

March 29, 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 2024-019, New Series 10 Limited Liability-type Liquor License  
for Francisco Javier Romero on behalf of DG Retail LLC dba Dollar  
General Store #24646, 5240 E Highway 90, Sierra Vista, Arizona

RECOMMENDATION:

The City Manager recommends approval of this license.  
The City Clerk recommends approval of this license.

INITIATED BY:

Francisco Javier Romero  
100 Mission Ridge  
Attention: Tax Department  
Goodlettsville, TN 37072

BACKGROUND:

The City received an application for a New Series 10 Limited Liability-type Liquor License for Francisco Javier Romero on behalf of DG Retail LLC dba Dollar General Store #24646 located at 5240 E Highway 90, Sierra Vista, Arizona.

The Police Department has performed a background investigation and has given its approval for this license.

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 must be posted on the premises for 20 days prior to the public hearing. A public hearing notice was posted on March 15, 2024 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 2024-019

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL FOR A NEW SERIES 10 LIMITED LIABILITY-TYPE LIQUOR LICENSE FOR FRANCISCO JAVIER ROMERO ON BEHALF OF DG RETAIL LLC DBA DOLLAR GENERAL STORE #24646 LOCATED AT 5240 E HIGHWAY 90 , SIERRA VISTA, ARIZONA, 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 New Series 10 Limited Liability-type Liquor License for Francisco Javier Romero on behalf of DG Retail LLC dba Dollar General Store #24646 located at 5240 E Highway 90, Sierra Vista, Arizona 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 New Series 10 Limited Liability-type Liquor License for Francisco Javier Romero on behalf of DG Retail LLC dba Dollar General Store #24646 located at 5240 E Highway 90, Sierra Vista, Arizona 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 11<sup>TH</sup> DAY OF APRIL 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 03/12/2024 @ 09:48:11 AM

Local Governing Body Report

**LICENSE**

Number:	Type:	010 BEER AND WINE STORE
Name:	DOLLAR GENERAL STORE #24646	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	5240 E HIGHWAY 90 SIERRA VISTA, AZ 85635 USA	
Mailing Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA	
Phone:	(615)855-4000	
Alt. Phone:		
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM	

**AGENT**

Name:	FRANCISCO JAVIER ROMERO
Gender:	Male
Correspondence Address:	100 MISSION RIDGE ATTN: TAX DEPT GOODLETTSVILLE, TN 37072 USA
Phone:	(615)598-5783
Alt. Phone:	
Email:	TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**OWNER**

Name: DG RETAIL LLC  
 Contact Name: SEVERAL - SEE CASE NOTES  
 Type: LIMITED LIABILITY COMPANY  
 AZ CC File Number: R12264236 State of Incorporation: TN  
 Incorporation Date: 09/01/2005  
 Correspondence Address: 100 MISSION RIDGE  
 ATTN: TAX DEPT  
 GOODLETTSVILLE, TN 37072  
 USA  
 Phone: (615)804-6080  
 Alt. Phone:  
 Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**Officers / Stockholders**

Name:	Title:	% Interest:
DOLGENCORP OF TEXAS INC	Member	100.00
EMILY CHRISTINE TAYLOR	CEO	
WILLIAM HENRY CONLEY	Multi- See Casenote	
THOMAS EDWARD BENNING	10113240	
VIRGINIA DIANE LUCHI	Multi- See Casenote	
CRYSTAL LYNN MICHEL	10083280 & 10083298	
THOMAS STEVEN REISSIG	10076593 & 10083292	
KATHRYN ANN KELLIHER	10076780 & 10076783	
DEBORAH ELOISE CHEEK	Multi- See Casenote	
CHRISTIE JOANNE FORD	Multi- See Casenote	
DAVID MCARTHUR BRACKEN	Multi- See Casenote	
SAMMY DEE SPOO	Multi- See Casenote	
ROSEMARY Y MANDELT	Multi- See Casenote	
ASHLEE DAWN THRELKELD	Multi- See Casenote	
STEVEN RAY DECKARD	VP	

**DG RETAIL LLC - 10076780 & 10076783**

Name: KATHRYN ANN KELLIHER  
 Gender: Female  
 Correspondence Address: 100 MISSION RIDGE  
 ATTN: TAX DEPT  
 GOODLETTSVILLE, TN 37072  
 USA  
 Phone: (615)855-4000  
 Alt. Phone:  
 Email: KKELLIHER@DOLLARGENERAL.COM

**DG RETAIL LLC - Multi- See Casenote**

Name: WILLIAM HENRY CONLEY  
 Gender: Male  
 Correspondence Address: 100 MISSION RIDGE  
 ATTN: TAX DEPT  
 GOODLETTSVILLE, TN 37072  
 USA  
 Phone: (480)707-3499  
 Alt. Phone:  
 Email: WICONLEY@FAMILYDOLLAR.COM

**DG PROMOTIONS INC - Stockholder**

Name: DOLLAR GENERAL CORPORATION  
Contact Name: FRANCISCO JAVIER ROMERO  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG RETAIL LLC - Multi- See Casenote**

Name: ROSEMARY Y MANDELT  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (623)972-3316  
Alt. Phone:  
Email:

**DG RETAIL LLC - Multi- See Casenote**

Name: DEBORAH ELOISE CHEEK  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)235-8513  
Alt. Phone:  
Email:

**DG RETAIL LLC - 10113240**

Name: THOMAS EDWARD BENNING  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (520)466-6551  
Alt. Phone:  
Email:

**DOLGENCORP OF TEXAS INC - Shareholder**

Name: DG STRATEGIC I LLC  
Contact Name: FRANCISCO JAVIER ROMERO  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG RETAIL LLC - VP  
DG PROMOTIONS INC - CEO**

Name: STEVEN RAY DECKARD  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-5257  
Alt. Phone:  
Email:

**DG RETAIL LLC - Multi- See Casenote**

Name: ASHLEE DAWN THRELKELD  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)228-9998  
Alt. Phone:  
Email:

**DG RETAIL LLC - Multi- See Casenote**

Name: SAMMY DEE SPOO  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)537-2633  
Alt. Phone:  
Email:

**DG RETAIL LLC - Member**

Name: DOLGENCORP OF TEXAS INC  
Contact Name: MICHELLE VALENZUELA  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)913-2210  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG RETAIL LLC - Multi- See Casenote**

Name: CHRISTIE JOANNE FORD  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (480)392-9243  
Alt. Phone:  
Email:

**DG RETAIL LLC - 10076593 & 10083292**

Name: THOMAS STEVEN REISSIG  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)215-5196  
Alt. Phone:  
Email:

**DG RETAIL LLC - Multi- See Casenote**

Name: VIRGINIA DIANE LUCHI  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)402-9485  
Alt. Phone:  
Email:



**DG RETAIL LLC - CEO**  
**DG PROMOTIONS INC - Secretary**

Name: EMILY CHRISTINE TAYLOR  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

**DG RETAIL LLC - Multi- See Casenote**

Name: DAVID MCARTHUR BRACKEN  
Gender: Male  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)305-6475  
Alt. Phone:  
Email:

**DG RETAIL LLC - 10083280 & 10083298**

Name: CRYSTAL LYNN MICHEL  
Gender: Female  
Correspondence Address: 100 MISSION RIDGE  
ATTN: TAX DEPT  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (928)404-9114  
Alt. Phone:  
Email:

**DG STRATEGIC I LLC - Shareholder**

Name: DG PROMOTIONS INC  
Contact Name: FRANCISCO JAVIER ROMERO  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: 100 MISSION RIDGE  
GOODLETTSVILLE, TN 37072  
USA  
Phone: (615)855-4000  
Alt. Phone:  
Email: TAX-BEERANDWINELICENSE@DOLLARGENERAL.COM

## APPLICATION INFORMATION

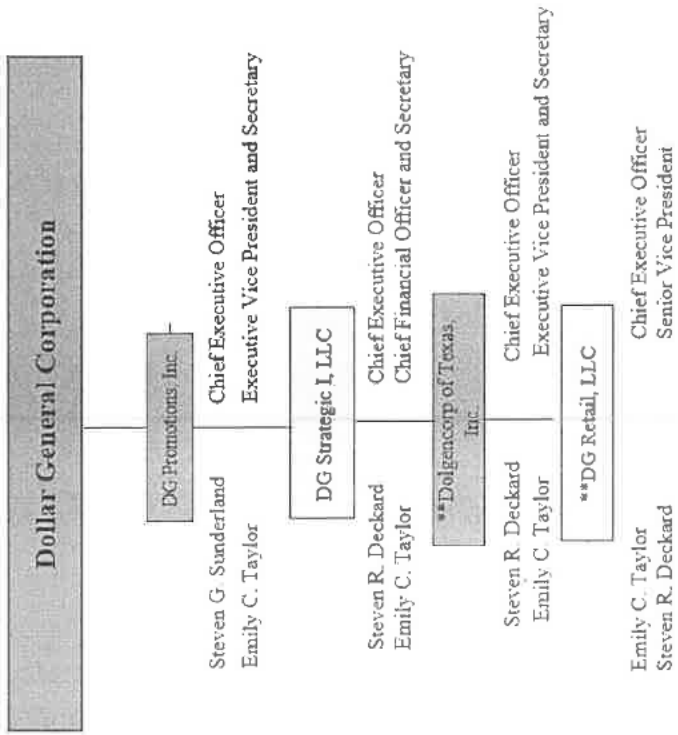
Application Number: 273166  
Application Type: New Application  
Created Date: 12/19/2023

## 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)  
WOW PRESCHOOL 4699 E AZ-90 SIERRA VISTA, AZ 85635 3,168 FT
- 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?  
No
- 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.  
ZERO
- 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?  
No

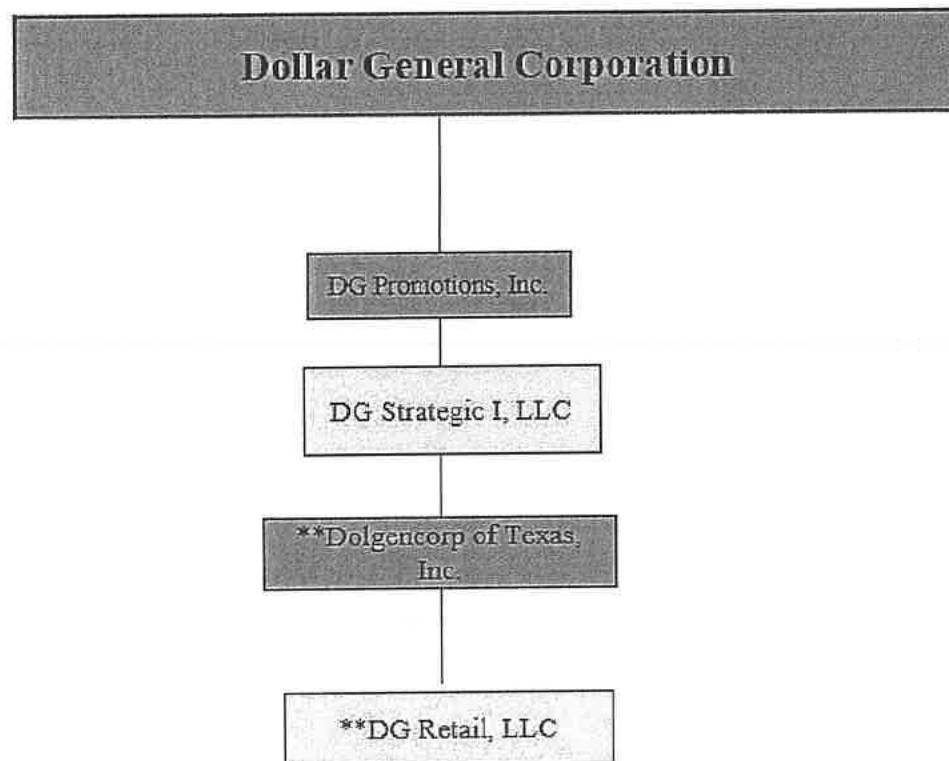
# Organization as of August 1, 2023 (Domestic Entities)



24 MAR 8 11:15 AM

**AMENDMENT**

# Organization as of December 9, 2022 (Domestic Entities)



**Parent Corporation:**

- **Dollar General Corporation ("DGC"):** C corporation incorporated in TN. Provides management svcs to retail operating entities in exchange for a management fee. Creditor on select intercompany notes. Owns the corporate headquarters.
- **DG Promotions, Inc. (f/k/a Nations Title Company, Inc.):** C corporation incorporated in TN. Currently issues Dollar General gift cards. Original activity related to the issuance of title insurance policies on distribution centers. Wholly owned subsidiary of DGC. Owns 1% general partnership interest in Dollar General Partners and sole shareholder of DG Strategic I, LLC.
- **DG Strategic I, LLC:** Single-member, member-managed TN LLC. Owns Dolgencorp of Texas, Inc. Wholly owned by DG Promotions, Inc.
- **Dolgencorp of Texas, Inc.:** C corporation incorporated in KY. Owns Dolgen California, LLC, Dolgen New York, LLC, DG Retail, LLC, DG Product Services, LLC, Dolgen Midwest, LLC and Dolgen Rhode Island, LLC. Operates all TX retail stores. Wholly owned by DG Strategic I, LLC.
- **DG Retail, LLC:** Single member, TN LLC. Operated and taxed as a division of its single member. Operates stores in AZ, CO, IL, KS, MA, ME, MN, ND, NH, OR, UT, and VT. Will eventually operate stores in ID. Wholly owned by Dolgencorp of Texas, Inc.

# DOLLAR GENERAL

DRAWING HISTORY

DATE: 10/30/23 BY: NAB

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_
- (7) \_\_\_\_\_
- (8) \_\_\_\_\_
- (9) \_\_\_\_\_
- (10) \_\_\_\_\_
- (11) \_\_\_\_\_

PROJECT TYPE: NEW  
 FORMAT TYPE: DGP23  
 PLAN TYPE: 10640-C  
 LAYOUT TYPE DETAIL: FULL  
 I/P DESIGNATION: SELECT  
 EXPIRE DATE: 12/11/23

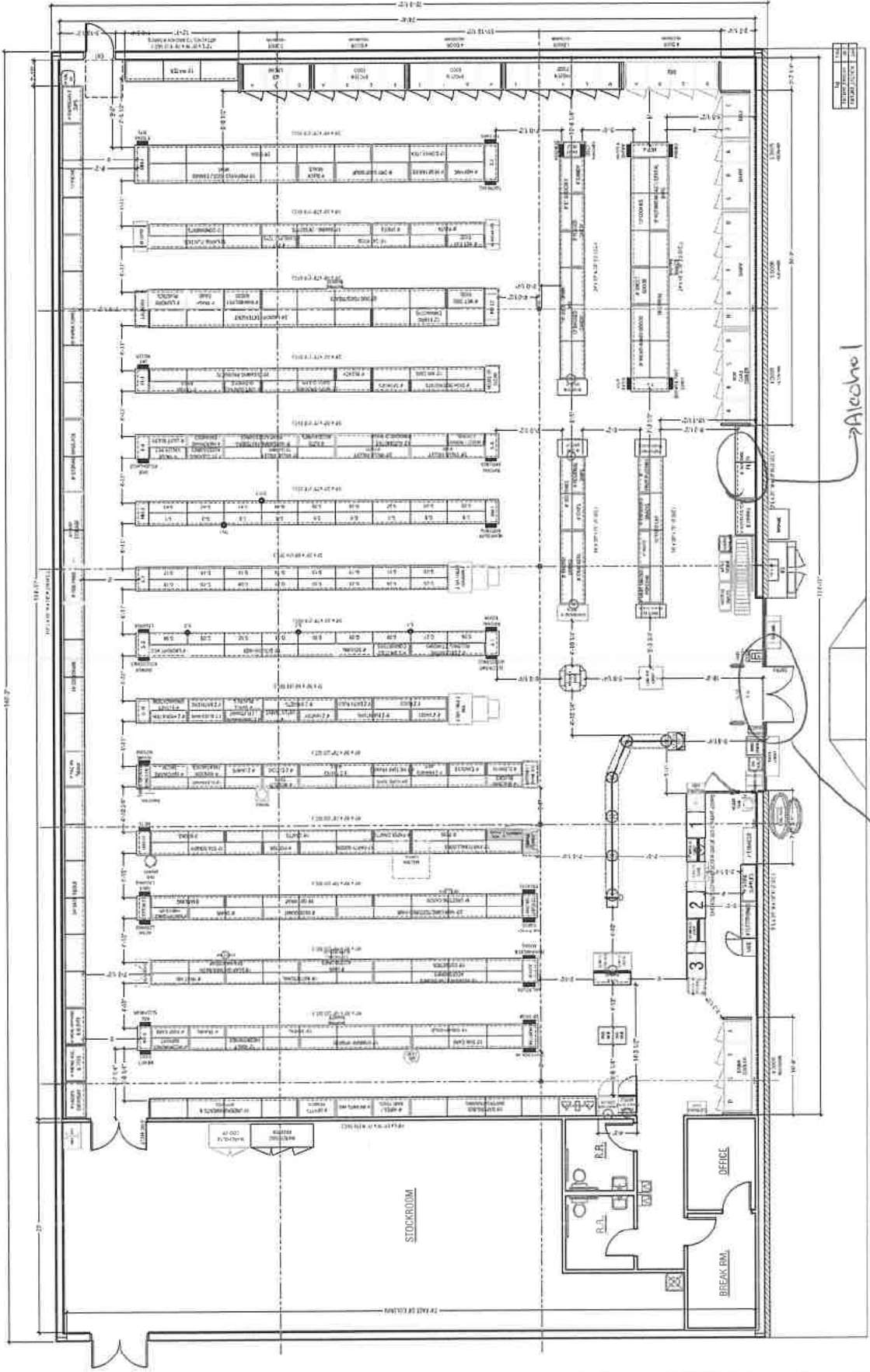
SALES FLOOR SQ. FT.: 8577  
 WAREHOUSE SQ. FT.: 1313  
 TOTAL SQ. FT.: 10770

COLUMN HEIGHT: OPEN  
 LIGHT HEIGHT: 11'-0"

SEASONAL SECTIONS: 43  
 SECTION COUNT: 346  
 ENDCAP COUNT: 36

STORE NUMBER: 24646

ADDRESS: 5240 EAST HIGHWAY 90  
 CITY: SIERRA VISTA  
 STATE: AZ  
 ZIP: 85635



2023 DEC 18 PM 9:48 AZDLCC

LC:  
Amount:

24 FEB 13 10:41 AM '12



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 273166  
Date Accepted: 03/12/2024  
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

## AMENDMENT

License Number:

**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: Romero Francisco Javier Birth Date: \_\_\_/\_\_\_/\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

8. Premises Name: Dollar General Store # 24646 Business Phone: \_\_\_/\_\_\_/\_\_\_

9. Premises Address: 5240 East Highway 90 Sierra Vista, AZ Cochise 85635  
Street (do not use PO Box) City State County Zip



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FP current until 04/29/24

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Job #273166

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box

Form with checkboxes: Controlling Person, Agent (checked), Premises Manager (complete all questions except #12)

2. Name: ROMERO FRANCISCO J Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: AZ

4. Place of birth: Agua Prieta, Son, Mex Height: 5-10 Weight: 180 Eyes: Brown Hair: Brown

5. Name of current/most recent spouse: Ochoe Anz D. Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [Redacted]

7. Daytime telephone number: 615-598-5783 E-mail address: JROMERO@DOLLARGENERAL.COM

8. Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

9. Business Location Address: \_\_\_\_\_ 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 residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include: 2/22/2021 to CURRENT, RETAIL DIST MANAGER, DOLLAR GENERAL, GOODLETTSVILLE, TN 37072; 3/2019 to 2/2021, Asst Opps Store Manager, JCP, Phenix, AZ, 85044; 3/2016 to 3/2019, Retail Dist Manager, Payless Shoes, Topeka, KS, 66602.

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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)
2/2021	CURRENT	Dollar General- Retail District Manager	100 Mission Ridge, Goodlettsville, TN 37072
3/2019	2/2021	JC Penny- Assistant Operations Store Manager	5050 E Ray Rd, Phoenix, AZ, 85044
3/1986	3/2019	Payless Shoes- Retail District Manager	3231 SE 6th Ave, Topeka, KS 66607

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
	CURRENT				
<b>AMENDMENT</b>					

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
4/2021	CURRENT	[REDACTED]
3/2020	3/2021	[REDACTED]
6/2015	3/2020	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses 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**

**NOTARY**

I (Print Full Name) Francisco Romero hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of Az County of Pima

The foregoing instrument was acknowledged before me this 17<sup>th</sup> Day of May, 2021

My Commission Expires on: 03/14/2023 Date

Star Olague  
Notary Public  
Pima County, Arizona  
My Commission Expires  
March 14, 2023  
Commission No. 561780

[Signature]  
Signature of Notary

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

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



# ALIEN STATUS

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

## AMENDMENT

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) Francisco Javier Romero

### 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 \_\_\_\_\_ State \_\_\_\_\_ COUNTRY \_\_\_\_\_

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

2) Name of document: \_\_\_\_\_

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



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

**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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.

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**SECTION I – APPLICANT INFORMATION**

INDIVIDUAL OWNER/AGENT NAME (Print or type) FRANCISCO ROMERO

**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 \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

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

2) Name of document: \_\_\_\_\_  
Go to Section IV.

If you answered **No**, you must complete Section III and IV.

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

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

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

24 FEB 17 11:01 AM '12

**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 etseq.];
- 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.

**AMENDMENT**

**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. §**

\* Francisco Javier Romero

Print Name

Signature

Date

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Francisco Domer  
 Individual Owner/Agent Printed Name

  
 Individual Owner/Agent Signature

5/17/2021  
 Today's Date

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

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

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

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
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4. A United States certificate of birth abroad.
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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.

\*23 DEC 18 AM 9 17 AZDLLC

*Arizona*

DRIVER LICENSE

USA

NOT FOR FEDERAL IDENTIFICATION



9 CLASS D  
9a END L 4d DLN [REDACTED]  
12 REST NONE 3 DOB [REDACTED]

1 ROMERO  
2 FRANCISCO JAVIER

8 [REDACTED]



4b EXP 08/04/2030 4a ISS 06/28/2021

15 SEX M 18 EYES BRO  
16 HGT 5'-10" 19 HAIR BRO  
17 WGT 190 lb

DONOR ♥

08/04/65

5 DD [REDACTED]



23 DEC 18 AM 9:17 REDLLC

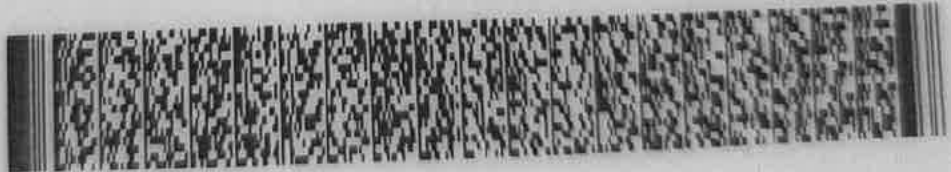
**CLASS:** D-Operator  
**ENDORSEMENTS:**  
L-Motorcycle

**RESTRICTIONS:**  
None

Rev 02/14/2014

You Must Report a  
Change of Address  
Within 10 Days

08/04/1965



31376670020768940301

Certificate #516715

### 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

Francisco Javier Romero

Full Name (please print)

[Signature]

Signature

05-24-2021

Training Completion Date

05-23-2024

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).

[Signature]

Instructor Signature

24 / 05 / 2021

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 #516715

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  
Francisco Javier Romero  
Full Name (please print)  
Signature  
05-24-2021 Training Completion Date  
7912  
05-23-2024 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 Graham  
Instructor Signature  
24 / 05 / 2021  
Day Mo Year

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2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- In-state Microbrewery (series 3)
- Government (series 5)
- Bar (series 6)
- Beer & Wine Bar (series 7)
- Conveyance (series 8)
- Liquor Store (series 9)
- Private Club (series 14)
- Hotel/Motel w/restaurant (series 11)
- Restaurant (series 12)
- In-state Farm Winery (series 13)
- Beer & Wine Store (series 10)

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



# 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 #:	271730
Date Accepted:	11-13-2023
CSR:	Clay

**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 May 17 <sup>th</sup> , 2023	Name of Applicant: FRANCISCO ROMERO
Name of Fingerprint Technician: RYAN J. DAY	
Fingerprint technician's Signature: 	
Fingerprint technician's Agency/company Name: THE UPS STORE	Phone Number: (520) 889-0077
Type of Photo ID Provided (check one): <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)	

LC: \_\_\_\_\_  
Amount: \_\_\_\_\_

24 FEB 13 11:47 AM 7 19



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 273166  
Date Accepted: 03/12/2024  
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 **AMENDMENT**

License Number: \_\_\_\_\_

**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: Deckard Steven Ray Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle NOT a public record

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

7. Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

8. Premises Name: Dollar General Store #24646 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Premises Address: \_\_\_\_\_  
Street (do not use PO Box) City State County Zip



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

fp current
04/22/22

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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 may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

Liquor License#: Job #273166

1. Check the Appropriate Box

Form with checkboxes: [x] Controlling Person, [ ] Agent, [ ] Premises Manager (complete all questions except #12)

2. Name: Deckerd Steven R Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Vincennes IN USA Height: 6'3" Weight: 290 Eyes: Blue Hair: Brown

5. Name of current/most recent spouse: N/A Birth Date: / / (NOT a public record)

6. Are you a bona fide resident of Arizona? [ ] Yes [x] No If yes, what is your date of residency: / /

7. Daytime telephone number: 615-855-4000 E-mail address: tax-beerandwinelicense@dollargeneral.com

8. Business Name: Dollar General Store # 24646 Business Phone: 615 / 855 / 4000

9. Business Location Address: 5240 EAST HIGHWAY 90 SIERRA VISTA AZ COCHISE 85635

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 02/06, CURRENT, Store Operations, Dollar General, 100 Mission Ridge, Goodlettsville, TN 37072

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) 23 DEC 18 AM 9:18 AZDLLC

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
09/13	CURRENT	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses 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**

**NOTARY**

I (Print Full Name) Steven Deckerd hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of Tennessee County of Davidson  
The foregoing instrument was acknowledged before me this

My Commission Expires on: 12-30-2024 20 Day of November, 2023  
Date Day Month Year

[Signature]  
Signature of Notary

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

PRINT NAME: Steven Deckerd SIGNATURE: [Signature]

LC:  
Amount:

24 FEB 13 Lique. Lic. #1720



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLLC USE ONLY**  
Job #: 273166  
Date Accepted: 03/12/2024  
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

## AMENDMENT

License Number:

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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: Taylor Emily Christine Birth Date: \_\_\_/\_\_\_/\_\_\_ (NOT a public record)  
Last First Middle

3. Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ (NOT a public record)  
Last First Middle

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

7. Daytime telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

8. Premises Name: Dollar General Store #24646 Business Phone: \_\_\_/\_\_\_/\_\_\_

9. Premises Address: \_\_\_\_\_  
Street (do not use PO Box) City State County Zip





Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

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Liquor License#: Job #273166

1. Check the Appropriate Box

Form with checkboxes for Controlling Person (checked), Agent, and Premises Manager (complete all questions except #12)

2. Name: Taylor Emily C Birth Date: [Redacted] (NOT a public record)

3. Social Security #: [Redacted] Driver License #: [Redacted] State: TN

4. Place of birth: Nashville TN USA Height: 5'3" Weight: 130 Eyes: Brown Hair: Blonde

5. Name of current/most recent spouse: Taylor Michael Wayne Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency:

7. Daytime telephone number: 615-855-4000 E-mail address: tax-beerandwinelicense@dollargeneral.com

8. Business Name: Dollar General Store # 24646 Business Phone: 615 / 855 / 4000

9. Business Location Address: 5240 EAST HIGHWAY 90 SIERRA VISTA AZ COCHISE 85635

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 04/98, CURRENT, Chief Merchandising Officer, Dollar General, 100 Mission Ridge, Goodlettsville, TN 37072

(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	RESIDENTIAL Street Address
06/14	CURRENT	[REDACTED]

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
- 13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
- 14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses 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

**NOTARY**

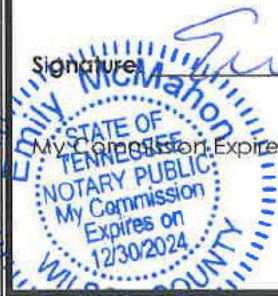
I (Print Full Name) Emily Taylor hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature] State of Tennessee County of Davidson

The foregoing instrument was acknowledged before me this 20 Day of November, 2023

My Commission Expires on: 12-30-2024 Date

[Signature]  
Signature of Notary



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

PRINT NAME: Emily Taylor SIGNATURE: [Signature]



# 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#:	273166
Date Accepted:	03/12/2024
CSR:	sg

Fee collected under  
Individual

**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 <i>10-26-23</i>	Name of Applicant: <i>Emily C Taylor</i>
Name of Fingerprint Technician: <i>Charles R Blackwood Jr</i>	
Fingerprint technician's Signature: <i>[Signature]</i>	
Fingerprint technician's Agency/company Name: <i>Retired Metro Nash TV PD</i>	Phone Number: <i>602-878-4051</i>
Type of Photo ID Provided (check one):	
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)	