

State of Arizona
Department of Liquor Licenses and Control

Created 06/05/2025 @ 04:15:24 PM

Local Governing Body Report

**Received by the
Goodyear City
Clerk's Office on
Thursday, June
5, 2025**

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	TRADER JOE'S #289	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	14770 W MCDOWELL ROAD GOODYEAR, AZ 85395 USA	
Mailing Address:	2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA	
Phone:	(602)200-7222	
Alt. Phone:		
Email:	ANDREA@LEWKLaw.COM	

AGENT

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

OWNER

*60th day
08-04-2025*

Name: TRADER JOE'S COMPANY
 Contact Name: ANDREA DAHLMAN LEWKOWITZ
 Type: CORPORATION
 AZ CC File Number: F00499866 State of Incorporation: CA
 Incorporation Date: 07/16/1992
 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:
TACT HOLDING INC	Stockholder	100.00
JAMES MICHAEL SAMUEL	Multi- See Case Note	
KATHRYN ALICE CAHAN	Secretary/Treasurer/EVP	
CHAD B ANDERSON	Multi- See CaseNote	
ROBERT EDWARD BENSON	Multi-See Case Note	
DAVID WAYMOND SARANDO	Multi- See Case Note	
TERESA GAIL PARKS	Multi- See Casenote	
BRYAN EDWARD PALBAUM	Dir/VP/CEO	
DONALD JOSEPH GALLEG0	Multi- See Case Note	
DEKOVAN THADDEUS GILLESPIE	Multi- See Case Note	
MITCHELL BRUCE HEEGER	Director/EVP	
JAMES FRANCIS SHORO	Multi- See Case Note	
ASHLEY KUUILEI TANGALIN	Multi- See CaseNote	

TRADER JOE'S COMPANY - Multi- See Case Note

Name: JAMES FRANCIS SHORO
 Gender: Male
 Correspondence Address: 2600 N CENTRAL AVENUE
 #1775
 PHOENIX, AZ 85004
 USA
 Phone: (480)759-2295
 Alt. Phone:
 Email: JSHORO@COX.NET

TRADER JOE'S COMPANY - Multi- See Case Note

Name: JAMES MICHAEL SAMUEL
 Gender: Male
 Correspondence Address: 2600 N CENTRAL AVENUE
 #1775
 PHOENIX, AZ 85004
 USA
 Phone: (480)838-4142
 Alt. Phone:
 Email: JMS1915@HOTMAIL.COM

TRADER JOE'S COMPANY - Multi- See Case Note

Name: DONALD JOSEPH GALLEG0
Gender: Male
Correspondence Address: 9756 W RUNNING DEER TRAIL
PEORIA, AZ 85383
USA
Phone: (480)367-8920
Alt. Phone:
Email: ROTELFAN@COX.NET

TRADER JOE'S COMPANY - Multi-See Case Note

Name: ROBERT EDWARD BENSON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)485-7788
Alt. Phone:
Email: RBENSON769@YAHOO.COM

TRADER JOE'S COMPANY - Stockholder

Name: TACT HOLDING INC
Contact Name: ANDREA LEWKOWITZ
Type: CORPORATION
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

TRADER JOE'S COMPANY - Secretary/Treasurer/EVP

Name: KATHRYN ALICE CAHAN
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (626)599-2881
Alt. Phone:
Email: KCAHAN@TRADERJOES.COM

TRADER JOE'S COMPANY - Multi- See Case Note

Name: DEKOVAN THADDEUS GILLESPIE
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (623)776-7414
Alt. Phone:
Email: DEKOVANGILLESPIE@GMAIL.COM

TRADER JOE'S COMPANY - Multi- See Case Note

Name: DAVID WAYMOND SARANDO
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)733-1313
Alt. Phone:
Email:

TRADER JOE'S COMPANY - Multi- See CaseNote

Name: CHAD B ANDERSON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)248-8892
Alt. Phone:
Email: CHADA@COMCAST.COM

TACT HOLDING INC - Director
TRADER JOE'S COMPANY - Dir/VP/CEO

Name: BRYAN EDWARD PALBAUM
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (626)599-3700
Alt. Phone:
Email:

TRADER JOE'S COMPANY - Director/EVP

Name: MITCHELL BRUCE HEEGER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (626)599-3700
Alt. Phone:
Email:

TRADER JOE'S COMPANY - Multi- See Casenote

Name: TERESA GAIL PARKS
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)270-1846
Alt. Phone:
Email: TPARKS7700@GMAIL.COM

TRADER JOE'S COMPANY - Multi- See CaseNote

Name: ASHLEY KUUILEI TANGALIN
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (310)210-2946
Alt. Phone:
Email:

MANAGERS

Name: DANIEL BURTON SAWYER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)325-0069
Alt. Phone:
Email:

Name: JOEL ISAAC MATTHEWS
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)838-4142
Alt. Phone: (480)759-2295
Email:

Name: DOUGLAS LEE GUM
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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USA
Phone: (623)546-1640
Alt. Phone:
Email:

Name: DEBRA ANN MC EVOY
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)607-3852
Alt. Phone:
Email:

Name: JOHN G LAZAR
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)846-1578
Alt. Phone:
Email:

Name: MARLENE R CHURCHILL
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)279-4437
Alt. Phone:
Email:

Name: JOHN NEIL CRENSHAW
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)323-4500
Alt. Phone: (520)572-9697
Email:

Name: SEAN MICHAEL PEARSON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)323-4500
Alt. Phone: (520)743-2244
Email:

Name: JOSHUA CHARLES HARPER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)367-8920
Alt. Phone: (480)354-6996
Email:

Name: JEFFREY LEE WOLF
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (623)546-1640
Alt. Phone: (602)264-9563
Email:

Name: BRIAN HOWARD ZELL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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USA
Phone: (520)572-7190
Alt. Phone:
Email:

Name: PAUL THOMAS WINANS
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)759-2295
Alt. Phone: (602)912-3022
Email:

Name: GARY ALLAN GORDON
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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USA
Phone: (480)632-0951
Alt. Phone: (480)857-0525
Email:

Name: DANIEL WAYNE DASSE
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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Alt. Phone: (520)207-0460
Email:

Name: MARSHA LYNN MORRIS
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
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USA
Phone: (602)485-7788
Alt. Phone:
Email:

Name: STEPHEN EDWARD CARMICK
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
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USA
Phone: (999)999-9999
Alt. Phone:
Email:

Name: SHANNON ARDEN CURRAN
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
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Phone: (480)632-8653
Alt. Phone: (602)741-8653
Email:

Name: DANIEL JOSEPH KREMER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
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Phone: (602)485-7788
Alt. Phone:
Email: DANIELJKREMER@GMAIL.COM

Name: MICHAEL KEITH BAUGHER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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Alt. Phone:
Email: DYERMAKER56@AOL.COM

Name: JOSEPH ADAM GRICH
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
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USA
Phone: (623)546-1640
Alt. Phone:
Email:

Name: SCOTT JASON SAFFORD
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)743-6452
Alt. Phone:
Email:

Name: JENNIFER JEAN SHOOK
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)948-9886
Alt. Phone: (480)317-9435
Email:

Name: MICHELLE MARIE NAGER
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)323-4500
Alt. Phone: (520)971-5064
Email:

Name: TODD ALAN HETZEL
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)632-0951
Alt. Phone: (623)877-4116
Email:

Name: PATRICK THOMAS FALLS
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)371-0167
Alt. Phone: (480)892-3200
Email:

Name: IAN MATTHEW ALSEN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)948-9886
Alt. Phone: (480)632-1345
Email:

Name: GARY MICHAEL ASHENBRENER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (623)293-6337
Alt. Phone:
Email:

Name: RAFAEL GALINDO
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)759-2295
Alt. Phone: (623)322-4141
Email:

Name: BARBARA RUTH MICHAEL
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)367-8920
Alt. Phone: (602)861-1688
Email:

Name: DENISE MARIE HETZEL
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)838-4142
Alt. Phone:
Email:

Name: CHRISTOPHER IAN WARREN
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)632-0951
Alt. Phone:
Email: CHRISTOPHER.IAN.WARREN@GMAIL.COM

Name: MICHELLE ROSE FARRAR
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (352)262-9268
Alt. Phone:
Email: MRFARRAR@YAHOO.COM

Name: TODD FRANKLIN LOVE
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)838-4142
Alt. Phone:
Email: DEVIL6DOG@ME.COM

Name: JOSEPH LUCAS ROMANOSKI
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (520)955-0511
Alt. Phone:
Email: OSKI4CUBS@YAHOO.COM

Name: CHRISTOPHER AARON SHEA
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)369-8273
Alt. Phone:
Email: CSHEA1@GMAIL.COM

Name: JUSTIN CALVIN BYRD
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (310)927-4517
Alt. Phone:
Email: SOUNDTHERAPY76@ICLOUD.COM

Name: LINDSAY COBURN WELSH
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)540-8163
Alt. Phone:
Email: INUGENT2422@GMAIL.COM

Name: RYAN MARK MILLER
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (480)303-9974
Alt. Phone:
Email: RYANMILLER1024@GMAIL.COM

Name: ALEXANDRA MICHELLE NEWFIELD
Gender: Female
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (909)749-9262
Alt. Phone:
Email: LEXIAMN@GMAIL.COM

Name: BRADLEY JASON MCMURRAY
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (614)965-7387
Alt. Phone:
Email: INGENT2422@GMAIL.COM

Name: FRANK HOWARD DAVENPORT
Gender: Male
Correspondence Address: 2600 N CENTRAL AVENUE
#1775
PHOENIX, AZ 85004
USA
Phone: (602)448-0460
Alt. Phone:
Email: RAZR60@HOTMAIL.COM

APPLICATION INFORMATION

Application Number: 348612
Application Type: New Application
Created Date: 05/20/2025

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Provide name, address, and distance of nearest school.
(If less than one (1) mile note footage)
Trivium Preparatory Academy - Great Hearts | 1,560 FT
2001 N Bullard Ave, Goodyear, AZ 85395
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PROPERTY TENANT
- 4) Is there a penalty if lease is not fulfilled?
Yes
What is the penalty?
TERMINATION AND/OR OTHER MONETARY PENALTIES
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
0.00
- 7) Are there walk-up or drive-through windows on the premises?
No
- 8) Does the establishment have a patio?
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
Yes
If yes, what is your estimated completion date?
DECEMBER 2025

10S Beer and Wine Store Sampling

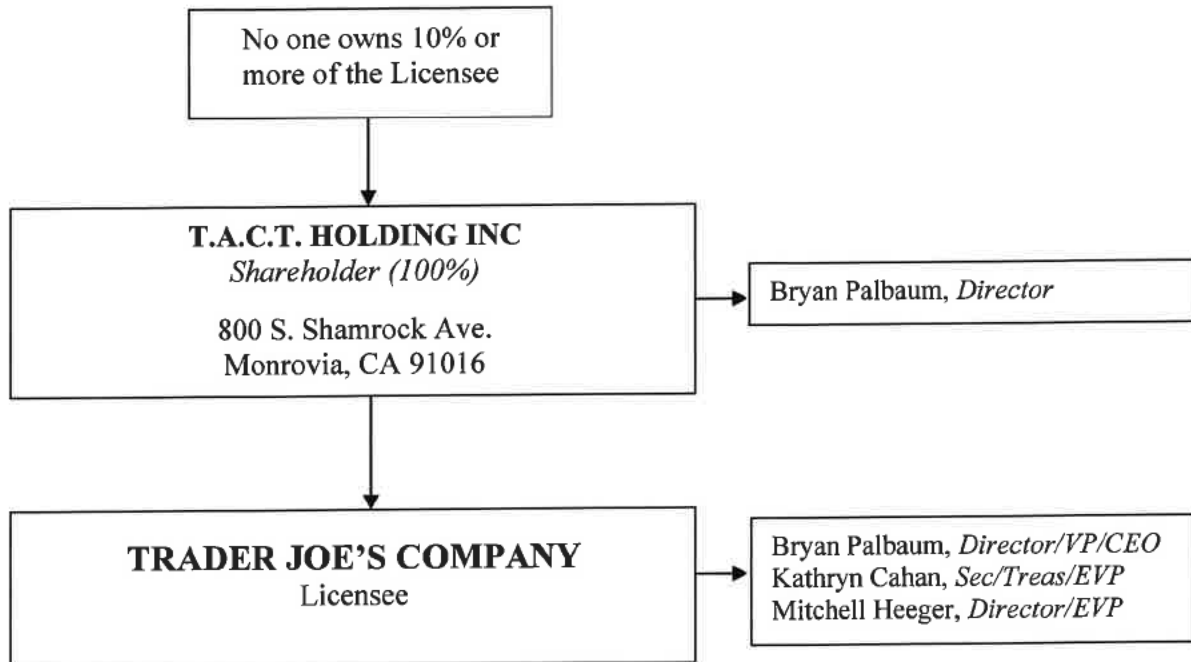
- 1) Have you uploaded a sampling privileges form?
Yes

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	TJ #289_Agt ADL (Ctn).pdf	05/20/2025
QUESTIONNAIRE	TJ #289_Agt ADL (Q).pdf	05/20/2025
QUESTIONNAIRE	TJ #289_CP Cahan (Q+Supple).pdf	05/20/2025

QUESTIONNAIRE	TJ #289_CP Heeger (Q+Supple).pdf	05/20/2025
QUESTIONNAIRE	TJ #289_CP Palbaum (Q+Supple).pdf	05/20/2025
SAMPLING	TJ #289_Sampling app.pdf	05/20/2025
ORGANIZATIONAL DOCUMENTS	Trader Joe's Company_ownership chart.pdf	05/20/2025
ORGANIZATIONAL DOCUMENTS	Trader Joe's_Ltr (officer updates) _FILED May 20 25.pdf	05/20/2025
DIAGRAM/FLOOR PLAN	TJ #289_Diagram.pdf	05/20/2025

Trader Joe's Company
Ownership Chart | May 16, 2025 (final)



CSR:
Amount:

25 5 21 Lique. Dept PM 3:01



**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 #: 348612
Date Accepted: 06-05-2025
☐ Liquor Store (series 9)
☒ Beer and Wine Store (series 10)
CSR: SG

Type or Print with Black Ink

★ App Pending ★

License #: SERIES 10

Applicant's Name: ☒ Agent ☐ Sole Proprietor LEWKOWITZ ANDREA DAHLMAN
Last First Middle

Premises Name: TRADER JOE'S #289

Premises Address: 14770 W. McDOWELL ROAD GOODYEAR AZ MARICOPA 85395
Street Address City State County Zip Code

Mailing Address: 2600 N. CENTRAL AVENUE, #1775 PHOENIX AZ MARICOPA 85004
Street Address City State County Zip Code

Business Phone #: PENDING Daytime Contact #: (602) 200-7222 Email Address: ANDREA@LEWKLA.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) ANDREA DAHLMAN LEWKOWITZ, 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)

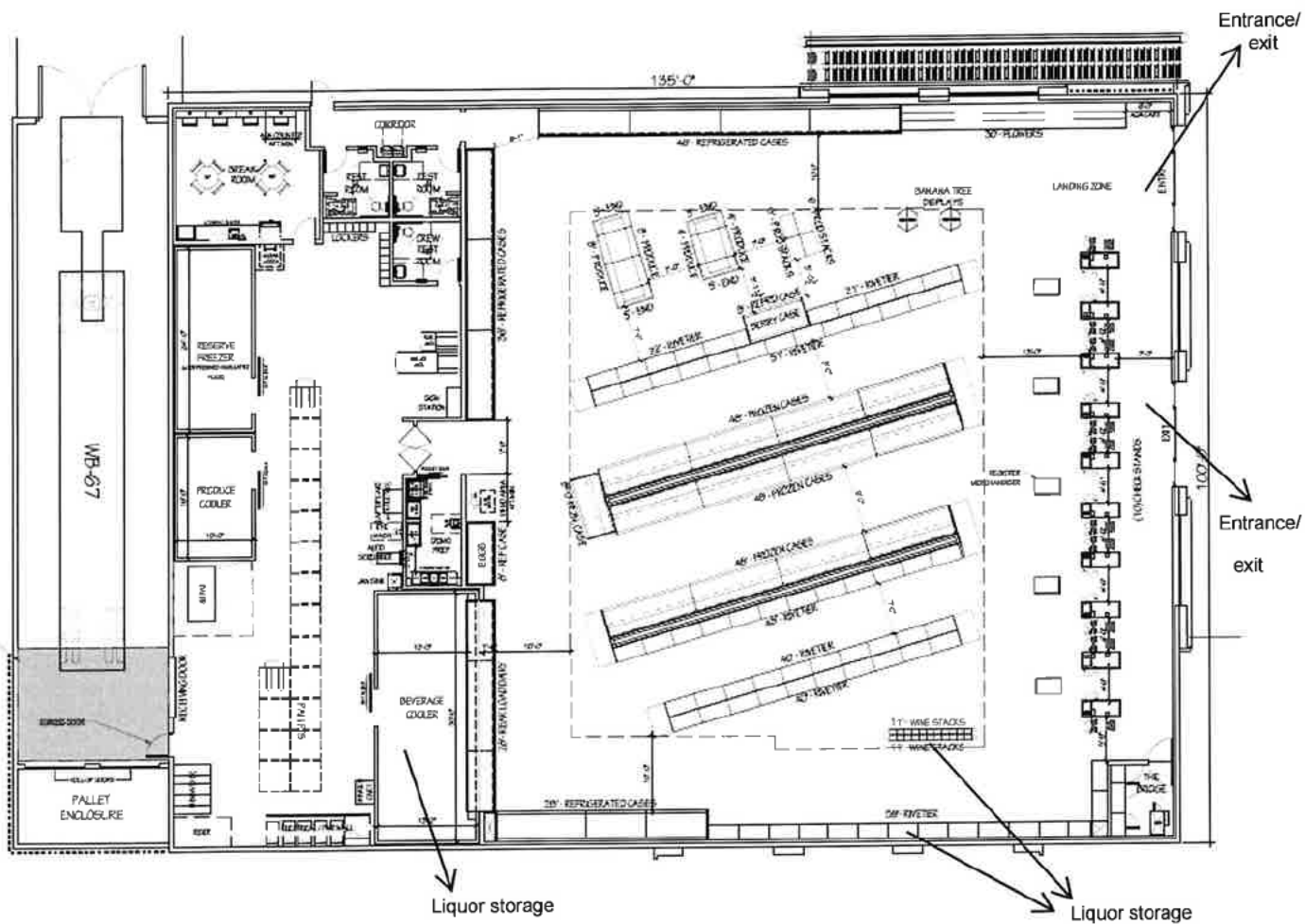
on behalf of _____
(City, Town, County) Phone Date

DLLC USE ONLY

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

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

*25 5 21 Liqr. Dept AM 3:31





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

DLLC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

FP current 08-29-2023

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

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☒ AGENT

☐ CONTROLLING PERSON

☐ MANAGER

1. Name: LEWKOWITZ ANDREA DAHLMAN
Last First Middle
2. Social Security # [REDACTED] Birth Date [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License # [REDACTED] State Issued: AZ
(NOT a public record)
5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 04 / 01 / 1961
6. Email address: ANDREA@LEWKLAW.COM
7. Home Address: [REDACTED]
8. Daytime phone #: (602) 200-7222 Alternative phone #: (602) 200-7222

SECTION 2 – LICENSED BUSINESS INFORMATION

1. License Number: SERIES 10s | PENDING
2. Business Name (doing business as): TRADER JOE'S #289
3. Business Address: 14770 W. McDOWELL ROAD, GOODYEAR, AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

125 5 21 Lir. Def. # 3 32

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

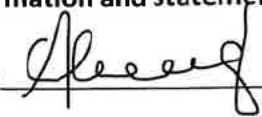
Name of persons who will be handling the day to day operations: CHRISTOPHER WARREN

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☐ No ☒
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210*
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.* Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

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

Signature: 

Date: 05/15/2025



ALIEN STATUS RESTAURANT/HOTEL/MOTEL

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

Type or Print with Black Ink

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

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

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

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

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) ANDREA DAHLMAN LEWKOWITZ

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

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

City MANKATO State MN COUNTRY USA

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

2) Name of document: AZ DRIVERS LICENSE

If you answered **No**, you must complete Sections III.

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

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

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

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

SECTION III – QUALIFIED ALIEN DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

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

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

ANDREA DAHLMAN LEWKOWITZ

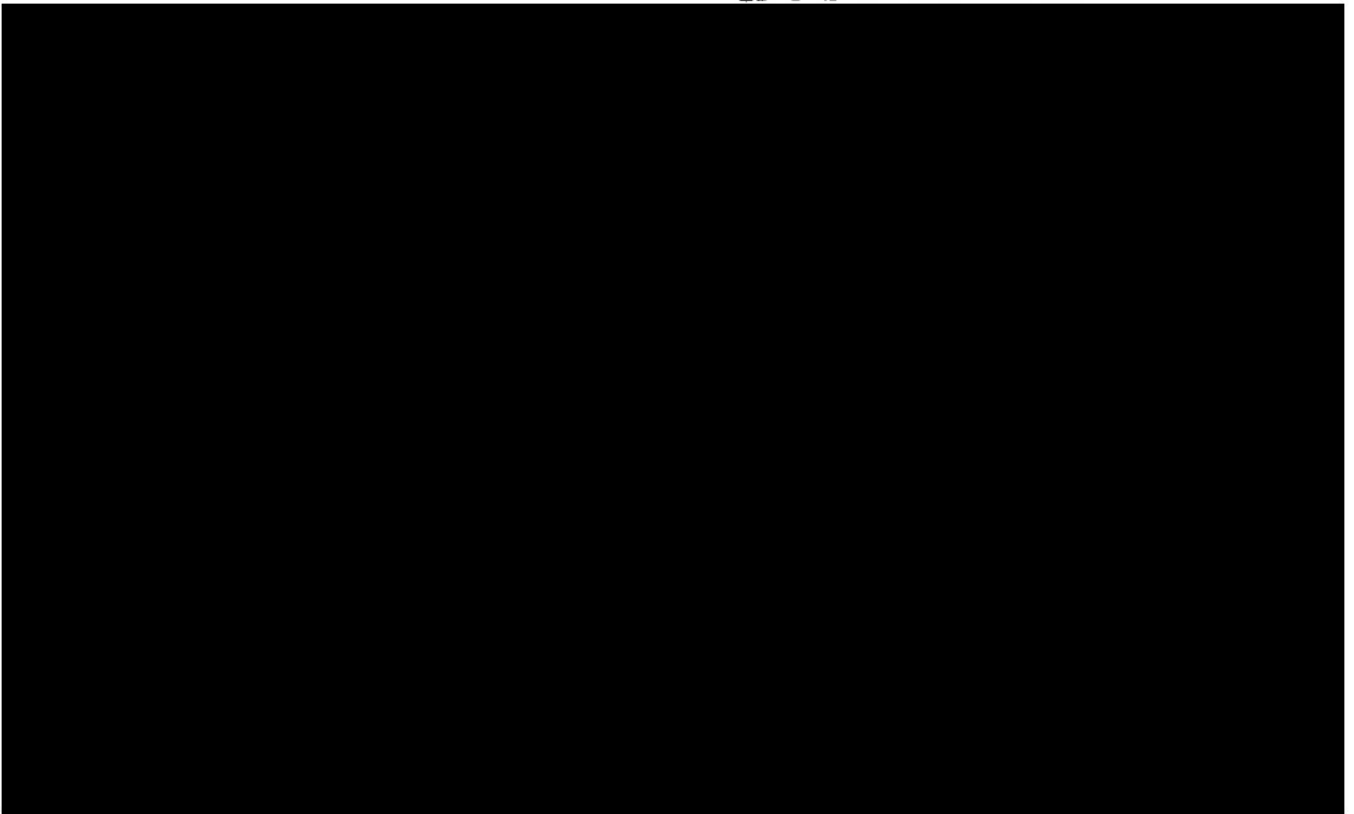
Print Name


Signature

05/19/2025

Date

'25 5 21 Liq. Dept PM 3:32





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

DLLC USE ONLY

Fee:

Job #: 348612

Date Accepted: 06-05-2025

CSR: SG

Personal Information Questionnaire

FP: 2/2024

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

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: PALBAUM BRYAN EDWARD
Last First Middle
2. Social Security [REDACTED] Birth Date [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License [REDACTED] State Issued: CA
(NOT a public record)
5. Are you a resident of Arizona? ☐ Yes ☒ No Date of residency: ____/____/____
6. Email address: N/A
7. Home Address [REDACTED]
8. Daytime phone #: (626) 599-3700 Alternative phone #: (626) 599-3700

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: SERIES 10s | PENDING
2. Business Name (doing business as): TRADER JOE'S #289
3. Business Address: 14770 W. McDOWELL ROAD, GOODYEAR, AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: CHRISTOPHER WARREN

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☒ No ☐
Please See Attached
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Please See Attached Yes ☒ No ☐
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) Yes ☐ No ☒
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) BRYAN EDWARD PALBAUM 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: 04/21/2025

Section 4 Question #1

Trader Joe's Company holds numerous alcohol licenses at hundreds of stores throughout the United States. A list of licenses, if necessary, will be provided upon request.

Section 4 Question #3

Trader Joe's Company has never had an alcoholic beverage license denied or revoked. However, from time to time, minor infractions of alcoholic beverage laws allegedly occur. Rather than contest such allegations, a brief suspension and/or fines are paid in lieu of contest.


Bryan Palbaum



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 #:	348612
Date Accepted:	06-05-2025
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date 4/8/2025	Name of Applicant: Bryan Palbaum
Name of Fingerprint Technician: Gloria Chan	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: self FPC-507637	Phone Number: 626-599-3700
Type of Photo ID Provided (check one):	
☒ Driver's License ☐ Passport ☐ Other (Please specify)	



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

DLLC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

FP: 2/2024

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

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: HEEGER MITCHELL BRUCE
Last First Middle
2. Social Security [REDACTED] Birth Date [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License [REDACTED] State Issued: CA
(NOT a public record)
5. Are you a resident of Arizona? ☐ Yes ☒ No Date of residency: / /
6. Email address: N/A
7. Home Address: [REDACTED]
8. Daytime phone #: (626) 599-3700 Alternative phone #: (626) 599-3700

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: SERIES 10s | PENDING
2. Business Name (doing business as): TRADER JOE'S #289
3. Business Address: 14770 W. McDOWELL ROAD, GOODYEAR, AZ 85395

6/21/2024

Page 1 of 2

Individuals requiring ADA accommodations please call (602)542-2999

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

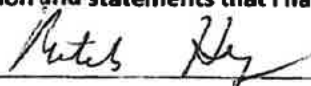
Name of persons who will be handling the day to day operations: CHRISTOPHER WARREN

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Please See Attached Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Please See Attached Yes ☒ No ☐
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) Yes ☐ No ☒
A.R.S. §4-202, 4-210
**Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.*
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Mitchell Bruce Heeger 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.

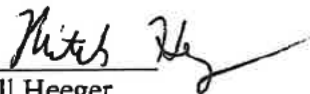
Signature:  Date: 4/22/25

Section 4 Question #1

Trader Joe's Company holds numerous alcohol licenses at hundreds of stores throughout the United States. A list of licenses, if necessary, will be provided upon request.

Section 4 Question #3

Trader Joe's Company has never had an alcoholic beverage license denied or revoked. However, from time to time, minor infractions of alcoholic beverage laws allegedly occur. Rather than contest such allegations, a brief suspension and/or fines are paid in lieu of contest.



Mitchell Heeger

25 JUN 4 Lic. Lic. AM 8 27



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 #: 348612

Date Accepted: 06-05-2025

CSR: SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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

PRINT the following information:

Date 8/9/2024	Name of Applicant: Mitchell Heeger	
Name of Fingerprint Technician: Gloria Chay		
Fingerprint technician's Signature: 		
Fingerprint technician's Agency/company Name: Self. FPC-507637		Phone Number: 626/599 3700
Type of Photo ID Provided (check one): ☒ Driver's License ☐ Passport ☐ Other (Please specify)		



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

DLLC USE ONLY

Fee:

Job #: 348612

Date Accepted: 06-05-2025

CSR: SG

Personal Information Questionnaire

FP: to file w/app

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

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, MUST INCLUDE THE FINGERPRINT VERIFICATION FORM. MUST BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☒ CONTROLLING PERSON

☐ MANAGER

1. Name: CAHAN KATHRYN ALICE
Last First Middle
2. Social Security: (NOT a public record) Birth Date: (NOT a public record)
3. Driver's License #: State Issued: CA
(NOT a public record)
5. Are you a resident of Arizona? ☐ Yes ☒ No Date of residency: ___/___/___
6. Email address: ~~N/A~~ Kcahan@TraderJoes.com
7. Home Address:
8. Daytime phone #: (626) 599-2881 Alternative phone #: (626) 599-2881

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: SERIES 10s | PENDING
2. Business Name (doing business as): TRADER JOE'S #289
3. Business Address: 14770 W. McDOWELL ROAD, GOODYEAR, AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager

Name of persons who will be handling the day to day operations: CHRISTOPHER WARREN

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. **CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED**

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Please See Attached Yes ☒ No ☐
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Please See Attached Yes ☒ No ☐
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license. Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

I, (Print Full Name) Kathryn Alice Cahan 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: 7/22/25

Section 4 Question #1

Trader Joe's Company holds numerous alcohol licenses at hundreds of stores throughout the United States. A list of licenses, if necessary, will be provided upon request.

Section 4 Question #3

Trader Joe's Company has never had an alcoholic beverage license denied or revoked. However, from time to time, minor infractions of alcoholic beverage laws allegedly occur. Rather than contest such allegations, a brief suspension and/or fines are paid in lieu of contest.


Kathryn Cahan



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 #:	348612
Date Accepted:	06-05-2025
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

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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 Apr 24, 2025	Name of Applicant: Kathryn Cahan		
Name of Fingerprint Technician: Gloria Chau			
Fingerprint technician's Signature: 			
Fingerprint technician's Agency/company Name: FPC-507637		Phone Number: 626 599 3836	
Type of Photo ID Provided (check one):			
☒ Driver's License ☐ Passport ☐ Other (Please specify)			



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

25 JUN 4 11:11 AM 8 25
DLIC USE ONLY

Fee:

Job #:

Date Accepted:

CSR:

Personal Information Questionnaire

A000567635- pending

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A.R.S. §4-202(A).

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A.R.S. §4-101(10).

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A.R.S. §4-101(22) and
A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

☐ AGENT

☐ CONTROLLING PERSON

☒ MANAGER

1. Name: WARREN CHRISTOPHER IAN
Last First Middle
2. Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
3. Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
5. Are you a resident of Arizona? ☒ Yes ☐ No Date of residency: 12 / 31 / 2017
6. Email address: CHRISTOPHER.IAN.WARREN@GMAIL.COM
7. Home Address: [REDACTED]
8. Daytime phone #: (480) 632-0951 Alternative phone #: (480) 632-0951

SECTION 2 – LICENSED BUSINESS INFORMATION

1. Liquor License #: SERIES 10s | PENDING - JOB # 348612
2. Business Name (doing business as): TRADER JOE'S #289
3. Business Address: 14770 W. McDOWELL ROAD, GOODYEAR, AZ 85395

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? ☐ Agent ☐ Controlling Person ☒ Manager
Name of persons who will be handling the day to day operations: CHRISTOPHER WARREN

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes ☐ No ☒
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes ☐ No ☒
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes ☐ No ☒
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets)
A.R.S. §4-202, 4-210
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license. Yes ☐ No ☒
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒

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

Signature: 

Date: 5/30/25

Certificate # 624344

25 JUN 4 Lic. Lic. AM 8:25

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

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

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

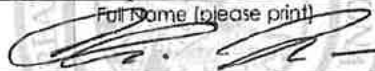
The State requires BASIC Title 4 Training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 Training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Student Information

Christopher I Warren

Full Name (please print)



Signature

12-28-2022

Training Completion Date

12-27-2025

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

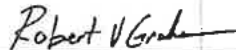
Mailing Address

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).



Instructor Signature

28 / 12 / 2022
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 #624344

25 JUN 4 Lic. Lic. AM 8 25

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

Christopher I Warren

Full Name (please print)

Signature

12-28-2022

Training Completion Date

12-27-2025

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

28 / 12 / 2022

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

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July 11, 2013