

Marsh 22, 2024

MEMORANDUM TO: Honorable Mayor and City Council  
THRU: Charles P. Potucek, City Manager  
FROM: Jill Adams, City Clerk  
SUBJECT: REQUEST FOR AGENDA ITEM PLACEMENT  
Resolution 2024–015, Multi-License Acquisition of Control  
for a Series 12 Liquor License for Andrea Dahlman  
Lewkowitz on behalf of RMH Franchise Corporation dba  
Applebee’s Neighborhood Grill and Bar

RECOMMENDATION:

The City Clerk recommends approval of this license.

The City Manager recommends approval of this license.

INITIATED BY:

Ms. Andrea Dahlman Lewkowitz  
2600 N Central Avenue #1775  
Phoenix, Arizona 85004

BACKGROUND:

The City received an application for a Multi-License Acquisition of Control, limited liability-type of ownership for a Series 12 Liquor License for Andrea Dahlman Lewkowitz on behalf of RMH Franchise Corporation dba Applebee’s Neighborhood Grill and Bar located at 3899 El Mercado Loop, Sierra Vista, Arizona. The license is an on-premise sale, retail privileges liquor license that allows the holder of a restaurant license to sell and serve all types of spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food.

State law on liquor licenses requires the applicant to apply for a liquor license from the Arizona Department of Liquor License and Control. That department then sends a copy of the liquor license application to the municipality for their approval. A notice of public hearing has been posted on the premises for 20 days prior to the public hearing and to date, no responses, either in favor or against, have been received.

The Council’s decision concerning this liquor license application will be forwarded to the State Department of Liquor Licenses and Control, who will then issue the liquor license if no objections were received. If objections were received, that department will conduct a hearing regarding the license.

BUDGET APPROPRIATION: Not applicable.

RESOLUTION 2024-015

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL OF A MULTI-LICENSE ACQUISITION OF CONTROL, LIMITED LIABILITY-TYPE OF OWNERSHIP FOR A SERIES 12 LIQUOR LICENSE FOR ANDREA DAHLMAN LEWKOWITZ ON BEHALF OF RMH FRANCHISE CORPORATION DBA APPLEBEE'S NEIGHBORHOOD GRILL AND BAR; TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for a Multi-License Acquisition of Control, limited liability-type of ownership for a Series 12 Liquor License for Andrea Dahlman Lewkowicz on behalf of RMH Franchise Corporation dba Applebee's Neighborhood Grill and Bar has been filed with the Arizona Department of Liquor Licenses and Control; and

WHEREAS, Arizona Revised Statutes §4-112 requires local municipalities to grant approval or disapproval of all liquor licenses being applied for within their jurisdiction; and

WHEREAS, the application has been posted on the premises of the business for twenty (20) days as required by State law; and

WHEREAS, it is the settled policy of the City Council that liquor licenses be recommended for approval if no objections are raised.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, AS FOLLOWS:

SECTION 1

The City Council reaffirms its settled policy on liquor licenses within City limits.

SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for a Multi-License Acquisition of Control, limited liability-type of ownership for a Series 12 Liquor License for Andrea Dahlman Lewkowicz on behalf of RMH Franchise Corporation dba Applebee's Neighborhood Grill and Bar, and to the State Department of Liquor Licenses and Control.

SECTION 3

The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 28TH DAY OF MARCH 2024.

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Clea McCaa II  
Mayor

Approved as to Form:

Attest:

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Nathan J. Williams  
City Attorney

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Jill Adams  
City Clerk

Prepared By:  
Jill Adams, City Clerk

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 02/26/2024 @ 03:37:36 PM

Local Governing Body Report

**LICENSE**

Number:	<i>multiple - See attached</i>	Type:	012 RESTAURANT
Name:	APPLEBEE'S NEIGHBORHOOD GRILL & BAR		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:	<i>multiple - See attached</i>		
Location:			
Mailing Address:	USA 2600 N CENTRAL AVENUE #1775 PHOENIX, AZ 85004 USA		
Phone:	<i>multiple - See attached</i>		
Alt. Phone:	(602)200-7222		
Email:	ANDREA@LEWKLAW.COM		

Currently, this license has pending applications.

**AGENT**

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

**OWNER**

Name: RMH FRANCHISE CORPORATION  
Contact Name: ANDREA DAHLMAN LEWKOWITZ  
Type: CORPORATION  
AZ CC File Number: F18800288 State of Incorporation: KS  
Incorporation Date:  
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:
RMH FRANCHISE HOLDINGS INC	Stockholder	100.00
GUILLERMO PERALES	President, Director, Ceo	

**RMH FRANCHISE HOLDINGS INC - Shareholder**

Name: APPLE SUN 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

**APPLE SUN LLC - Member**

Name: GUILLERMO PERALES  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: XXXXXXXXXX  
Alt. Phone:  
Email: LEGAL@SUNHOLDINGS.COM

**RMH FRANCHISE CORPORATION - Stockholder**

Name: RMH FRANCHISE HOLDINGS INC  
Contact Name: RMH FRANCHISE HOLDINGS INC  
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:

**RMH FRANCHISE HOLDINGS INC - President,  
Director  
RMH FRANCHISE CORPORATION -  
President, Director, Ceo**

Name: GUILLERMO PERALES  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email: LEGAL@SUNHOLDINGS.COM

**MANAGERS**

Name: CHRISTOPHER JAY EUBANKS  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: GINNI LIN NAEGLE  
Gender: Female  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: JESSE ALAN SCHWARZ  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: STEVEN DAVID GEHRTS  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: ROBERT LEE FENZEL  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: JAMES PATRICK FURNIA  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: MILES WILLIAM JOSLIN  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: JEFFREY SCOTT HUTCHINSON  
Gender: Male  
Correspondence Address: 2600 N CENTRAL AVENUE  
#1775  
PHOENIX, AZ 85004  
USA

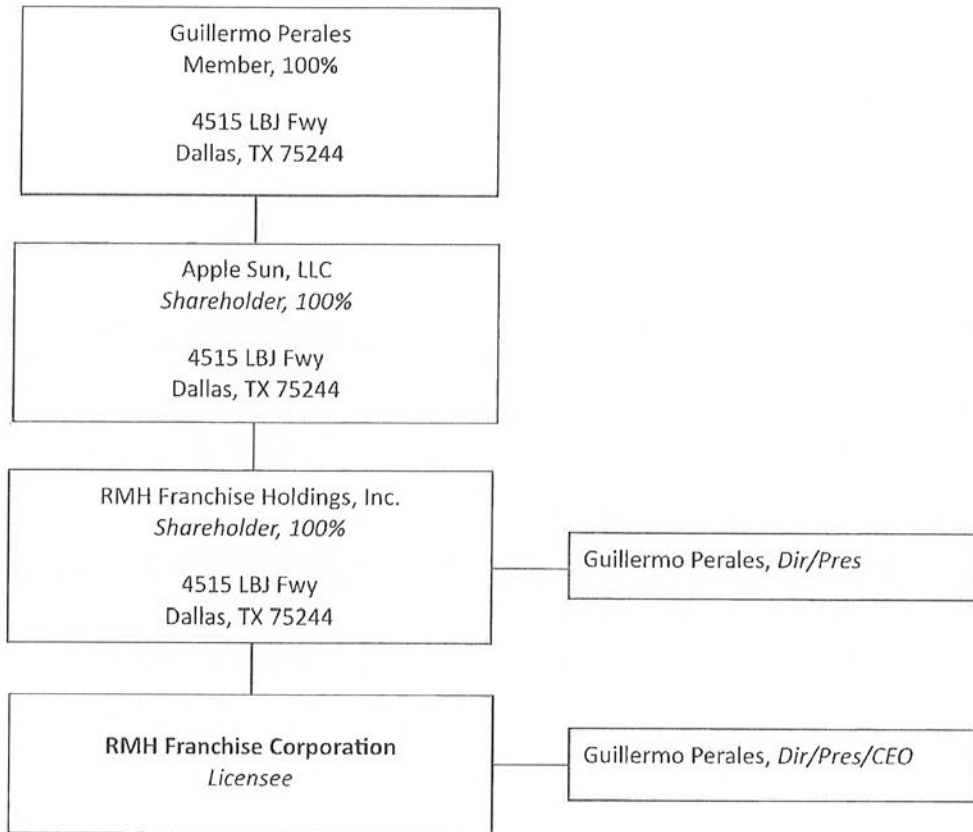
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: SHUTCHINSON@RMHFRANCHISE.COM

**APPLICATION INFORMATION**

Application Number: 283480  
Application Type: Multi-License Acquisition of Control  
Created Date: 02/26/2024



RMH FRANCHISE CORPORATION | *dba* Applebee's  
Ownership Chart | 1/9/2024  
19 locations (see attached)



RMH Franchise Corporation  
 AZ Liquor Licenses  
 January 8, 2024

License No.	Business name	Address	City	Zip	Exp Date	Agent
12079744	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	5880 W PEORIA Avenue	GLENDALE	85302	3/31/2023	Andrea Lewkowicz
12079757	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	13832 W MCDOWELL Road	GOODYEAR	85338	3/31/2023	Andrea Lewkowicz
12079756	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	4712 E RAY Road	GILBERT	85236	3/31/2023	Andrea Lewkowicz
12079753	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	5210 W BASELINE Road	PHOENIX	85339	3/31/2023	Andrea Lewkowicz
12079758	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	6259 E SOUTHERN Avenue	MESA	85206	3/31/2023	Andrea Lewkowicz
12079760	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2032 E BASELINE Road	MESA	85204	3/31/2023	Andrea Lewkowicz
12079750	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	1143 N HIGLEY Road	MESA	85205	3/31/2023	Andrea Lewkowicz
12079754	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2053 S ALMA SCHOOL Road	MESA	85210	3/31/2023	Andrea Lewkowicz
12079759	APPLEBEE'S NEIGHBORHOOD GRILL AND BAR	9330 W NORTHERN Avenue	PEORIA	85305	3/31/2023	Andrea Lewkowicz
12079761	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	8001 W BELL Road	PEORIA	85382	3/31/2023	Andrea Lewkowicz
1207A102	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2651 N 75TH Avenue	PHOENIX	85035	3/31/2023	Andrea Lewkowicz
12079745	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2 E CAMELBACK Road	PHOENIX	85012	3/31/2023	Andrea Lewkowicz
12079746	APPLEBEE'S NEIGHBORHOOD GRILL AND BAR	2180 E BASELINE Road	PHOENIX	85042	3/31/2023	Andrea Lewkowicz
12079747	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2547 N 44TH Street	PHOENIX	85008	3/31/2023	Andrea Lewkowicz
12133580	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	1881 E HWY 69	PRESCOTT	86301	8/31/2022	Andrea Lewkowicz
12023179	APPLEBEE'S NEIGHBORHOOD GRILL AND BAR	3899 EL MERCADO Loop	SIERRA VISTA	85635	6/30/2023	Andrea Lewkowicz
12079751	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	13756 W BELL Road	SURPRISE	85374	3/31/2023	Andrea Lewkowicz
12104273	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	5870 E BROADWAY Blvd STE 3006	TUCSON	85711	9/30/2022	Andrea Lewkowicz
12104274	APPLEBEE'S NEIGHBORHOOD GRILL & BAR	2230 W INA Road	TUCSON	85741	9/30/2022	Andrea Lewkowicz

24 FEB 7 Lique. Lic. PM 2:59

CSR:  
Amount:

ARIZONA DEPT. OF LIQUOR



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 283464  
Date Accepted: 02-26-2024  
CSR: SG

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

Type or Print with **Black Ink**

*FP current  
08-29-2023*

**License Number:** SEE ATTACHED

**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@LEWKLAW.COM

8. Premises Name: SEE ATTACHED Business Phone: SEE ATTACHED

9. Premises Address: SEE ATTACHED  
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)

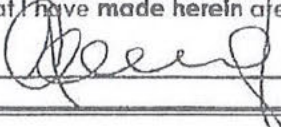
FROM Month/Year	To Month/Year	Street	City	State	Zip
02/1999	CURRENT	[REDACTED]	PHOENIX, AZ		85016

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

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

Signature:  Date: 01/08/2024

CSR:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

**DLLC USE ONLY**  
Job #: 2834104  
Date Accepted: 02-26-2024  
CSR: SG

Type or Print with Black Ink

805-502

License Number: SEE ATTACHED

**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: Perales Guillermo N/A Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Mexico City, CDMX Mexico Height: 5'10" Weight: 170 lbs Eyes: brown Hair: black

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

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

7. Daytime telephone number: [REDACTED] Email address: legal@sunholdings.com

8. Premises Name: SEE ATTACHED Business Phone: SEE ATTACHED

9. Premises Address: SEE ATTACHED  
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 <small>(Street Address, City, State &amp; Zip)</small>
1997 (DEC)	CURRENT	CEO	Sun Holdings Inc. 4515 LBJ FWY Dallas, TX 75244

(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
12/2016	CURRENT	[REDACTED]	[REDACTED]	Dallas, TX	75220

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

Signature: [Signature] Date: Nov. 17, 2023



## FINGERPRINT VERIFICATION FORM

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

**DLLC USE ONLY**

Job #:	283464
Date Accepted:	02-26-2024
CSR:	SK

**ATTENTION FINGERPRINT TECHNICIAN:**

Please follow the instructions below for fingerprinting this applicant.

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

**PRINT** the following information:

Date	Name of Applicant:		
12-23-2022	Guillermo Perales		
Name of Fingerprint Technician:			
Al-Vincent Joubert			
Fingerprint technician's Signature:			
<i>Al-Vincent Joubert</i>			
Fingerprint technician's Agency/company Name:		Phone Number:	
DFW Mobile Fingerprinting		972-200-2084	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			



CSR:  
Amount:

Form 1 (5/2013) (Rev. 10/02)



# PREMISES MANAGER QUESTIONNAIRE

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

DLIC USE ONLY	
Job #:	283461
Date Accepted:	02-20-2024
CSR:	SG

Type or Print with Black Ink

A000122461

License Number: MULTIPLE - SEE ATTACHED

**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. Name: Furnia James Patrick Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

2. Social Security #: [REDACTED] Driver's License #: [REDACTED] State Issued: AZ

3. Place of birth: Troy, NY USA Height: 6'0" Weight: 244 Eyes: BL Hair: BR  
City State COUNTRY

4. Name of current/most recent spouse: Furnia Kari Dawn Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

5. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? 1982

6. Daytime telephone number: [REDACTED] Email address: [REDACTED]

7. Premises Name: SEE ATTACHED Business Phone: SEE ATTACHED

8. Premises Address: SEE ATTACHED  
Street (do not use PO Box) City State County Zip



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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
11/29/1997	CURRENT	Manager, Director, RVP	RMH Franchise Holdings/Sun Holdings, 4515 LBJ Fwy, Dallas, TX 75244

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

FROM Month/Year	To Month/Year	Street	City	State	Zip
12/2001	CURRENT		Peoria, AZ		85382

## AMENDMENT

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

If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED

I, (Print Full Name) \_\_\_\_\_ 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: \_\_\_\_\_  
MANAGER

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

Print Name: ANDREA DAHLMAN LEWKOWITZ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
AGENT AGENT

9. 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)
11/29/1997	CURRENT	Manager, Director, RVP	RMH Franchise Holdings / Sun Holdings

(ATTACH ADDITIONAL SHEET IF NECESSARY)

10. 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
2001	CURRENT		Peoria, AZ		85382

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

If you answered "YES" to any Question 12 through 16 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 12-16 MAY NOT BE ACCEPTED**

I, (Print Full Name) James Patrick Furnia 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: James Furnia Date: 12/19/2023

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

Print Name: ANDREA D LEWKOWITZ Signature: [Signature] Date 12.21.23



Certificate #694999

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

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	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

James Furnia

Full Name (please print)

*James Furnia*  
Signature

12-21-2023

Training Completion Date

12-20-2026

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

21 / 12 / 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.

Certificate # 694999

FD-112 (Rev. 08/2012)

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 Furnia

Full Name (please print)

*James Furnia*  
Signature

12-21-2023

Training Completion Date

12-20-2026

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 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

21 / 12 / 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  
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Conveyance (series 8)  
Restaurant (series 12)

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Liquor Store (series 9)  
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# ARIZONA

## RECEIPT

Date: 12/19/2023

Order ID: 662499796736632

Authorization #: 5215331

Please reference these numbers in any correspondence regarding your transaction



### Billing Information

James Furnia

[REDACTED]

Peoria AZ 85382

Phone #: [REDACTED]

Email: [REDACTED]

### Account Information

Payment Method: Master Card

XXXXXXXXXXXX [REDACTED]

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 A000122461