



Pima County Clerk of the Board

Julie Castañeda

Melissa Manríquez
Deputy Clerk

Administration Division
130 W. Congress, 5th 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. 15363
2600 N. Central Ave., Ste. 1775
Phoenix, AZ 85004

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 10103690
Walgreens No. 15363

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 "Julie Castañeda".

Julie Castañeda
Clerk of the Board



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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Ricci Romero *RR*
Administrative Support Specialist Senior

DATE: May 12, 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. 15383
4655 E. Sunrise Drive
Tucson, AZ 85718

Arizona Liquor License No. 10103690

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 22 17 10:45 AM P.C. CLK/RR



17-08-0088

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: 5-10-17
CSR: JB/AP
60th Day: 7-9-17

17 MAY 10 10 12 AM '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

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 10103690
2. Owner Name: WALGREEN ARIZONA DRUG CO. Corp File #: 00449518
3. Business Name: WALGREENS #15363 Email: ANDREA@LEWKLAW.COM
4. Business Location Address: 4655 E. SUNRISE DR. TUCSON PIMA 85718
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
8. Business Phone: (520) 917-0556 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
10. Has there been any change of Controlling Persons? Yes 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 LICD101) 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.

Publicly traded
NASDAQ: WBA
No one owns 10% or more

Walgreens Boot Alliance, Inc.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, *Executive VP*

Walgreen Co.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, *President / CEO*
Alan Nielsen, *Director, Treasurer*
Amelia Legutki, *Vice President*

Walgreen Hastings Co.
Stockholder (100%)
108 Wilmot Rd.
Deerfield, IL 60015

Alexander Gourlay, *Director*
Richard Ashworth, *Director / President*
Amelia Legutki, *Vice President*
Alan Nielsen, *Director, Treasurer*

Walgreen Arizona Drug Co.
Licensee

Alexander Gourlay, *Director*
Richard Ashworth, *President / CEO*
Amelia Legutki, *Vice President*
Alan Nielsen, *Director, Treasurer*

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: _____
(Exactly as it appears on license) 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 _____ State of _____ County of _____
(Controlling Person/Existing Agent) 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 [Signature]
(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]
Signature of NOTARY PUBLIC