First Middle N T a c r e

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

4. Place of birth: West Point NY USA Height: 5'9" Weight: 190 Eyes: Blue Hair: Blonde
City State COUNTRY

5. Name of current/most recent spouse: Kovach Alane Jenet Birth Date: [REDACTED]
Last First Middle T a c r e

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 1978

7. Daytime telephone number: 602-432-4007 Email address: steve@stevekovach.net

8. Premises Name: THE STILLERY Business Phone: PEN DING / /

9. Premises Address: 1971 N. GLOBE DRIVE, BLDG 03A 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)
06/2016	CURRENT	Member- restaurant	The Stillery Midtown, Big Jimmy's- 1921 Broadway, Nashville, TN 37203
04/2022	Current	Member- restaurant	Wanna Spoon, Emery, Nashville Street Taco- Nashville, TN 37204
10/2020	Current	Member- restaurant	The Stillery Chandler and Deer Valley- 130 S. Arizona Ave., Chandler, AZ 85225
6/2022	Current	Member- restaurant	The Stillery- Westminister, CO 80020
10/2019	05/2023	Partner- construction	Kovach Building Enclosures 3195 W. Armstrong Place, Chandler, AZ 85286

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
06/2010	CURRENT				
11/2022	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 DLLC 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) Stephen Kovach 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: 06/18/2024

Supplement to AzDLLC Questionnaire

Stephen Kovach

#18. Yes –

I hold an interest in StillAz II, LLC, which holds Arizona liquor license no. 012070017320. By AzDLLC Consent Agreement and Order No. 000437 23, the license was suspended from May 30 – June 2, 2024, and a fine was paid as a settlement of alleged violations for an incident that occurred on August 6, 2023.



Date 06/18/2024

LC:

Amount:

YES 7 11 PM, Sat Jul 1 09



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 #: 360081

Date Accepted: 07-11-2024

CSR: SG

FP: current until 5/5/2025

Type or Print with Black Ink

FP current
05-05-2023

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: SAMPLEY JAMES FRED Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: PHOENIX AZ USA Height: 6'1 Weight: 180 Eyes: BLUE Hair: BRN

5. Name of current/most recent spouse: PEREZ JENNIFER MARIE 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? 03/19/1974

7. Daytime telephone number: (480) 399-6635 Email address: JIM@SAMCON.NET

8. Premises Name: THE STILLERY Business Phone: PEN DI 8

9. Premises Address: 1971 N. GLOBE DRIVE, BLDG 03A GOODYEAR AZ MARICOPA 85395

24 7 11 127. 891 1 09

If you were employed 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)
11/2019	CURRENT	construction	Sampley Construction LLC 2040 S Alma School Rd, Suite 1 Box 436, Chandler, AZ. 85286
01/2017	04/2020	construction	Bambuilt Construction, LLC 2040 S Alma School Rd, Suite 1 Box 436, Chandler, AZ. 85286

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
12/2022	CURRENT				
10/2020	12/2022				
10/2019	10/2020				
10/2017	10/2019				

(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 DLLC 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

James Sampley

I, (Print Full Name) _____ 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: _____

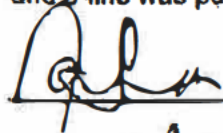
6/21/24

Supplement to AzDLC Questionnaire

JAMES FRED SAMPLEY

#18. Yes --

I hold an interest in StillAz II, LLC, which holds Arizona liquor license no. 012070017320. By AzDLC Consent Agreement and Order No. 000437-23, the license was suspended from May 30 -- June 2, 2024, and a fine was paid as a settlement of alleged violations for an incident that occurred on August 8, 2023.



Date

7/2/24

Certificate # 662745

24 7 11 11:09 AM Dept PR 1 09
Certificate of Completion
For
Title 4 BASIC Liquor Law Training

- ☐ On-sale
☐ Off-sale
☒ On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor Licenses and Control. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

DITAT DEUS

James Sampley
Full Name (please print)

Signature

07-13-2023 Training Completion Date

1912

07-12-2026 Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Robert V. Graham
Instructor Signature

13 / 07 / 2023
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.

July 11, 2013

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

James Sampley

Full Name (please print)

Signature

07-13-2023

1912

07-12-2026

Training Completion Date

Certificate Expiration Date

(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)
Title 4 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).

Robert V. Graham

Instructor Signature

13 / 07 / 2023

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.

July 11, 2013

LC:

Amount:

24 7 11 11:09 AM 109



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 #: 300081

Date Accepted: 07-11-2024

CSR: SG

FP current
05-05-2023

FP: current until 5/5/2025

Type or Print with **Black Ink**

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: Sargent, Steven Ryan

Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Salt Lake City, Utah, USA Height: 5'9 Weight: 200 Eyes: BLU Hair: BRN

5. Name of current/most recent spouse: Wood, Jennifer, Ray 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? TN

7. Daytime telephone number: 817 666 5275 Email address: sargentdining@gmail.com

8. Premises Name: THE STILLERY Business Phone: PEN DINC

9. Premises Address: 1971 N GLOBE DR, BLDG 03A GOODYEAR AZ MARICOPA 85395

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)
1/2015	CURRENT	Restaurant operator	Gias LLC, 113 2nd Ave N, Nashville, TN 37201
1/2020	current	Member	Sargent Dining LLC, 1052 Pine Creek Dr Arrington, TN 37014

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
10/2023	CURRENT				
4/2019	10/2023				

(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 DLLC 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**

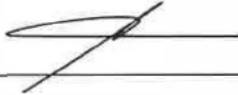
I, (Print Full Name) Steven Sargent hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 6/20/24

Supplement to AzDLLC Questionnaire

#18. Yes –

I hold an interest in StillAz II, LLC, which holds Arizona liquor license no. 012070017320. By AzDLLC Consent Agreement and Order No. 000437-23, the license was suspended from May 30 – June 2, 2024, and a fine was paid as a settlement of alleged violations for an incident that occurred on August 6, 2023.



Date 6/20/24

LC:

Amount:

24 7 11 Lic. Dept. Form 110



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 #: 300081

Date Accepted: 07-11-2024

CSR: SG

License Number: SERIES 12

A000271064
Current
06-25-2024

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

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: WINTERS KELDY RAY Birth Date: [REDACTED] / [REDACTED] / [REDACTED] (NOT a public record)

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

4. Place of birth: LONGVIEW WA USA Height: 6' Weight: 200 Eyes: BLUE Hair: BRN
City State COUNTRY

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

6. Are you a bonafide resident of Arizona? Yes ☒ No ☐ If yes, what is your date of residency? 08/2009

7. Daytime telephone number: (360) 431-4135 Email address: KELDYWINTERS@GMAIL.COM

8. Premises Name: THE STILLERY Business Phone: PEN DI ON / /

9. Premises Address: 1971 N. GLOBE DRIVE, BLDG 03A GOODYEAR AZ MARICOPA 85395
Street (do not use PO Box) City State County Zip

0. 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)
6/2009	CURRENT	Real Estate Agent/Broker	Latigo Land & Capital
			2727 W Frye Rd Ste 220
			Chandler, AZ 85224

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	City	State	Zip
03/2016	CURRENT		A	

(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

Keldy Ray Winters

I, (Print Full Name) _____ 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 statement that I have made herein are true and correct to the best of my knowledge.

Signature: _____

6/21/24

Date: _____

24 7 11 Lique. Dept PM 1:10

Supplement to AzDLC Questionnaire

Keldy Winters

#18. Yes –

I hold an interest in StillAz II, LLC, which holds Arizona liquor license no. 012070017320. By AzDLC Consent Agreement and Order No. 000437-23, the license was suspended from May 30 – June 2, 2024, and a fine was paid as a settlement of alleged violations for an incident that occurred on August 6, 2023.

DocuSigned by:

Keldy Winters

D36A04850CC6463

6/26/2024

Date

ARIZONA

RECEIPT

Date: 06/17/2024

Order ID: 123485402643646

Authorization #: 5651635

Please reference these numbers in any correspondence regarding your transaction



Billing Information

keldy winters

2727 w frye rd ste 220

chandler AZ 85224

Phone #: 360-431-4135

Email: keldywinters@gmail.com

Account Information

Payment Method: Master Card

XXXXXXXXXXXX6174 07/2026

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

Notes:

Arizona Department of Public Safety: This is a transaction for AZDPS for A000271064