



# Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> Floor  
Tucson, AZ 85701  
Phone: (520) 724-8449 • Fax: (520) 222-0448

Document and Micrographics Mgt. Division  
1640 East Benson Highway  
Tucson, Arizona 85714  
Phone: (520) 351-8454 • Fax: (520) 791-6666

May 23, 2017

Andrea Dahlman Lewkowitz  
Walgreens No. 10684  
2600 N. Central Ave., Ste. 1775  
Phoenix, AZ 85004

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 09100095  
Walgreens No. 10684

Dear Ms. Lewkowitz:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, June 6, 2017, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building  
Board of Supervisors Hearing Room  
130 West Congress, 1st Floor  
Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in black ink, appearing to read "Castañeda".

Julie Castañeda  
Clerk of the Board



**Pima County Clerk of the Board**  
Julie Castañeda

Melissa Manriquez  
Deputy Clerk

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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Ricci Romero *RR*  
Administrative Support Specialist Senior

DATE: May 18, 2017

RE: Sheriff's Report - Application for Agent Change/Acquisition of Control/  
Restructure

Attached is the application of:

Andrea Dahlman Lewkowitz  
d.b.a. Walgreens No. 10684  
13542 E. Colossal Cave Road  
Vail, AZ 85641

Arizona Liquor License No. 09100095

SHERIFF'S REPORT

DATE: 05/22/17

Is there any reason this application should not be recommended for approval?

NOTHING NOTED

*[Signature]*  
Investigative Support Unit Supervisor

When completed, please return to cob\_mail@pima.gov.

MAY 23 11 40 AM '17  
*man*

17-15-0095



\*\*\*AMENDMENT\*\*\*  
09100095

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

**DLLC USE ONLY**

Date Processed: \_\_\_\_\_

CSR: \_\_\_\_\_

60th Day: \_\_\_\_\_

**APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL OR RESTRICTURE**

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restrucure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

**SECTION 1**

Check the appropriate boxes

Agent Change  
Complete Sections 1,2,3,4,5 & 7

Acquisition of Control  
Complete Sections 1,2, 3 & 7

Restructure  
Complete Sections 1,2,3,6 & 7

**SECTION 2**

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRICTURE)

1. Name: \_\_\_\_\_ 09100095  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: \_\_\_\_\_ Corp File #: \_\_\_\_\_  
(Exactly as it appears on liquor license) (if applicable)

3. Business Name: WALGREENS #10684 Email: \_\_\_\_\_  
(Exactly as it appears on liquor license)

4. Business Location Address: 13542 E. COLOSSAL CAVERD. VAIL PIMA 85641  
(Do not use P.O. Box Number) City County Zip

5. Is the Business located within the incorporated limits of the above City or Town?  Yes  No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town, or Tribal Reservation?  Yes  No If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

7. Mailing Address: \_\_\_\_\_ City State Zip

8. Business Phone: \_\_\_\_\_ Daytime Contact Phone \_\_\_\_\_

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?  Yes  No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons?  Yes  No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

**SECTION 3**

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRICTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

#09100095  
Walgreens #10684

17 MAY 15 11:41 AM Dept #411

DEPARTMENT OF LIQUOR CONTROL



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

**DLIC USE ONLY**

Date Processed	05-10-17
CSR:	JB/AP
60 <sup>th</sup> Day:	07-09-17

**APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE**

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

**SECTION 1**

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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**SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

1. Name: LEWKOWITZ ANDREA DAHLMAN 09100095  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: WALGREEN ARIZONA DRUG CO. Corp File #: 00449518  
(Exactly as it appears on Liquor License) (If applicable)

3. Business Name: WALGREENS #10684 Email: ANDREA@LEWKLAW.COM  
(Exactly as it appears on Liquor License)

4. Business Location Address: 13524 E. COLOSSAL CAVE RD. VAIL PIMA 85641  
(Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town?  Yes  No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No If Yes, what City, Town or Tribal Reservation is this Business located in: PIMA County

7. Mailing Address: 2600 N. CENTRAL AVE. STE. 1775 PHOENIX AZ 85004  
City State Zip

8. Business Phone: (520) 232-3763 Daytime Contact Phone (602) 200-7222

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?  Yes  No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons?  Yes  No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

**SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	SEE ATTACHED							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

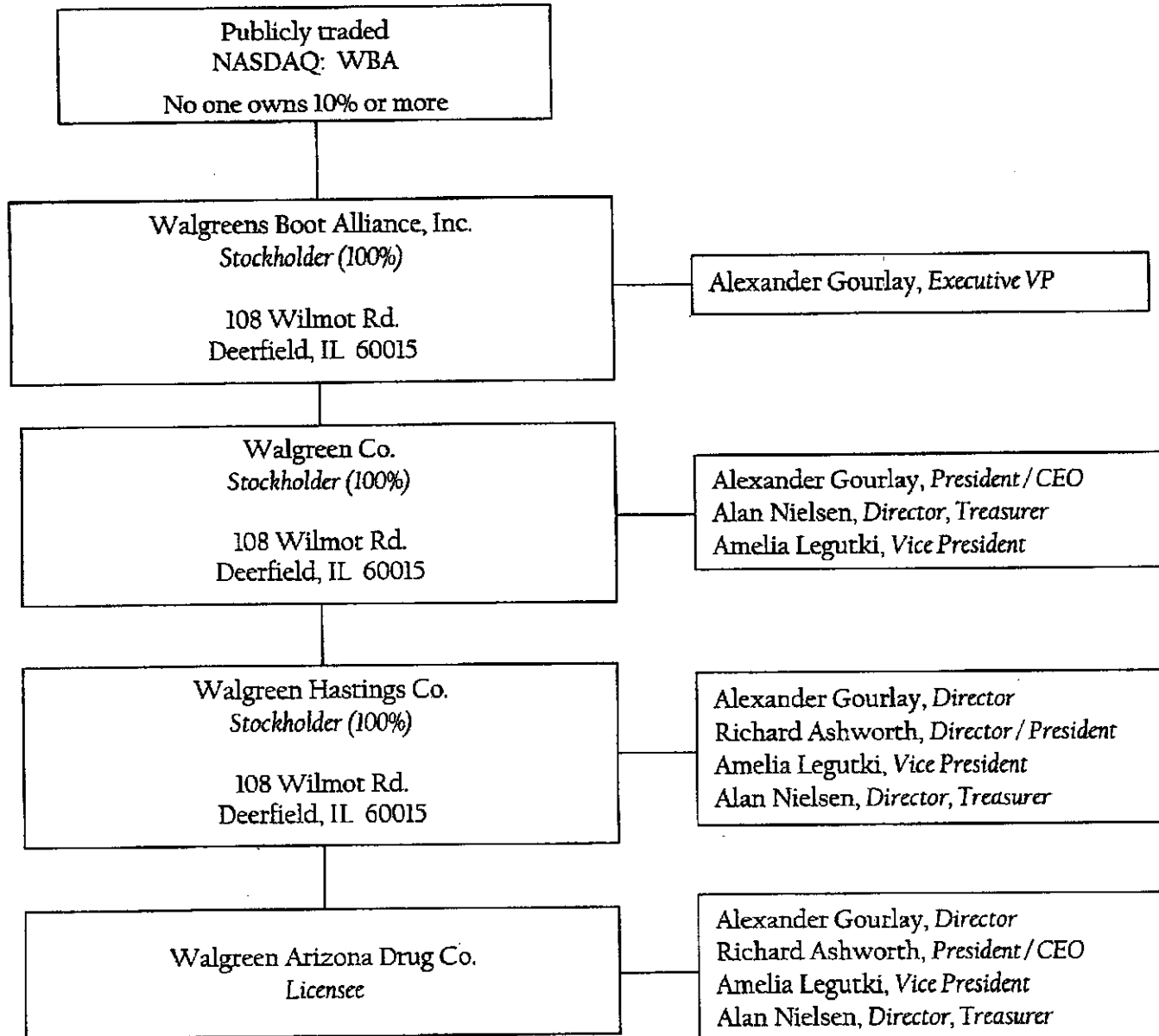
New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	SEE ATTACHED							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

17 MAY 10 04:47 AM '17

MAY 10 10:04 AM '17



SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise?  Yes  No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate?  Yes  No

If yes, Name of current Manager: Last First Middle

Basic Training  Yes  No

Management Training  Yes  No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.I.C. CONTROLLING MEMBER:

1. License # \_\_\_\_\_

2. Current Agent Name: Last First Middle
(Exactly as it appears on license)

I, (Print full name) \_\_\_\_\_, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X \_\_\_\_\_
(Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_
The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved?  YES  NO

IF YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- J.T.W.R.O.S.
 INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 LIMITED LIABILITY CO.
 MANAGEMENT CO.
 TRIBE
 TRUST
 OTHER (Explain) \_\_\_\_\_

- J.T.W.R.O.S.
 INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 LIMITED LIABILITY CO.
 MANAGEMENT CO.
 TRIBE
 TRUST
 OTHER (Explain) \_\_\_\_\_

SECTION 7

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

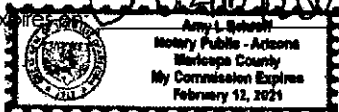
I, (Print full name) ANDREA DAHLMAN LEWKOWITZ, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X \_\_\_\_\_
(Controlling Person/Existing Agent)

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this

My commission expires \_\_\_\_\_

8 of MAY 2017
Day Month Year



Signature of NOTARY PUBLIC