

RESOLUTION 2022-033

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 LIQUOR LICENSE FOR BRENDA E. SALLARD ON BEHALF OF FAMILY DOLLAR, INC. DBA FAMILY DOLLAR STORE #24189 LOCATED AT 21 E FRY BOULEVARD, 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 Liquor License for Brenda E. Sallard on behalf of Family Dollar, Inc. dba Family Dollar Store #24189 located at 21 E Fry Boulevard, 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.

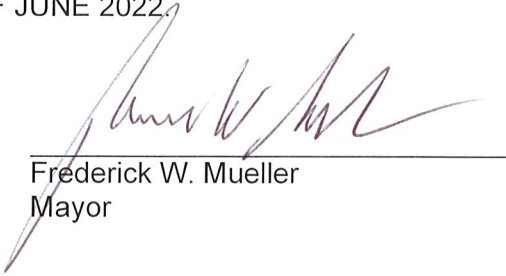
SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for a New Series 10 Liquor License for Brenda E. Sallard on behalf of Family Dollar, Inc. dba Family Dollar Store #24189 located at 21 E Fry Boulevard, Sierra Vista, Arizona; to the State Department of Liquor Licenses and Control.

SECTION 3

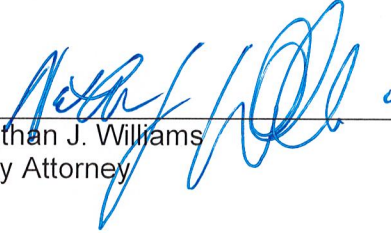
The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 9th DAY OF JUNE 2022.



Frederick W. Mueller
Mayor

Approved as to Form: _____



Nathan J. Williams
City Attorney

Attest:



Jill Adams
City Clerk

Prepared By:
Jill Adams, City Clerk

State of Arizona
Department of Liquor Licenses and Control

Created 05/11/2022 @ 04:45:37 PM

Local Governing Body Report

LICENSE

Number:	Type:	010 BEER AND WINE STORE
Name:	FAMILY DOLLAR STORE #24189	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
Location:	21 E FRY BOULEVARD SIERRA VISTA, AZ 85635 USA	
Mailing Address:	500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA	
Phone:	(757)321-5493	
Alt. Phone:	(520)260-0276	
Email:	AB-LICENSING@DOLLARTREE.COM	

AGENT

Name:	BRENDA E SALLARD
Gender:	Female
Correspondence Address:	500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA
Phone:	(520)260-0276
Alt. Phone:	
Email:	AB-LICENSING@DOLLARTREE.COM

OWNER

Name:	FAMILY DOLLAR INC	
Contact Name:	VARIOUS AGENTS	
Type:	CORPORATION	
AZ CC File Number:	F08710462	State of Incorporation: NC
Incorporation Date:	11/17/1997	
Correspondence Address:	500 VOLVO PARKWAY CHESAPEAKE, VA 23320 USA	
Phone:	(757)321-5493	
Alt. Phone:		
Email:	AB-LICENSING@DOLLARTREE.COM	

Officers / Stockholders

Name:
FAMILY DOLLAR STORES INC
PETER ALLAN BARNETT
HARRY RASHAD SPENCER
ROGER WAYNE DEAN

Title:
Shareholder
President
ASST SECRETARY
VP/TRES

% Interest:
100.00

FAMILY DOLLAR INC - VP/TRES
FAMILY DOLLAR STORES INC - VP/TRES

Name: ROGER WAYNE DEAN
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)321-5354
Alt. Phone:
Email: RDEAN@DOLLARTREEE.COM

FAMILY DOLLAR INC - Shareholder

Name: FAMILY DOLLAR STORES INC
Contact Name: VARIOUS AGENTS
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (850)577-6962
Alt. Phone:
Email: ALYSSA.DICKINSON@GRAY-ROBINSON.COM

FAMILY DOLLAR STORES INC - Shareholder

Name: DOLLAR TREE INC
Contact Name: BRENDA E SALLARD
Type: CORPORATION
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (520)260-0276
Alt. Phone:
Email: AB-LICENSING@DOLLARTREE.COM

FAMILY DOLLAR STORES INC - PRESIDENT

Name: PETER ALLEN BARNETT
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)428-2789
Alt. Phone:
Email: PBARNETT@FAMILYDOLLAR.COM

FAMILY DOLLAR INC - ASST SECRETARY FAMILY DOLLAR STORES INC - ASST SECRETARY

Name: HARRY RASHAD SPENCER
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)321-5000
Alt. Phone:
Email: AB-LICENSING@DOLALRTREE.COM

FAMILY DOLLAR INC - President

Name: PETER ALLAN BARNETT
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (757)428-2789
Alt. Phone:
Email: PBARNETT@FAMILYDOLLAR.COM

MANAGERS

Name: RALPHAEL SEAN PICHE
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (520)252-3372
Alt. Phone:
Email: RPICHE@FAMILYDOLLAR.COM

Name: BRENDA E SALLARD
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (520)628-0121
Alt. Phone:
Email: AB-LICENSING@DOLLARTREE.COM

Name: JORGE OJEDA
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (760)222-7332
Alt. Phone:
Email: JOJEDA7@FAMILYDOLLAR.COM

Name: MICHELLE RENEE BROWN
Gender: Female
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)533-8145
Alt. Phone:
Email: MBROW748@FAMILYDOLLAR.COM

Name: WILLIAM HENRY CONLEY
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (480)707-3499
Alt. Phone:
Email: WICONLEY@FAMILYDOLLAR.COM

Name: MICHAEL JACKSON GOHN
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (682)321-4589
Alt. Phone:
Email: MGOHN@FAMILYDOLLAR.COM

Name: STEVEN JOHN HARRIS
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)278-9098
Alt. Phone:
Email: SJOHNHARRIS1573@OUTLOOK.COM

Name: CARLOS GABRIEL FAVELA
Gender: Male
Correspondence Address: 500 VOLVO PARKWAY
CHESAPEAKE, VA 23320
USA
Phone: (928)892-5240
Alt. Phone: (602)694-3203
Email: CGFAVELA@FAMILYDOLLAR.COM

APPLICATION INFORMATION

Application Number: 195341
Application Type: New Application
Created Date: 04/08/2022

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 and church.
(If less than one (1) mile note footage)
Move City Church, 200 North Ave, Sierra Vista, AZ 85635, 518.83 feet
- 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.
None
- 7) Is there a drive through window 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

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
MISCELLANEOUS	ABC 24189 - APP - DRAFT (02294128xBE13C).pdf	04/08/2022
ALIEN STATUS	ABC 24189 - APP - DRAFT (02294128xBE13C).pdf	04/08/2022
DIAGRAM/FLOOR PLAN	ABC 24189 - APP - DRAFT (02294128xBE13C).pdf	04/08/2022
QUESTIONNAIRE	ABC 24189 - APP - DRAFT (02294128xBE13C).pdf	04/08/2022

Family Dollar, Inc. Flowchart

Dollar Tree, Inc.
(100% Stockholder)
NASDAQ: DLTR



Family Dollar Stores, Inc.
(100% Stockholder)

Controlling Officers:
President: Peter Barnett
Vice President: Roger Dean
Assistant Secretary: Harry R. Spencer



Family Dollar, Inc.
(100% Stockholder)

Controlling Officers:
President: Peter Barnett
Vice President: Roger Dean
Assistant Secretary: Harry R. Spencer

Dollar Tree, Inc.
(100% Stockholder)
NASDAQ: DLTR



Family Dollar Stores, Inc.
(100% Stockholder)



Family Dollar, Inc.
(100% Stockholder)

THIS SPACE FOR USE BY RECORDING OFFICIAL

Prepared by and mail after recording to: Family Dollar, Inc.
Post Office Box1017
Charlotte, NC 28201-1017
Attn: Vice resident of
Real Estate

STATE OF ARIZONA

SHORT FORM LEASE

COUNTY OF COCHISE

THIS LEASE is made and entered into this 10th day of April, 2000, by and between ROYAL SEAL INVESTMENTS, INC., a Texas corporation, (hereinafter called "Landlord"), and FAMILY DOLLAR, INC., a North Carolina corporation (hereinafter called "Tenant");

W I T N E S S E T H:

In consideration of the covenants hereinafter contained, to all of which Landlord and Tenant agree, Landlord hereby demises and lets to Tenant, and Tenant hereby rents and hires from Landlord the following described premises situated on the north side of Fry Boulevard (Highway 90) east of Carmichael Avenue and west of the intersection of Canyon Drive and Fry Boulevard (Highway 90), in the City of Sierra Vista, County of Cochise, State of Arizona, and being that property containing approximately 29,243.37 (175.11' x 167') square feet fronting 175.11 feet on Fry Boulevard (Highway 90) and extending north 167 feet to the rear, of the property, as shown outlined in red on Exhibit B - Site Plan attached hereto and made a part hereof.

Together with a building containing approximately 8,000 (100' x 80') square feet, to be provided by Landlord, as hereinafter provided, on the above-described premises along with the paved, marked, lighted parking, service and access areas shown on Exhibit B - Site Plan (said premises and the building and other improvements thereon, upon completion of construction, are hereinafter called the "demised premises").

TO HAVE AND TO HOLD the demised premises for an initial term ending on the 31st day of December, 2010, upon the rents, terms, covenants and conditions contained in a certain Lease Agreement between the parties and bearing even date herewith (hereinafter

Landlord's Address:
Royal Seal Investments, Inc.
3207 Justin Road
Flower Mound, TX 75028

Tenant's Address:
Family Dollar, Inc.
P. O. Box 1017
Charlotte, NC 28201-1017
Attn: Lease Administration
Department

IN WITNESS WHEREOF, this indenture has been duly executed by said parties in manner and form provided by law, this the day and year first above written.

ATTEST:
Donna L. Smith
Secretary

LANDLORD
ROYAL SEAL INVESTMENTS, INC.
By: K. Engle
President

ATTEST:
Thomas E. Schoenheit
Thomas E. Schoenheit
Assistant Secretary

TENANT
FAMILY DOLLAR, INC.
By: Gilbert A. LaFare
Vice President

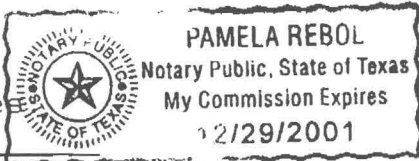
STATE OF Texas
COUNTY OF Denton

NOTARY

I, Pamela Rebol, a Notary Public in and for the aforesaid State and County, do hereby certify that K. Eugui Colle personally appeared before me this day and that by the authority duly given and on behalf of ROYAL SEAL INVESTMENTS, INC., the foregoing instrument was signed and executed by him for the purposes therein expressed.

WITNESS my hand and notarial seal this the 13 day of April, 2000.

My Commission Expires 12-29-01



Pamela Rebol
Notary Public

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

NOTARY

I, Ann M. Diel, a Notary Public in and for the aforesaid State and County, do hereby certify that GILBERT A. LAFARE and THOMAS E. SCHOENHEIT, Vice President and Assistant Secretary, respectively, of FAMILY DOLLAR, INC., personally appeared before me this day and that by the authority duly given and as the act of the corporation, the foregoing instrument was signed and executed by them for the purposes therein expressed

2F

2G

2A

Approximate Location of Family Dollar Dumpsters

6'x10' CONC. STAIR

175.06'

EXISTING 20' EASEMENT

FAMILY DOLLAR (8,000 SF)

2' 18' 30' 20' 100.00' 5'

30' CITY ROW

CONC. SIDEWALK

PAVED, MARKED AND LIGHTED PARKING AREA

LIGHT POLE (P-LAMP)

NEW 30' DRIVE

175.11'

NEW 30' DRIVE

FRY BLVD. (HWY 90)

CARMICHAEL AVENUE,

CANYON DRIVE -->

SIERRA VISTA, AZ
FRY BOULEVARD

FEB. 09. 2000



PRELIMINARY SITE PLAN

SCALE: 1" = 40'

PROPOSED SITE = 29,243.37 S.F. PARKING SHOWN = 42 SPACES



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

FP Current
12-17-2021

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.

Liquor License#: 195341

1. Check the Appropriate Box

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

2. Name: Sallard Brenda E. Birth Date: [Redacted]

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

4. Place of birth: Hermosillo Sonora Mexico Height: 5'4 Weight: 133 Eyes: Brown Hair: Black

5. Name of current/most recent spouse: Moreno Sallard, Jr. Abel Fernando Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2009

7. Daytime telephone number: 520-260-0276 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar Store #24189 757-321-5493

9. Business Location Address: 21 E Fry Blvd. 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)

(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
6/20	CURRENT	177 Avenida Oshon Rio Rico, AZ 85646
12/19	5/20	171 La Camino-espada Sahuarita, AZ 85629

(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) Brenda E. Sallard 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: Brenda E. Sallard, State of Arizona County of Pima
The foregoing instrument was acknowledged before me this

My Commission Expires on: 08-26-2024 18 Day of March 22
Day Month Year



OFFICIAL SEAL
Melissa Smaniego
Notary Public- Arizona
Pima County-Comm # 583481
My Comm. Exp. Aug 26, 2024

Melissa Smaniego
Signature of Notary

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

PRINT NAME: Harry Spencer SIGNATURE: [Signature]



State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th 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.

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

INDIVIDUAL OWNER/AGENT NAME (Print or type) Brenda E. Sallard

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 HERMOSELLO State (or equivalent) Sonora Country or Territory Mexico

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.

SECTION III – ALIEN STATUS DECLARATION

To be completed by 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.

Otherwise Lawfully Present

- 14. 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. § 1621(a).

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.

Brenda E. Sallard

Individual Owner/Agent Printed Name

Brenda Sallard

Individual Owner/Agent Signature

3/18/22

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.
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 January 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.


Arizona DRIVER LICENSE USA




1 CLASS D
 2 END NONE
 3 REST NONE
 4 SALLARD
 5 BRENDA E
 6 177 AVENIDA OSTI
 RIO RICO, AZ 85648
 7 EXP 11/23/2028 8 ISS 11/23/2020
 9 SEX F 10 EYES BRO
 11 HGT 5'-04" 12 HAIR BLK
 13 WGT 129 lb
 14 DONOR 
 15 DD 023302C87S104705



CLASS: D-Operator
 ENDORSEMENTS: None
 RESTRICTIONS: None
 Rev 02/14/2014
 You Must Report a
 Change of Address
 Within 10 Days



70426AZ0096837080301

22 MAY 11 Lique. Lic. PM 2 01

Certificate # 52M-52985

Certificate of Completion
For
Title 4 MANAGEMENT Liqueur Law Training

A Certificate of Completion must be in accordance with the rules and regulations of the Department of Liquor Law Enforcement. Certificate will expire 12 months after the date of completion. The holder of this certificate is not authorized to sell, transport, or possess liquor. This Title 4 training is a prerequisite for licensure under Title 4. A person who fails to complete the training for Title 4 is not eligible for licensure under Title 4. The Department of Liquor Law Enforcement will not issue a license to a person who has not completed the training. A person who fails to complete the training will be ineligible for licensure under Title 4. The Department of Liquor Law Enforcement will not issue a license to a person who has not completed the training.

Student Information
Brenda E. Ballard
Full Name (Print Name)

09/13/2019 09/13/2022
Date of Completion Date of Expiration

Training Provider Information
360training.com Inc.
Company Name

4801 N Capital of Texas Blvd, Suite 200, Austin, TX 78711
Training Address

(877) 681-3238
Display Contact Phone Number

I, Stephanie Marshall certify that the above named individual did successfully complete
Title 4 MANAGEMENT training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code
(A.A.C.) R19-3-100 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. R19-3-103(B) and (F).

[Signature]
Instructor Signature

09/13/2019
Date Issued

Persons required to complete SAQ 7 & ADDENDUM Title 4 training: (1) owners actively involved in the daily business or operations of a liquor-licensed business of 5 or more seats below; (2) managers, agents and managers actively involved in the daily business operations of a liquor-licensed business of 5 or more seats below.

In doing this, I certify that I am: (1) Government (Series 3); (2) Bar & Wine Bar (Series 7); (3) Liquor Store (Series 9); (4) Night Club (Series 14); (5) Non-alcohol sales agent (Series 15); (6) Restaurant (Series 12); (7) State Wine Store (Series 10); (8) Bar & Wine Store (Series 13).

Liquor license applications (initial or renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor Law Enforcement.
The questionnaire (which designates the manager or proprietor) and the signed change form (which designates a new agent) for the liquor license are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor Law Enforcement.

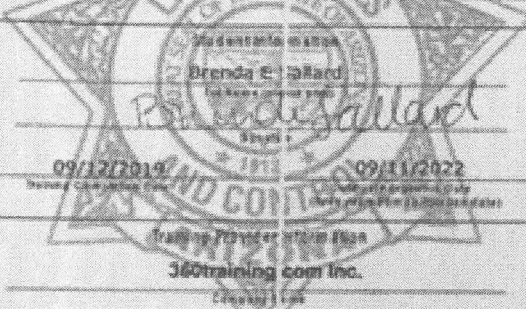
Certificate # AZB-0FF-04747

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

- On-sale
- Off-sale
- On- and off-sale

22 MAY 11 11:49 AM 2011

A Certificate of Completion must be on a form approved by the State of Arizona. Certificates are completed by a state-approved provider and, when issued, are subject to the provisions of the Arizona Administrative Code (A.A.C.) 215-1-123. The State requires that the training be conducted by a provider approved by the State. Training for an off-sale or on- and off-sale license is a condition of employment. A certificate of completion is not valid unless the training provider is approved by the State. A certificate of completion is not valid unless the training provider is approved by the State.



Participant Name

Brenda E. Ballard

Participant Address

Participant City

09/12/2019

09/11/2022

Training Provider Name
360training.com Inc.

4801 N Capital of Texas Hwy, Ste 1, Suite 200, Austin, TX 78721

Mailing Address

(877) 881-2235

Daytime Contact Name Number

I, Samantha Morfobongo, certify that the above-named individual did successfully complete

the above-named training.

Title 4 BASIC training in accordance with A.A.C. 215-1-123(2) and Arizona Administrative Code (A.A.C.) 215-1-123 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of the Certificate of Completion will result in the revocation of State approval for the training provider named in this section as provided by A.A.C. 215-1-123(2) and (3).

Instructor Signature

09/12/2019

Day Mo Year

Persons required to complete BASIC & MANAGEMENT training: 1) on- and off-sale holders in the daily business operations of a liquor store and holders of a combined license; 2) on- and off-sale holders and management actively involved in the daily business operations of a liquor store or holder of a combined license of a combined license.

In-state Microbrewery (pages 20)	Crossroads (pages 21)	Bar (pages 22)	Beer & Wine Bar (pages 23)
Convenience (pages 24)	Liquor Store (pages 25)	State Club (pages 26)	Hotel/Motel with bar/restaurant (pages 27)
Restaurant (pages 28)	In-state Farm Winery (pages 29)		Beer & Wine Store (pages 30)

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

The questions which pertain to management's education and the application change form (which require a new agent for each license) are not complete until valid Certificates of Completion for all required persons have been submitted in the Department of Liquor Licenses and Control.

July 11, 2011



*22 4 12 Liq. Admin AM10:09

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

FP Current
12-17-2021

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 UNED 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.

Liquor License#: 195341

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person <input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
---	--

2. Name: Barnett Peter Allen^{ca} Birth Date: [REDACTED] (NOT a public record)

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

4. Place of birth: Chicago, Illinois, US Height: 6' Weight: 225 Eyes: Hazel Hair: Grey

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

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

7. Daytime telephone number: 757-321-5000 E-mail address: pbarnett@familydollar.com

8. Business Name: Family Dollar Store # 24189 Business Phone: 757-321-5493

9. Business Location Address: 21 E Fry Blvd 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

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
08/2013	CURRENT	Sr. VP	Dollar Tree/ Family Dollar 500 Volvo Pkwy, Chesapeake, VA 23320 1604

(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
05/19	CURRENT	329 Cavalier Dr. Virginia Beach, Virginia 23451
08/18	05/19	332 Laskin Rd. #507 Virginia Beach, Virginia 23451
10/13	08/18	314 Cawdor Xing, Chesapeake, Virginia 23322

(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 & 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) Peter A. Barnett 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: *P.A. Barnett* State of Virginia City Chesapeake County of Chesapeake
The foregoing instrument was acknowledged before me this

My Commission Expires on: 1/31/25 Date 24 Day of January, 2022 Year
Day Month Year

JENNIFER LEE TACKETT
NOTARY PUBLIC
REGISTRATION # 7941018
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2025

Jennifer Lee Tackett
Signature of Notary

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

PRINT NAME: _____ SIGNATURE: _____

EXHIBIT A - Peter Barnett

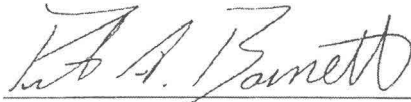
Question 18: Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S.§4-202(D).

Answer: Yes. See below chart for details.

Citation Date	Agency	Licensed Entity	Disposition	Suspension Dates	Reinstatement Date
12/30/2019	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	1/8/2020 - 1/15/2020	1/16/2020
2/22/2020	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	12/16/2020 - 12/23/2020	12/24/2020
3/4/2020	Virginia Alcoholic Beverage Control Authority	Family Dollar Stores of Virginia, Inc.	License Suspension -25 Days	5/14/2020 - 6/7/2020	6/8/2020
6/4/2021	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension -8 Days	9/8/2021 - 9/15/2021	9/16/2021

To Whom It May Concern:

I, Peter Barnett, President of Family Dollar Stores, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.



By: Peter Barnett

As: President, Family Dollar Stores, Inc.



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

FP Current
12-17-2021

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 UNED 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.

Liquor License#: 195341

Check the appropriate box

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

Name: Spencer Harry R. Birth Date: [REDACTED] (NOT a public record)

Social Security #: [REDACTED] Driver License #: [REDACTED] State: Virginia

Place of birth: Chicago, Illinois, US Height: 6'1" Weight: 220 Eyes: Brown Hair: Black

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

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

Daytime telephone number: 757-321-5000 E-mail address: ab-licensing@dollartree.com

Business Name: Family Dollar Store # 24189 Business Phone: 757-321-5493

Business Location Address: 21 E Fry Blvd Sierra Vista AZ Cochise 85635

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 Director at Family Dollar, Amazon, and Mars Chocolate.

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
01/19	CURRENT	509 Woodards Ford Road, Chesapeake, VA 23322
01/16	01/19	31 Walton Court, East Brunswick, NJ 08816
01/10	01/16	716 Blazing Star Drive, Lawrence, KS 66049

(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 & 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) Harry R. Spencer 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: _____

State of Virginia City of Chesapeake

The foregoing instrument was acknowledged before me this

My Commission Expires on: _____

Date

25 Day

Day of

January Month

2022 Year

JENNIFER LEE TACKETT
NOTARY PUBLIC
REGISTRATION # 7941019
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
JANUARY 31, 2025

Jennifer Lee Tackett
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

EXHIBIT A - Harry Spencer

Question 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).

Answer: Yes. See below chart for details.

Citation Date	Agency	Licensed Entity	Disposition	Suspension Dates	Reinstatement Date
12/30/2019	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	1/8/2020 - 1/15/2020	1/16/2020
2/22/2020	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	12/16/2020 - 12/23/2020	12/24/2020
3/4/2020	Virginia Alcoholic Beverage Control Authority	Family Dollar Stores of Virginia, Inc.	License Suspension -25 Days	5/14/2020 - 6/7/2020	6/8/2020
6/4/2021	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension -8 Days	9/8/2021 - 9/15/2021	9/16/2021

To Whom It May Concern:

I, Harry Spencer, Assistant Secretary of Family Dollar, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.

A handwritten signature in black ink, appearing to read 'Harry Spencer', is written over a horizontal line. The signature is stylized and somewhat cursive.

By: Harry Spencer

As: Assistant Secretary, Family Dollar Inc.



'22 4 12 Liq.Admin AM10:10

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

FP Current
12-17-2021

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.

Liquor License#: 195341

1. Check the Appropriate Box

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

2. Name: Dean Roger W. Birth Date: [Redacted]

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

4. Place of birth: Roanoke, Virginia, US Height: 5'9" Weight: 150 Eyes: Hazel Hair: Brown

5. Name of current/most recent spouse: Dean Deanna Kathleen 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: 757-321-5000 E-mail address: ab-licensing@dollartree.com

8. Business Name: Family Dollar Store # 24189 Business Phone: 757, 321 5493

9. Business Location Address: 21 E Fry Blvd 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: 10/1999, CURRENT, VP, Treasurer, Dollar Tree / Family Dollar, 500 Volvo Pkwy Chesapeake Va 23320

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D) *22 4 12 Liq.Admin AM10:10

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/12	CURRENT	2904 Ryan Court Virginia Beach, Virginia 23456

(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 & 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) Roger W. Dean 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.

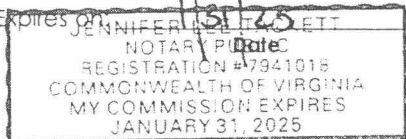
Signature: _____

State of Virginia City _____ County of Chesapeake

The foregoing instrument was acknowledged before me this

My Commission Expires on _____

25 Day of January, 2022
Day Month Year



Jennifer Lee Pettit
Signature of Notary

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

PRINT NAME: _____

SIGNATURE: _____

To Whom It May Concern:

I, Roger Dean, Vice President and Treasurer of Family Dollar, Inc., provide this signed statement in support of its application for liquor license. I am the Controlling Person who completed the Questionnaire to be submitted with the application. The attached Exhibit A provides the details concerning my "Yes" answer to Question 18. This statement and the attached Exhibit A are true, correct, and complete, to the best of my knowledge.



By: Roger Dean

As: Vice President and Treasurer, Family Dollar Inc.

EXHIBIT A - Roger Dean

Question 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).

Answer: Yes. See below chart for details.

Citation Date	Agency	Licensed Entity	Disposition	Suspension Dates	Reinstatement Date
12/30/2019	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	1/8/2020 - 1/15/2020	1/16/2020
2/22/2020	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension - 8 Days	12/16/2020 - 12/23/2020	12/24/2020
3/4/2020	Virginia Alcoholic Beverage Control Authority	Family Dollar Stores of Virginia, Inc.	License Suspension -25 Days	5/14/2020 - 6/7/2020	6/8/2020
6/4/2021	Texas Alcoholic Beverage Control	Family Dollar Stores of Texas, LLC	License Suspension -8 Days	9/8/2021 - 9/15/2021	9/16/2021