



# 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

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May 23, 2017

Andrea Dahlman Lewkowitz  
Walgreens  
2600 N. Central Ave., Ste. 1775  
Phoenix, AZ 85004

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 09100097  
Walgreens

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 that reads "Julie Castañeda".

Julie Castañeda  
Clerk of the Board



**Pima County Clerk of the Board**

**Julie Castañeda**

Melissa Hernandez  
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 11, 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  
375 W. Continental Road  
Green Valley, AZ 85614

Arizona Liquor License No. 09100097

SHERIFF'S REPORT

DATE: 05/22/17

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

NOTHING NOTED

*[Signature]* #1226  
Investigative Support Unit Supervisor

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

MAY 22 11 45 AM '17  
*[Signature]*



17-06-0086

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

DLIC USE ONLY

Date Processed: 05-10-17
CSR: JW/AP
60th Day: 07-09-17

17 MAY 10 11:49 AM Dept 333

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

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 RESTRUCTURE)

1. Name: LEWKOWITZ ANDREA DAHLMAN 09100097
2. Owner Name: WALGREEN ARIZONA DRUG CO. Corp File #: 00449518
3. Business Name: WALGREENS Email: ANDREA@LEWKLAW.COM
4. Business Location Address: 375 W CONTINENTAL RD GREEN VALLEY PIMA 85614
5. Is the Business located within the incorporated limits of the above City or Town? 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? 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
8. Business Phone: (520) 648-2320 Daytime Contact Phone (602) 200-7222
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? No
10. Has there been any change of Controlling Persons? No

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.

Table with columns: New, Last, First, Middle, Title, Address, City, State, Zip. Row 1: SEE ATTACHED

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

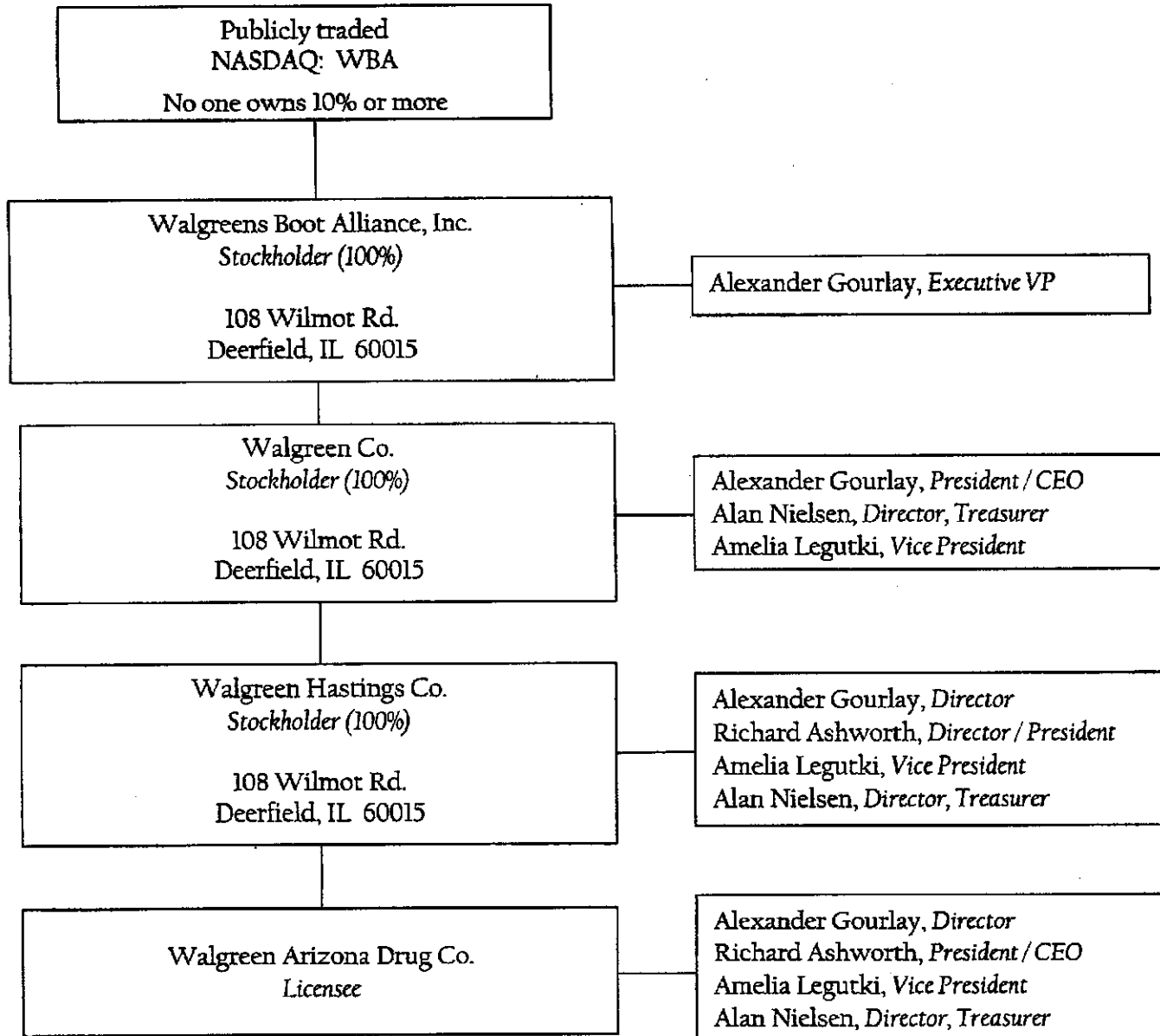
2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

Table with columns: New, Last, First, Middle, % Owned, Address, City, State, Zip. Row 1: SEE ATTACHED

(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 11:47 AM DEPT PM 3 034



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.L.C. CONTROLLING MEMBER:

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

2. Current Agent Name: Last First Middle

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 Day of MAY Month 2017 Year



Signature of NOTARY PUBLIC (Amy L. Schwab)