



MUNICIPAL OFFICE COMPLEX
8401 W. MONROE STREET
PEORIA, AZ 85345

**CITY COUNCIL REGULAR MEETING
NOTICE & AGENDA
Tuesday, January 17, 2012
7:00 PM
CITY COUNCIL CHAMBER**

CITY COUNCIL:

Mayor

Bob Barrett

Palo Verde District

Ron Aames, Vice Mayor

Acacia District

Tony Rivero

Ironwood District

Dave Pearson

Mesquite District

Cathy Carlat

Pine District

Carlo Leone

Willow District

Joan Evans

City Manager

Carl Swenson

CONVENE:

PLEDGE:

ROLL CALL:

**FINAL CALL TO SUBMIT SPEAKER REQUEST
FORMS:**

CONSENT AGENDA

CONSENT AGENDA: All items listed with "C" are considered to be routine or have been previously reviewed by the City Council, and will be enacted by one motion. There will be no separate discussion of these items unless a Councilmember so requests; in which event the item will be removed from the General Order of Business, and considered in its normal sequence on the Agenda.

CONSENT – New Business:

1C Deeds and Easements, Various Locations

Discussion and possible action to adopt **RES. 2012-06** accepting Deeds and Easements for various Real Property interests acquired by the City and previously recorded by the Maricopa County Recorder's Office.

2C Designate Roadways, Establish Rights-of-Way, Various Locations

Discussion and possible action to adopt **RES. 2012-07** designating various Real Properties to be used as City roadways and authorize the establishment of Public Rights-of-Way to be opened and maintained by the City as a Public Street.

3C Replat, Amendment to Building F of the Condominium Plat for Plaza Del Lago, Lake Pleasant Parkway and Yearling Road

Discussion and possible action to approve a Replat for Amendment to Building F of the Condominium Plat for Plaza Del Lago, located at Lake Pleasant Parkway and Yearling Road, subject to stipulations.

REGULAR AGENDA

NEW BUSINESS

4R PUBLIC HEARING - Liquor Licenses, Various Locations

PUBLIC HEARING: RE: (a) A New Wine and Beer Liquor License (Series 10) for Quiktrip #436, located at 6739 W. Happy Valley Road, Troy C. Devos, Applicant, LL#20004301; and (b) A New Wine and Beer Liquor License (Series 10) for Hank's Shell, located at 7509 W. Cactus Road, Chong H. Kim, Applicant, LL#20003834.

Staff Report:
Open Public Hearing:
Public Comment:
Close Public Hearing:

COUNCIL ACTION: Discussion and possible action to recommend approval to the State Liquor Board for: (a) a New Wine and Beer Liquor License (Series 10) for Quiktrip #436, located at 6739 W. Happy Valley Road, Troy C. Devos, Applicant, LL#20004301; and (b) A New Wine and Beer Liquor License (Series 10) for Hank's Shell, located at 7509 W. Cactus Road, Chong H. Kim, Applicant, LL#20003834.

5R PUBLIC HEARING - Old Town Entertainment District Designation

PUBLIC HEARING: RE: Designation of a defined area around Old Town as an Entertainment District.

Staff Report:
Open Public Hearing:
Public Comment:
Close Public Hearing:

COUNCIL ACTION: Discussion and possible action to adopt **RES. 2012-08** designating a defined area around Old Town as an Entertainment District pursuant to A.R.S. §4-207 for the purpose of considering certain types of restricted liquor licenses within 300 feet of a church or charter school.

6R Budget Amendment, City Hall Campus Security

Discussion and possible action to: (a) utilize contract security guards at City Hall; and (b) approve a budget amendment within the Police Department Administration budget in the amount of \$25,000 from the Salary/Wages account to Other Professional Services account.

CALL TO THE PUBLIC: (NON-AGENDA ITEMS)

If you wish to address the City Council, please complete a Speaker Request Form and return it to the clerk before the call to order for this meeting. The City Council is not authorized by state law to discuss or take action on any issue raised by public comment until a later meeting.

Reports from the City Manager:

1. Council Calendar
2. Reports with Presentation
 - a. New website for Peoria - www.peoriaaz.gov
3. Informational (The following items are included for informational purposes only. There will be no separate discussion of these items unless a Councilmember so requests.)
 - a. Peoria Centennial Events 2012

**Reports from City Council:
Reports from the Mayor:**

ADJOURNMENT

NOTE: Documentation (if any) for items listed on the Agenda is available for public inspection, a minimum of 24 hours prior to the Council Meeting, at any time during regular business hours in the Office of the City Clerk, 8401 W. Monroe Street, Room 150, Peoria, AZ 85345.

Regular City Council Meeting Agenda
Tuesday, January 17, 2012
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Accommodations for Individuals with Disabilities. *Alternative format materials, sign language interpretation, assistive listening devices or interpretation in languages other than English are available upon 72 hours advance notice through the Office of the City Clerk, 8401 West Monroe Street, Room 150, Peoria, Arizona 85345 (623)773-7340, TDD (623)773-7221, or FAX (623) 773-7304. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.*

PUBLIC NOTICE:

In addition to the City Council members noted above, one or more members of the City of Peoria Boards and Commissions may be present to observe the City Council meeting as noticed on this agenda.

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 1C

Date Prepared: December 22, 2011

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager
FROM: Andy Granger, P.E., Engineering Director
THROUGH: Susan J. Daluddung, Deputy City Manager
SUBJECT: Deeds and Easements, Various Locations

Purpose:

This is a request for City Council to adopt a Resolution accepting Deeds and Easements for various Real Property interests acquired by the City. The deeds and easements have been recorded by the Maricopa County Recorder's Office and this process will formally accept them into the system.

Background/Summary:

The City of Peoria periodically acquires a number of property interests including deeds, roadway dedications and various types of easements. All documents are reviewed for accuracy and recorded. A Resolution to accept these documents has been prepared, which lists each document by recording number and provides information related to each so the property interest to be accepted can be identified.

Previous Actions:

This is an ongoing process which occurs when we have acquired a number of real property interests.

Options:

- A: Approve the adoption of the Resolution accepting Deeds and Easements into our system.
- B: Deny adoption of the Resolution that formally accepts the Deeds and Easements into our system, resulting in the City not having an official record of what has been transferred to the City through recordation in the Maricopa County Recorder's office.

Staff's Recommendation:

Staff recommends the adoption of a Resolution accepting Deeds and Easements for various Real Property interests acquired by the City and previously recorded by the Maricopa County Recorder's Office to ensure completeness of the process.

Fiscal Analysis:

There is no fiscal impact to the City.

Narrative:

This Resolution includes Real Property interests acquired since the adoption of the previous acceptance resolution. The acceptance of the Resolution by City Council would bring the deeds and easements into our system and is the final step in the process.

Exhibit(s):

Exhibit 1: Resolution

Contact Name and Number: Kris Luna, Sr Real Property Administrator, (623) 773-7199

RESOLUTION NO. 2012-06

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF PEORIA, MARICOPA COUNTY, ARIZONA ADOPTING A RESOLUTION FORMALLY ACCEPTING DEEDS AND EASEMENTS FOR PROPERTY RIGHTS CONVEYED TO THE CITY OF PEORIA.

WHEREAS, the real estate interests hereinafter referenced have been conveyed to the City of Peoria;

WHEREAS, it is to the advantage of the City of Peoria to accept said real property interests; and

WHEREAS, the City has determined that acquisition of these property interests is in the interest of the public health, safety and welfare.

NOW THEREFORE, be it resolved by the Mayor and Council of the City of Peoria, Maricopa County, Arizona as follows:

SECTION 1. That the following real property interests are hereby accepted by the City of Peoria and referenced by the recording number issued by the Maricopa County Recorder's Office.

75th & Thunderbird Intersection Widening Project
Thunderbird Ventures, LLC
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0794443
(EN00089)

East of the NEC of 75th Avenue
& Thunderbird Road

75th & Thunderbird Intersection Widening Project
Parkway Bank
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0832506
(EN00089)

West of the SWC of 75th Avenue
& Thunderbird Road

SECTION 2. Public Easement and Land Rights

That the Mayor and Council accept the deeds and public easements transferred to the City of Peoria as described herein.

SECTION 3. Recording Authorized

That the City Clerk shall record the original of this Resolution with the Maricopa County Recorder's Office.

PASSED AND ADOPTED by the Mayor and Council of the City of Peoria, Arizona, this 17th day of January 2012.

Bob Barrett, Mayor

ATTEST:

Wanda Nelson, City Clerk

APPROVED AS TO FORM:

Stephen M. Kemp, City Attorney

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 2C

Date Prepared: December 22, 2011

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager
FROM: Andy Granger, P.E., Engineering Director
THROUGH: Susan J. Daluddung, Deputy City Manager
SUBJECT: Designate Roadways, Establish Rights-of-Way, Various Locations

Purpose:

This is a request for City Council to adopt a Resolution designating various Real Properties to be used as City roadways and authorize the establishment of Public Rights-of-Way to be opened and maintained by the City as a Public Street. The deeds and easements have been recorded by the Maricopa County Recorder's Office and this process will formally incorporate them into the system.

Background/Summary:

The City of Peoria has, by separate Resolution, accepted each right-of-way to be designated as a public street. The attached Resolution lists each document that conveyed the property rights to be designated as public rights-of-way. The description found in the attached Resolution lists each document by recording number and provides information related to each. The individual description also identifies the type of roadway and type of improvement for each parcel.

Previous Actions:

This is an ongoing process that occurs after real property has been accepted into our system.

Options:

A: Approve the adoption of the Resolution designating various Real Property to be used as City roadways and authorize the establishment of Public Rights-of-Way to be opened and maintained by the city as a Public Street.

B: City Council denies the formal designation of various Real Property into our system. The result would be that the Public Rights-of-Way would not be maintained by the City as a Public Street.

Staff's Recommendation:

Staff recommends the adoption of a Resolution designating various Real Properties to be used as City roadways and maintained by the City.

Fiscal Analysis:

There is no significant fiscal impact to the City.

Narrative:

The adoption of the Resolution by City Council would bring the Real Property interests into our maintenance system and is the final step in the process.

Exhibit(s):

Exhibit 1: Resolution

Contact Name and Number: Kris Luna, Sr Real Property Administrator, (623) 773-7199

RESOLUTION NO. 2012-07

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF PEORIA, MARICOPA COUNTY, ARIZONA ADOPTING A RESOLUTION AUTHORIZING THE ESTABLISHMENT OF PUBLIC STREETS, TO BE OPENED AND MAINTAINED BY THE CITY.

WHEREAS, the Mayor and Council of the City find and determine that the public health, safety and welfare require the establishment of public streets to be opened and maintained by the City;

WHEREAS, the Mayor and Council are vested with the authority pursuant to Article 1, Section 3 (6) of the Peoria City Charter and Section 23-18 of the Peoria City Code (1992) to establish the general location and routing of public streets; and

WHEREAS, the Engineering Director of the City having submitted a map indicating the general location of the proposed public streets and recommends the acceptance of the street by the City for inclusion in the City Street system.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Peoria as follows:

SECTION 1. Recommendation of Engineering Director to Establish a Public Street.

That the Mayor and Council find and determine that it is in the interest of the public health, safety and welfare of the city to accept the recommendation of the Engineering Director to establish public streets in accordance with the general location set forth herein and accept the street for inclusion in the city street system and designate the streets for inclusion on the street classification map required by this chapter.

SECTION 2. Designation of a Public Street

That the Mayor and Council find and determine that the proposed public streets, as described below shall be designated to be either a major arterial, a minor arterial, a collector street or a local street, to be opened as a public street and maintained by the City.

75th & Thunderbird Intersection Widening Project
Thunderbird Ventures, LLC
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0794443
(EN00089)

East of the NEC of 75th Avenue
& Thunderbird Road

75th & Thunderbird Intersection Widening Project
Parkway Bank
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0832506
(EN00089)

West of the SWC of 75th Avenue
& Thunderbird Road

75th & Thunderbird Intersection Widening Project
Glikbarg Revocable Trust
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0863570
(EN00089)

NEC of 75th Ave/Thunderbird Rd

75th & Thunderbird Intersection Widening Project
Lioneyes LLC & 75th & Thunderbird Place LLC
SPECIAL WARRANTY DEED
Major Arterial
Maricopa County Recording No. 2011-0995300
(EN00089)

West of the SWC of 75th Avenue
& Thunderbird Road

Lake Pleasant Parkway
AZ State Land Department
RIGHT OF WAY
RW No. 16-114853
Major Arterial
Maricopa County Recording No. 2011-0822151
(EN00241)

LPP, West Wing to Loop 303

SECTION 3. Amendment of Plans and Maps

That the Mayor and Council find and determine that the Transportation Plan of the City's general plan, the street classification map and the local streets plan shall be amended in the manner required by law to reflect the addition of a public street as set forth herein.

SECTION 4. Signage, Posting and Effective Date

(a) That the Engineering Director or his designee are authorized to post such signage as deemed appropriate to indicate the existence of a public roadway and to provide for the safe and orderly movement of vehicular and pedestrian traffic on the public streets as set forth herein.

(b) That the City Attorney or his designee shall draft and submit the ordinances necessary to establish a speed limit for the public streets as set forth herein.

(c) That this Resolution shall become effective sixty-days after enactment by the City Council.

SECTION 5. Recording Authorized

That the City Clerk shall record the original of this Resolution with the Maricopa County Recorder's Office.

PASSED AND ADOPTED by the Mayor and Council of the City of Peoria, Peoria, Arizona this 17th day of January, 2012.

Bob Barrett, Mayor

ATTEST:

Wanda Nelson, City Clerk

APPROVED AS TO FORM:

Stephen M. Kemp, City Attorney

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 3C

Date Prepared: December 12, 2011

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager

FROM: Scott Whyte, Economic Development Services Director

THROUGH: Susan J. Daluddung, Deputy City Manager

SUBJECT: Replat, Amendment to Building F of the Condominium Plat for Plaza Del Lago, Lake Pleasant Parkway and Yearling Road (Project No. R070087A)

Purpose:

This is a request for City Council to approve a Replat for "Amendment to Building F of the Condominium Plat for Plaza Del Lago," located on Lake Pleasant Parkway and Yearling Road, and authorize the Mayor and City Clerk to sign and record the Replat with the Maricopa County Recorder's Office subject to the following stipulations:

1. In the event that the Replat is not recorded within 60 days of Council approval, the Replat will become void. The developer may request re-approval from the City, with the understanding that the City has the option of imposing additional requirements or stipulations.

Background/Summary:

The purpose of the Replat is to change the unit dimensions of the two units within building F of the Plaza del Lago condominium plat. This development is within the City's water\sewer service area. This Replat does not create any additional lots

Previous Actions:

The condominium plat was reviewed by the City and recorded in December 2007.

Options:

A: The Replat has been approved through the Economic Development Services Department. An option would be to not accept the proposed Replat; although it should be noted that not approving the Replat may hinder the developer from marketing the units as planned.

B: The other option would be to formally approve the Replat and allow these units to be marketed.

Staff's Recommendation:

Staff recommends the approval and subsequent recordation of the attached Replat.

Fiscal Analysis:

There is no direct budgetary impact to the City to approve the Replat.

Narrative:

The acceptance of this Replat by City Council will allow the developer to move forward in marketing and occupying these units.

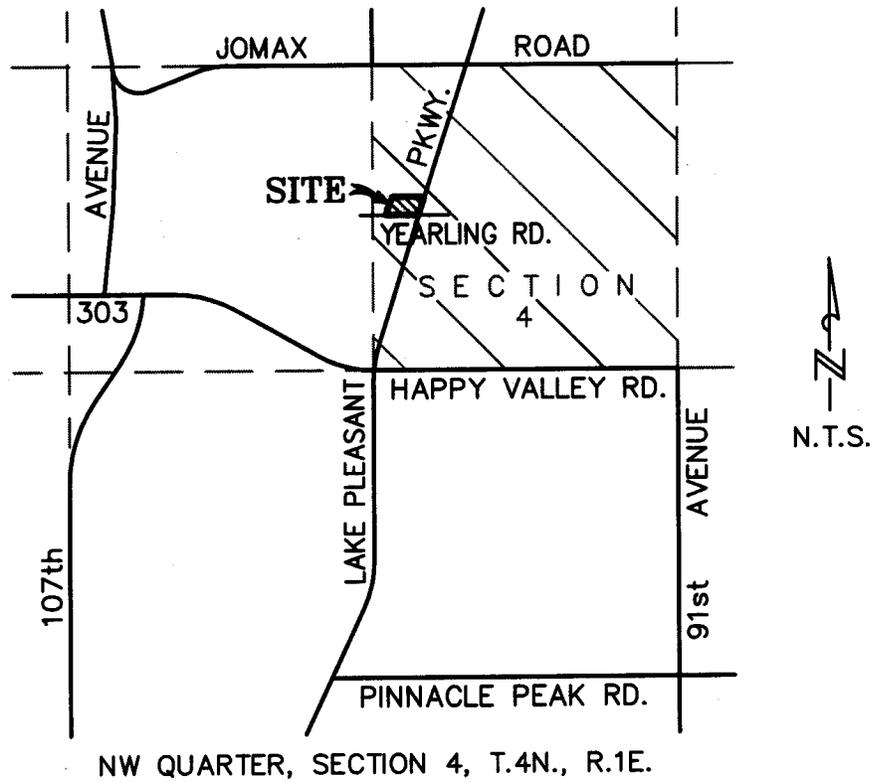
Exhibit(s):

Exhibit 1: Replat

Exhibit 2: Vicinity Map

Contact Name and Number:

Jodi Breyfogle, PE, CFM: 623-773-7577



VICINITY MAP

CONDOMINIUM PLAT FOR
 "AMENDMENT TO BUILDING F,
 PLAZA DEL LAGO"
 R070087A

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 4R

Date Prepared: December 29, 2011

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager

FROM: Brent Mattingly, Finance Director

THROUGH: Susan K. Thorpe, Deputy City Manager

SUBJECT: Public hearing: Proposed Recommendations by the City to the Arizona State Liquor Board for a new restaurant liquor license.

Purpose:

Pursuant to Arizona Law the City must recommend to the State Liquor Board for approval, applications to sell alcoholic beverages in the City. The Standard for the recommendation is whether the best interest of the community will be served by the issuance of this license and whether the public convenience is served.

Background/Summary:

Troy C. Devos, Agent for Quiktrip #436, has applied for a New Wine and Beer Liquor License (Series 10) located at 6739 W. Happy Valley Road.

Chong H. Kim, Agent for Hank's Shell, has applied for a New Wine and Beer Liquor License (Series 10) located at 7509 W. Cactus Road.

The public hearing notice was posted for at least 20 days and no comments were received during the posting period. The license application was reviewed according to State law and all Departments gave approvals.

Previous Actions:

There has never been a liquor license at 6739 W. Happy Valley Road.

April 2008, the Mayor and Council recommended approval to Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 7509 W. Cactus Road for 75th Shell Fuel, Inc.

Options:

A: Recommend approval to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 6739 W. Happy Valley Road, Troy C. Devos, Applicant, LL#20004301.

Recommend approval to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 7509 W. Cactus Road, Chong H. Kim, Applicant, LL#20003834.

B: Recommend denial to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 6739 W. Happy Valley Road, Troy C. Devos, Applicant, LL#20004301.

Recommend denial to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 7509 W. Cactus Road, Chong H. Kim, Applicant, LL#20003834.

Staff's Recommendation:

That the Mayor and Council recommend approval to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 6739 W. Happy Valley Road, Troy C. Devos, Applicant, LL#20004301.

That the Mayor and Council recommend approval to the Arizona State Liquor Board for a New Wine and Beer Liquor License (Series 10) located at 7509 W. Cactus Road, Chong H. Kim, Applicant, LL#20003834.

Fiscal Analysis:

The item has no financial implications.

Narrative:

The appropriate fees have been paid and the applicants have been advised that a representative needs to be present at the meeting to answer any questions that the Council or public may have.

Exhibit 1: New Liquor License Applications.

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 10076224

1. Type of License(s): Series 10

2. Total fees attached:

| | |
|----|---------------------|
| \$ | Department Use Only |
|----|---------------------|

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. DeVos Troy Charles
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: QUIKTRIP CORPORATION
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: QuikTrip # 436
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 6739 W. HAPPY VALLEY RD. PEDRIA MARICOPA 85383
(Do not use PO Box Number) City County Zip
5. Business Phone: Pending Daytime Contact: [REDACTED]
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 1116 E. Broadway Rd. Tempe AZ 85282
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100.00
 Application Interim Permit Agent Change Club Finger Prints \$ 100.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: dm Date: 12/1/2011 Lic. # 10076224

SECTION 5 Interim Permit:

11 DEC 1 11:47 AM '10

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
 (Print full name)
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
 (Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____
 Day Month Year

 (Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-------|--------|---------|-----------------|----------------|
| | | | | | |

Partnership Name: (Only the first partner listed will appear on license) _____

| General-Limited | Last | First | Middle | % Owned | Mailing Address | City State Zip |
|---|------|-------|--------|---------|-----------------|----------------|
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
 If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City, State, Zip | Telephone# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
- L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: QuikTrip Corporation
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 5/19/1958 State where Incorporated/Organized: Oklahoma
3. AZ Corporation Commission File No.: F-0875503-0 Date authorized to do business in AZ: 5/14/1999
4. AZ L.L.C. File No: N/A Date authorized to do business in AZ: N/A
5. Is Corp./L.L.C. Non-profit? YES NO

6. List all directors, officers and members in Corporation/L.L.C.:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|-------------------|-------|--------|-------|-----------------|----------------|
| SEE ATTACHED LIST | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|--|---------|---------|---------|-----------------|----------------|
| Cadieux III | Chester | EDOUARD | 43.9 | [REDACTED] | [REDACTED] |
| Cadieux II | Chester | EDOUARD | 20.9 | [REDACTED] | [REDACTED] |
| OWNED BY SEVERAL PERSONS; NONE OWNS 10% OF THE TOTAL ISSUED OUTSTANDING SHARES | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? YES NO
3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|------|-------|--------|-------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
 (Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
 Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
 Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by **CURRENT LICENSEE** (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
 (Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
 (Exactly as it appears on license)
3. Current Business Name: _____
 (Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
 City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
 (Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
 (print full name)
 privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
 (print full name)
 STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

 (Signature of CURRENT LICENSEE)

State of _____ County of _____
 The foregoing instrument was acknowledged before me this

 Day Month Year

My commission expires on: _____

 (Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY) DEC 1 Lic. Lic. PM 4 11
 APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
 (Exactly as it appears on license) Address _____
2. New Business: Name _____
 (Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 919 ft. Name of school TERRAMAR ELEMENTARY SCHOOL
 Address 7000 HAPPY VALLEY RD. PEDRIA, AZ 85383
 City, State, Zip

2. Distance to nearest church: 613 ft. Name of church CHRIST'S CHURCH OF THE VALLEY
 Address 7007 W. HAPPY VALLEY RD. PEDRIA, AZ 85383
 City, State, Zip

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name N/A
 Address _____
 City, State, Zip

4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.

4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
 (give details - attach additional sheet if necessary)

5. What is the total business indebtedness for this license/location excluding the lease? \$ NO DEBT INCURRED FOR THIS LICENSE / LOCATION
 Please list lenders you owe money to.

| Last | First | Middle | Amount Owed | Mailing Address | City State | Zip |
|------|-------|--------|-------------|-----------------|------------|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? _____

SECTION 13 - continued

11 DEC 1 11:41 AM 4:11

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check ALL boxes that apply to your business:

Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows Non Contiguous

- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? 9/24/12
month/day/year

- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

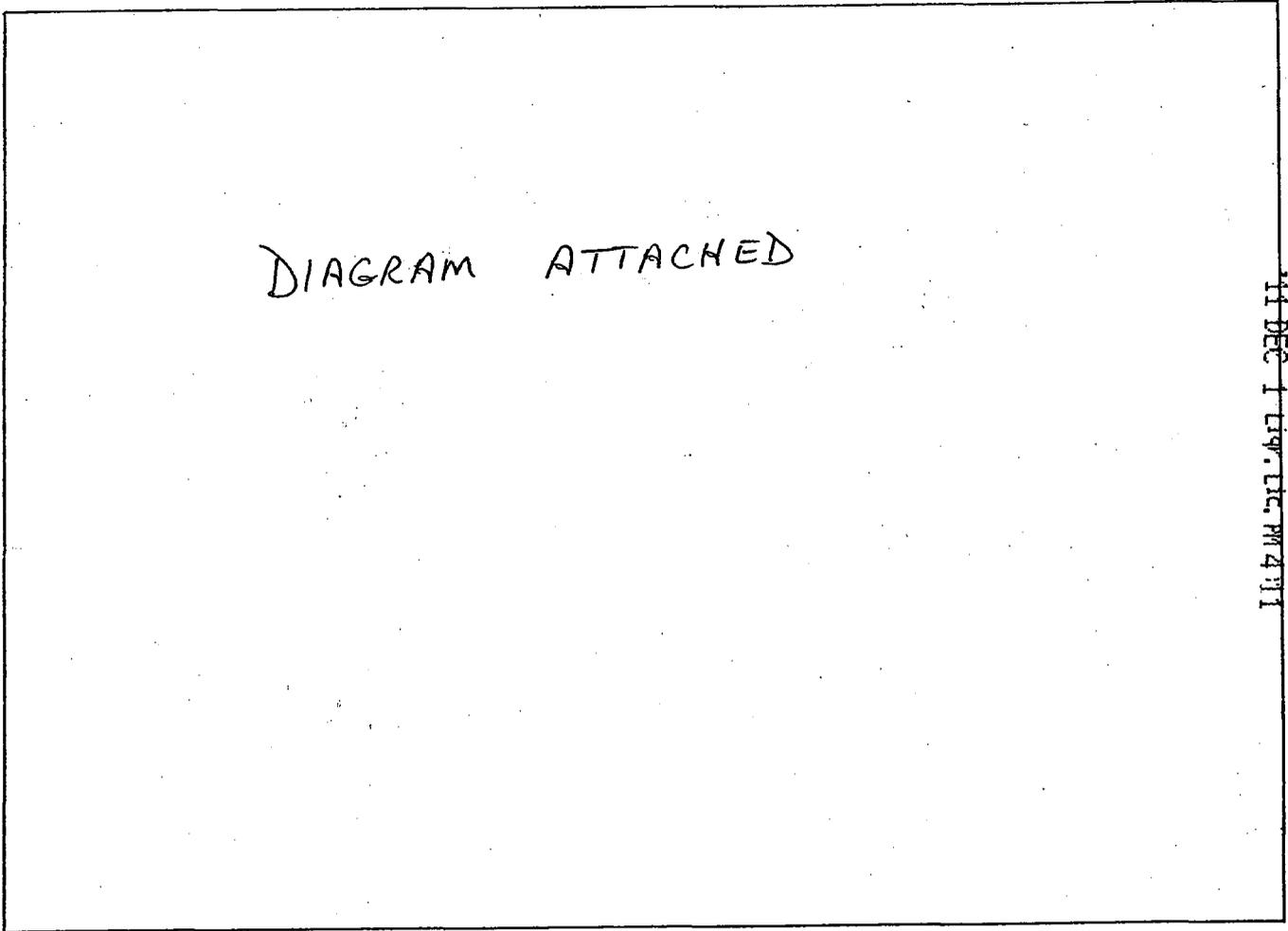
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

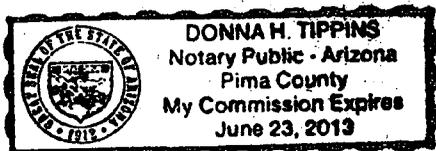
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Troy Charles DeVos, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Redacted Signature]
(signature of applicant listed in Section 4, Question 1)



State of ARIZONA County of MARICOPA

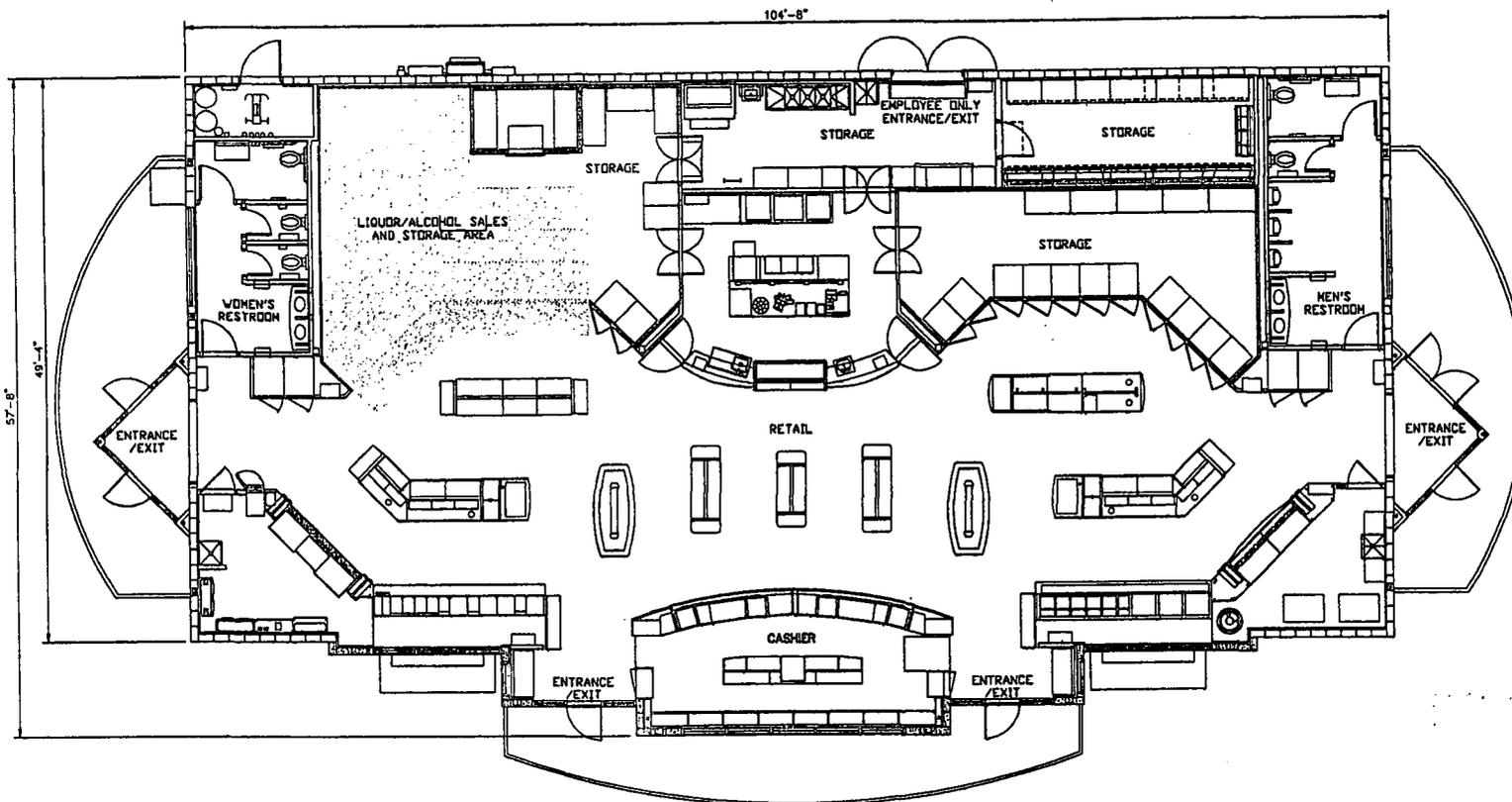
The foregoing instrument was acknowledged before me this 15 of NOVEMBER, 2011
Day Month Year

My commission expires on: 06/23/2013
Day Month Year

[Redacted Signature]
signature of NOTARY PUBLIC

TOTAL SQ FT = 5700

11 DEC 1 10:46 AM '11



| | | | |
|--|-----------------------|--|--|
| | LIQUOR LICENSE | <small> COPYRIGHT © 2008 QUIKTRIP CORPORATION DESIGN PATENTS QUIKTRIP PLANS ARE THE EXCLUSIVE PROPERTY OF QUIKTRIP CORPORATION, BALSA, OKLAHOMA. THESE PLANS ARE PROTECTED BY THEIR ENTIRETY BY PATENTS AND INTERNATIONAL COPYRIGHT AND PATENT RIGHTS. ANY UNAUTHORIZED USE, REPRODUCTION, PUBLICATION, DISTRIBUTION OR SALE OF WHOLE OR IN PART, IS STRICTLY PROHIBITED. </small> | Presentation Exhibit: Gen (I) Store |
| | QuikTrip Store No. : | SCALE: NTS DRAWN BY: ISSUE DATE: 10/26/10 SERIAL NUMBER: | SHEET 1 OF |

QuikTrip Officers

DEC 1 1997 Lic. # 4111

| Name and Title | SS# | Work Address | Date of Birth | Place of Birth | US Citizen |
|--|------------|---|---------------|----------------|------------|
| Cadieux III, Chester Edouard President/Chief Executive Officer | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Stanford, Ernest Michael SR VP Operations/Chief Operating Officer | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Brockmeier Jr., Roy Edward Vice President/Store Operations | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Denny, James Arthur VP/Marketing | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Owen, Kimberly Parsons Vice President/Human Resources | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Jeffers, Ronald Steven VP/Operations Systems | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Marchesano, James Denley Vice President/Store Development | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| O'Dell III, Marvin Charles VP/Sales | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Calhoun, Richard Lee VP Petroleum Supply & Trading | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Westbrook, Sandra Jawana VP/Finance/Chief Financial Officer | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Cotten, Paula Dione VP - Finance / Treasurer | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Delametter, Marc Andrew VP - Accounting / Controller | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Sullivan, Stuart Coleman Secretary | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Dickerson, Larry Dale Assistant Secretary | [REDACTED] | 5725 Foxridge Drive Mission KS 66202 | [REDACTED] | [REDACTED] | Yes |
| Simoens, Avery Alyson Assistant Secretary | [REDACTED] | 2255 Bluestone Drive St. Charles MO 63303 | [REDACTED] | [REDACTED] | Yes |
| Smith, Beth Ellen Assistant Secretary | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Stahl, Lora Louise Assistant Secretary | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Williams, Craig Donovan Assistant Secretary | [REDACTED] | 5875 Peachtree Industrial Blvd., Ste. 10 Norcross GA 30092 | [REDACTED] | [REDACTED] | Yes |
| Vaughan, Kelly Assistant Secretary | [REDACTED] | 1116 East Broadway Road Tempe AZ 85282 | [REDACTED] | [REDACTED] | Yes |
| Hunt, Susan Eileen Assistant Secretary | [REDACTED] | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | Yes |
| Gehrke, Thomas Christopher Assistant Secretary | [REDACTED] | 3185 99th St Des Moines IA 50322 | [REDACTED] | [REDACTED] | Yes |
| Stanford, Chad Michael Assistant Secretary | [REDACTED] | 14450 Trinity Blvd., Suite 300 Fort Worth TX 76155 | [REDACTED] | [REDACTED] | Yes |

QuikTrip Directors

| Name | Address | SS# | Date of Birth | Place of Birth | US Citizen |
|------------------------------|--|------------|---------------|----------------|------------|
| Cadieux II, Chester Edouard | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Cadieux III, Chester Edouard | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Cropper, Stephen Lee | 10504 S. Kingston Tulsa OK 74137 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Johnson, Michael Perkins | One Williams Center Tulsa OK 74101 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Mather, Peter William Carter | 14509 Maplelake Dr Edmond OK 73013 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| May, Richard Charles | 10 S. Riverside Plaza, Suite 800 Chicago IL 60606-3709 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| McClure, Mary Virginia | 56 Janssen Pl Kansas City MO 64109 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Moore, Pattye Lynne | 13801 Plantation Way Edmond OK 73013 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Pearman, Stuart Marshall | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Sheetz, Stephen Girard | 5700 6th Ave Altoona PA 16602 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Stanford, Earnest Michael | P.O. Box 3475 Tulsa OK 74101-3475 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |
| Carter, Terry Layne | 1235 E 26 St Tulsa OK 74114 | [REDACTED] | [REDACTED] | [REDACTED] | Yes |

11 DEC 1 11:47 AM '11

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

F Current 11/10/11
P1061528 A.M.

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

10076224

(if the location is currently licensed)

1. Check appropriate box -> [] Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager [X] Agent [] Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 21

2. Name: DeVos Troy Charles Date of Birth: [REDACTED] (NOT a Public Record)

3. Social Security Number [REDACTED] Drivers License # [REDACTED] State: AZ (NOT a public record)

4. Place of Birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]

5. Marital Status [] Single [X] Married [] Divorced [] Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: DeVos Melanie Sue Ross Date of Birth: [REDACTED] (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: 12/13/1999

8. Telephone number to contact you during business hours for any questions regarding this document. (602) 821-6302

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: QuikTrip # 436 Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 6739 W. HAPPY VALLEY RD. PEORIA MARICOPA 85383

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Row 1: 11/1993, CURRENT, Director of Real Estate, [REDACTED]

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Rows: 7/2007, CURRENT, Own, [REDACTED]; 7/2005, 7/2007, Own, [REDACTED]; 12/1999, 7/2005, Own, [REDACTED]

If you checked the **Manager** box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
- 15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

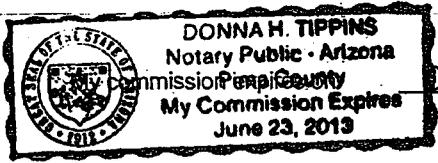
If any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Troy Charles DeVos, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X _____
(Signature of Applicant)

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this
15 day of JANUARY, 2011
Month Year



06/23/2013
Day Month Year

(Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

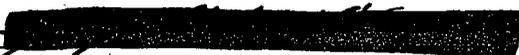
My commission expires on: _____
Day Month Year

Statement For Personal Questionnaire

I am submitting the following statement, which is to be attached to my personal questionnaire. This statement sets forth the information that I can recall for the questions on which I provided an affirmative response and is to the best of my knowledge.

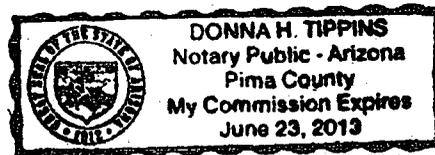
Question 17, 19: I am a Director for QuikTrip Corporation, which operates a number of locations in several states. QuikTrip Corporation has been cited for liquor violations and a summary of the Corporation's licensing history is attached.

Dated 11/15/11


Troy Charles DeVos

The foregoing was acknowledged before me the undersigned Notary Public.


Donna H. Tippins



My Commission Expires: 06/23/2013

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141



400 W Congress #150
Tucson AZ 85701-1352
(520) 628-6595

CERTIFICATION OF COMPLETED ALCOHOL TRAINING PROGRAM(S)

OBTAIN ORIGINALS OF THIS FORM FROM DLLC-DO NOT PHOTOCOPY, DOCUMENT IS COMPUTER SCANNED. TYPE OR PRINT WITH BLACK INK.

ALCOHOL TRAINING PROGRAM INDIVIDUAL INFORMATION

TROY DELOS
Individual Name (Print)

[Redacted Signature]
Individual Signature

8/27/09
Date Training Completed

**TYPE OF TRAINING COMPLETED
TRAINER MUST CHECK YES OR NO FOR EACH TYPE**

LANGUAGE OF INSTRUCTION :

ENGLISH SPANISH

YES NO BASIC

YES NO MANAGEMENT

YES NO BOTH

YES NO ON SALE

YES NO OFF SALE

YES NO OTHER

IF TRAINEE IS EMPLOYED BY A LICENSEE:

QUIKTRIP

NAME OF THE LICENSEE

BUSINESS NAME

LIQUOR LICENSE NUMBER

ALCOHOL TRAINING PROGRAM PROVIDER INFORMATION

QUIKTRIP

Company or Individual Name

1116 E BROADWAY RD

Address

TEMPE

City

AZ

State

85282

Zip

480.446.6300

Phone

I Certify the above named individual has successfully completed the specified program(s).

MATTHEW STROPE

Trainer Name (Print)

[Redacted Signature]
Trainer Signature

8/27/09

Date

Trainer give original of completed form to trainee, photocopy and maintain completed document for your records.

Mandatory Liquor Law Training for all new applications submitted after Nov. 1, 1997. A.R.S. Section 4-112(G)(2). Completion of the Liquor License Training Courses is required at the issuance of a license.

The person(s) required to attend both the Basic Liquor Law and Management Training, (either on-sale or off-sale), will include all of the following : owner(s), licensee/agent or manager(s) **WHO ARE ACTIVELY INVOLVED IN THE DAY TO DAY OPERATION OF THE BUSINESS.** Proof of attendance within the last five years for the required courses must be submitted to the Department before the license application is considered complete.

Before acceptance of a Manager's Questionnaire and/or Agent Change for an existing license, proof of attendance for the Basic Liquor Law and Management Training (either on-sale or off-sale) will be required.



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 10076224

Ownership Name: QuikTrip Corporation (as listed on the current liquor license application or renewal application)

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), nonimmigrants, 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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Troy Charles DeVos DATE 11/15/11

TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL

TYPE OF LICENSE Series 10

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Passport

A. Are you a citizen or national of the United States? (check one) [X] Yes [] No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country. City: [redacted] State (or equivalent): [redacted] Country or Territory: USA

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: Passport

“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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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.] Nonimmigrants 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 (A.R.S. § 1-501)

- 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 I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

11/15/11

TODAY'S DATE

11 DEC 1 11:47 Lic. # 4112

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

*Applicant on File
P1034642 dm*

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLG. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLG. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

10076224

(If the location is currently licensed)

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Cadieux II Chester Edouard Date of Birth [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Number [REDACTED] Drivers License [REDACTED] State: OK
(NOT a public record) (NOT a public record)

4. Place of Birth [REDACTED] [REDACTED] [REDACTED] Height [REDACTED] Weight [REDACTED] Eye [REDACTED]
City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone [REDACTED]

6. Name of Current or Most Recent Spouse: Cadieux Debbie A Arkison Date of Birth [REDACTED]
(List all for last 5 years Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Oklahoma If Arizona, date of residency: N/A

8. Telephone number to contact you during business hours for any questions regarding this document. 918-615-7700

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: QuikTrip #436 Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 6739 W. HAPPY VALLEY RD. PEDRIA MARICOPA 85383
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|-----------------|---------------|-------------------------------|---|
| MAY 1958 | CURRENT | Chairman of the Board | [REDACTED] |
| | | | |
| | | | |

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑ ↓

13. Indicate your residence address for the last five (5) years:

| FROM Month/Year | TO Month/Year | Rent or Own | RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord | City | State | Zip |
|-----------------|---------------|-------------|---|------------|------------|------------|
| 3/2006 | CURRENT | Own | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 9/2003 | 3/2006 | Own | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 2/1999 | 8/2003 | Own | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | | | | | | |

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
- 15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Chester Edouard Cadieux II, hereby declare that I am the APPLICANT/REPRESENTATIVE
 (print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Redacted Signature] State of Oklahoma County of Tulsa
 (Signature of Applicant)

The foregoing instrument was acknowledged before me this 3rd day of Sept, 2010
 Month Year

7/9/14
 Day Month Year

[Redacted Signature]
 (Signature of NOTARY PUBLIC)



THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____
 Month Year

X _____
 Signature of Controlling Person or Agent (circle one)

 (Signature of NOTARY PUBLIC)

Print Name _____

My commission expires on: _____
 Day Month Year

Statement for Personal Questionnaire of Chester Cadieux II

I am submitting the following Statement, which is to be attached to my personal questionnaire. This statement sets forth the information that I can recall for the questions on which I provide an affirmative response and is to the best of my knowledge.

Question 17: I am a director of QuikTrip Corporation, which operates a number of locations in several stated. QuikTrip Corporation has been cited for liquor violations and a summary of the Corporation's licensing history is attached.

Question 19: I am a director of QuikTrip Corporation. QuikTrip Corporation operates a number of locations in several states and holds numerous liquor licenses issued by State and municipal licensing authorities. I am also a director of Wawa, Inc. since 1985 and this corporation operates in several states and holds numerous liquor licenses.

Date: 9/3/10


Chester E. Cadieux

The foregoing was acknowledged before me, the undersigned Notary Public.


Notary Public

My commission expires: 7/9/14



10 MAY 28 11:47 AM '10

11 DEC 1 11:47 AM '10



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

JANICE K. BREWER
GOVERNOR

JERRY A. OLIVER, SR.
DIRECTOR

May 17, 2010

Chester E. Cadieux II

Re: Illegible Fingerprints
Liquor License #10076045

Dear Applicant:

The Federal Bureau of Investigations cannot complete your background investigation based on the fact that the fingerprint cards you submitted are not classifiable. The inability to classify fingerprints is usually due to circumstances beyond your control. Therefore, you must complete the affidavit below within two weeks, in lieu of submitting another fingerprint card, in order to complete the processing of your application.

Applicant's Affidavit

State of Oklahoma County of Tulsa

I, Chester E. Cadieux II hereby attest, under oath, that I have not been detained, cited, arrested, indicted or summoned into court for any violation of law, including traffic offenses, at any time except as noted below. (If none, insert "NONE")

| <u>Offense Explanation</u> | <u>Date</u> | <u>Police Agency</u> |
|----------------------------|-------------|----------------------|
| <u>None</u> | | |

(Applicant's Signature)

SUBSCRIBED AND ACKNOWLEDGED before me this

25th day of May, 2010.

(Notary Public)

My commission expires 8/3/2010.



11 DEC 1 11:41 AM

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

FP current 4/10
P1051064 Am.

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

10076224

(If the location is currently licensed)

1. Check appropriate box - [X] Controlling Person (Complete Questions 1-19) [] Agent (Complete All Questions except # 14, 14a & 21) [] Manager (Only) (Complete All Questions except # 14, 14a & 21)

2. Name: Sullivan Stuart Coleman Date of Birth: [REDACTED] (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: OK (NOT a public record)

4. Place of Birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eye: [REDACTED] Hair: [REDACTED] (NOT a public record)

5. Marital Status: [] Single [X] Married [] Divorced [] Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: Sullivan Sally M Grotega Date of Birth: [REDACTED] (NOT a public record)

7. You are a bona fide resident of what state? Oklahoma If Arizona, date of residency: N/A

8. Telephone number to contact you during business hours for any questions regarding this document. 918-615-7700

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: QuikTrip # 436 Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 6739 W. HAPPY VALLEY RD. PEDRIA MARICOPA 85383

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Row 1: 10/1997, CURRENT, General Counsel/Secretary, [REDACTED]

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

Table with 6 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Row 1: 1/2006, CURRENT, Own, [REDACTED], [REDACTED], [REDACTED]

If you checked the **Manager** box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
 If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. YES NO

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
 If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
 Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Stuart Coleman Sullivan, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
 filing this application. I have read this questionnaire and all statements are true, correct and complete.

X [Redacted Signature]
(Signature of Applicant)

State of Oklahoma County of Tulsa

The foregoing instrument was acknowledged before me this
25 day of August, 2010
Month Year

[Redacted Signature]
(Signature of NOTARY PUBLIC)



7/9/14
Day Month Year

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
 Signature of Controlling Person or Agent (circle one):

_____ day of _____
Month Year

 Print Name

 (Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

STATEMENT FOR PERSONAL QUESTIONNAIRE

I am submitting the following Statement which is to be attached to my personal questionnaire. This statement sets forth the information that I can recall for the questions on which I provided an affirmative response and is to the best of my knowledge.

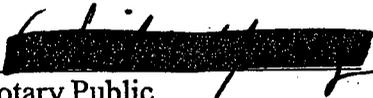
Question 17: I am a director and an officer of QuikTrip Corporation, which operates a number of locations in several states. QuikTrip Corporation has been cited for liquor violations and a summary of the Corporation's licensing history is attached.

Question 19: I am a director and an officer of QuikTrip Corporation. QuikTrip Corporation operates a number of locations in several states and holds numerous liquor licenses issued by State and municipal licensing authorities.

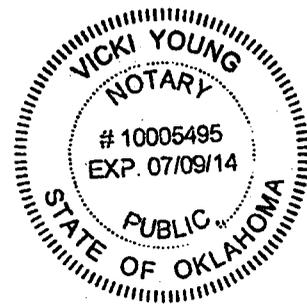
Date: 8/25/10


Stuart C. Sullivan

The foregoing was acknowledged before me the undersigned Notary Public.


Notary Public

My commission expires: 7/9/14



11 DEC 1 10 41 AM '07

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Permit 4/4/10

P1045013 Am

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER: EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

10076224

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Cadieux III Chester Edouard Date of Birth: [Redacted] (NOT a Public Record)

3. Social Security Number: [Redacted] Drivers License: [Redacted] State: OK

4. Place of Birth: [Redacted] City State Country (not county) Height: [Redacted] Weight: [Redacted] Eye: [Redacted]

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: [Redacted]

6. Name of Current or Most Recent Spouse: Cadieux Casie Lee Higeons Date of Birth: [Redacted] (List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Oklahoma If Arizona, date of residency: N/A

8. Telephone number to contact you during business hours for any questions regarding this document. 918-615-7700

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: QuikTrip #436 Premises Phone: PENDING

11. Physical Location of Licensed Premises Address: 6739 W. HAPPY VALLEY RD. PEDRIA MARICOPA 85383 Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|-----------------|---------------|-------------------------------|---|
| 5/2002 | CURRENT | President | [Redacted] |
| 8/1989 | 5/2002 | Various | Same as above |

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

| FROM Month/Year | TO Month/Year | Rent or Own | RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord | City | State | Zip |
|-----------------|---------------|-------------|---|------------|------------|------------|
| 6/2009 | CURRENT | Own | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 2/2008 | 6/2009 | Own | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 9/2008 | 2/2008 | Own | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 5/1994 | 9/2008 | Own | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
- 15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

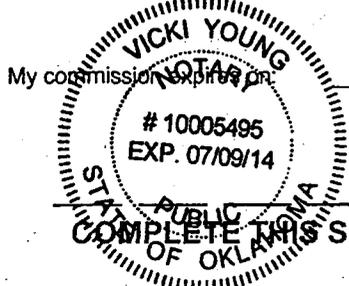
20. I, Chester Edouard Cadieux III, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

[Redacted Signature]
(Signature of Applicant)

State of Oklahoma County of Tulsa

The foregoing instrument was acknowledged before me this
30 day of August, 2010
Month Year

[Redacted Signature]
(Signature of NOTARY PUBLIC)



7/9/14
Day Month Year

SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

Statement for Personal Questionnaire of Chester Cadieux III

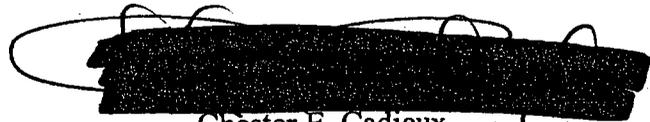
I am submitting the following Statement, which is to be attached to my personal questionnaire. This statement sets forth the information that I can recall for the questions on which I provide an affirmative response and is to the best of my knowledge.

Question 6: My previous spouse was Linda (nmn) SanMiguel Cadieux, DOB 03/29/1970.

Question 17: I am a director of QuikTrip Corporation, which operates a number of locations in several states. QuikTrip Corporation has been cited for liquor violations and a summary of the Corporation's licensing history is attached. I am an advisory member of Sheetz, Inc. which is the parent company of several subsidiary corporations including the following named companies: Evanwood, Inc., Harrison Place, Inc., Middle Chester, Inc., Opal Park, Inc., Moose Acres, Inc., Bridgeville, Inc., Sheetz Inwood, Inc., Kings Convenience, Inc., Sheetz Moorefield, Inc., Race Park, Inc., Shepard Heights, Inc., Buckhanna, Inc., Weston Place, Inc., Martin Hills, Inc., Haywood Park, Inc., and Sheetz, Inc. These companies have been cited for liquor violations and a summary is attached. In addition, Sheetz, Inc. was denied a license for one location because no licenses were available.

Question 19: I am a director of QuikTrip Corporation. QuikTrip Corporation operates a number of locations in several states and holds numerous liquor licenses issued by State and municipal licensing authorities. I am also an advisor to Sheetz, Inc., which holds numerous liquor licenses in several states through the subsidiary corporations listed in my response to Question 17.

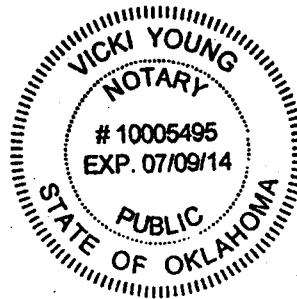
8/30/10


Chester E. Cadieux

The foregoing was acknowledged before me, the undersigned Notary Public.


Notary Public

My commission expires: 7/9/14



11 DEC 1 11:47 AM '07

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

FP 10/10/11
P1065495 Am

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

10076224

(If the location is currently licensed)

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

1. Check appropriate box → Controlling Person Agent Manager (Only)

(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)

Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Boyle Matthew Wayne Date of Birth: [REDACTED]

Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License #: [REDACTED] State: AZ

(NOT a public record) (NOT a public record)

4. Place of Birth: [REDACTED] Height: [REDACTED] Weight: [REDACTED] Eyes: [REDACTED] Hair: [REDACTED]

City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: [REDACTED]

6. Name of Current or Most Recent Spouse: Boyle Carrie Joanne Messina Date of Birth: [REDACTED]

(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? Arizona If Arizona, date of residency: June 2005

8. Telephone number to contact you during business hours for any questions regarding this document. (602) 882-4936

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: QuikTrip # 436 Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 6739 W. HAPPY VALLEY RD. PEORIA MARICOPA 85383

Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|-----------------|---------------|-------------------------------|---|
| 08/2002 | CURRENT | Manager | [REDACTED] |
| | | | |
| | | | |

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

| FROM Month/Year | TO Month/Year | Rent or Own | RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord | City | State | Zip |
|-----------------|---------------|-------------|---|------------|------------|------------|
| 11/2007 | CURRENT | Own | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 05/2007 | 11/2007 | Rent | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 06/2006 | 05/2007 | Rent | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 05/2005 | 06/2006 | Rent | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

If you checked the Manager box on the front of this form skip to # 15

- 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
- 15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
- 16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
- 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
- 18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
- 19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

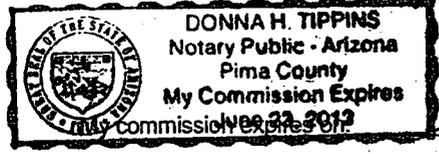
If any answer to Questions 15 through 19 is "YES" **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Matthew Wayne Boyle, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Redacted Signature]
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
15 day of November, 2011
Year



06/23/2013
Day Month Year

[Redacted Signature]
(Signature of NOTARY PUBLIC)

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

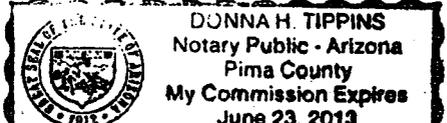
X [Redacted Signature]
Signature of Controlling Person or Agent (circle one)

15 day of November, 2011
Month Year

Troy Charles DeVos
Print Name

[Redacted Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: 06/23/2013
Day Month Year



Statement For Personal Questionnaire

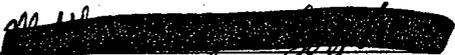
I am submitting the following statement, which is to be attached to my personal questionnaire. This statement sets forth the information that I can recall for the questions on which I provided an affirmative response and is to the best of my knowledge.

Question 16: There are no pending matters involving me personally as of the date of this personal questionnaire. There may be one or more pending matters involving QuikTrip Corporation which have not been resolved as of the date of this personal questionnaire. I do not have personal knowledge of any specific pending matter.

Question 17: I am a Manager for QuikTrip Corporation, which operates a number of locations in several states. QuikTrip Corporation has been cited for liquor violations and a summary of the Corporation's licensing history is attached.

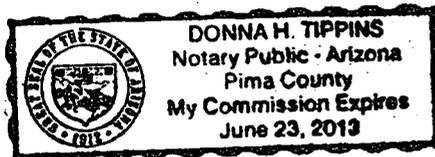
Question 19: I am a Manager for QuikTrip Corporation. QuikTrip Corporation operates a number of locations in several states and holds numerous liquor licenses issued by State and Municipal licensing authorities.

Dated 11/15/11


Matthew Wayne Boyle

The foregoing was acknowledged before me the undersigned Notary Public.


Donna H. Tippins



My Commission Expires: 06/23/2013

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

MATTHEW WAYNE BOYLE
Full Name (please print)

[Redacted Signature]
Signature

2/17/11
Training Completion Date

2/17/16
Certificate Expiration Date

(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

- | | | | | | |
|---|--|------------|---|--|----------|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | BASIC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | ON SALE |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | MANAGEMENT | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | OFF SALE |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | BOTH | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | OTHER |

If Trainee Is Employed By A Licensee

| | | |
|------------------|------------------|------------------|
| <u>QUICKTRIP</u> | <u>QUICKTRIP</u> | <u></u> |
| Name of Licensee | Business Name | Liquor License # |

Alcohol Training Program Provider Information

QUICKTRIP
Company or Individual Name (please print)

1110 E BROADWAY RD
Address

| | | | |
|--------------|-----------|--------------|-------------------------|
| <u>TENPE</u> | <u>AZ</u> | <u>85282</u> | <u>(480) 446-6300</u> |
| City | State | Zip | Daytime Contact Phone # |

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statute, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

[Redacted Name]
Name of Trainer (please print)

[Redacted Signature]
Trainer Signature

2/17/11
Date

Pursuant to A.R.S. 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:

- Owner(s)
- Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

11 DEC 1 11:41 AM '11



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 10076224

Ownership Name: QuikTrip Corporation (as listed on the current liquor license application or renewal application)

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), nonimmigrants, 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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Matthew Wayne Boyle DATE 11/15/11

TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL

TYPE OF LICENSE Series 10 - Beer and Wine

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: Birth Certificate

A. Are you a citizen or national of the United States? (check one) [X] Yes [] No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country. City [redacted] State (or equivalent) [redacted] Country or Territory USA

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: 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 the front and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided: Birth Certificate

“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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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.] Nonimmigrants 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))

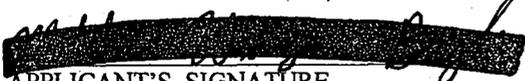
- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States 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 (A.R.S. § 1-501)

- 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 I have given are true and correct to the best of my knowledge.


APPLICANT'S SIGNATURE

11/15/11
TODAY'S DATE

APPLICATION FOR LIQUOR LICENSE
 TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*
- LOCATION TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE *Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 10076219

1. Type of License(s): #10 - Beer & wine
N/A
2. Total fees attached: \$ _____

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
 The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Ms Kim Chona Hee
 (Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: KS Kim, LLC
 (Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Hank's Sidel
 (Exactly as it appears on the exterior of premises)
4. Principal Street Location: 7509 W. CACTUS RD. PEORIA MARICOPA 85381
 (Do not use PO Box Number) City County Zip
5. Business Phone: (623) 486-2925 Daytime Contact: _____
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 7509 W. CACTUS RD. PEORIA AZ 85381
 City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type N/A \$ N/A Type N/A \$ N/A

DEPARTMENT USE ONLY

Fees: 100.00 100.00 _____ 48.00
 Application Interim Permit Agent Change Club Finger Prints \$ 248.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: Am Date: 11/22/2011 Lic. # 10076219

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. 10075583
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

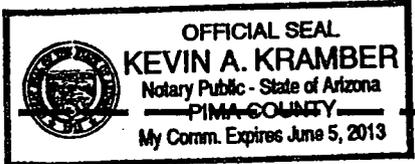
I, Randy D. Nations, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER OR LICENSEE (circle the title which applies) of the stated license and location.

X _____ BY: TERRY JAMIL NAFSU State of ARIZONA County of PIMA

My commission expires on: JUNE 5, 2013 The foregoing instrument was acknowledged before me this 22ND day of NOVEMBER 2011 Year

(Signature)

(Signature of NOTARY PUBLIC)



SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-------|--------|---------|-----------------|----------------|
| | | | | | |

Partnership Name: (Only the first partner listed will appear on license)

| General-Limited | Last | First | Middle | % Owned | Mailing Address | City State Zip |
|--------------------------|------|-------|--------|---------|-----------------|----------------|
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City, State, Zip | Telephone# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.
 L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: KS Chim, LLC
 (Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 07/11/2007 State where Incorporated/Organized: ARIZONA

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L-1358623-8 Date authorized to do business in AZ: 4/16/2006 ²⁰⁰⁷ _{KSJ}

5. Is Corp./L.L.C. Non-profit? YES NO

6. List all directors, officers and members in Corporation/L.L.C.:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|------|-----------|--------|-------|-----------------|----------------|
| Kim | Chona | HEE | mem. | [REDACTED] | [REDACTED] |
| Kim | Houckwood | N/A | mem. | [REDACTED] | [REDACTED] |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-----------|--------|---------|-----------------|----------------|
| Kim | Chona | HEE | 50% | [REDACTED] | [REDACTED] |
| Kim | Houckwood | N/A | 50% | [REDACTED] | [REDACTED] |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
 (Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? YES NO

3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City State Zip |
|------|-------|--------|-------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

- 1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: _____
Last First Middle
- 3. License Type: _____ License Number: _____ Date of Last Renewal: _____
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

- 1. Governmental Entity: _____
- 2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

- 1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
- 3. Current Business Name: _____
(Exactly as it appears on license)
- 4. Physical Street Location of Business: _____
City, State, Zip _____
- 5. License Type: _____ License Number: _____
- 6. If more than one license to be transferred: License Type: _____ License Number: _____
- 7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
- 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
- 9. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

(Signature of NOTARY PUBLIC)

My commission expires on: _____

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

11 NOV 22 Lic. Lic. PM 4 48

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 0.5 mi Name of school OASIS ELEMENTARY SCHOOL
Address 1841 W. SWEETWATER AVE. PEDRIA, AZ
City, State, Zip 85381

2. Distance to nearest church: 0.6 mi Name of church SP. RIT OF GRACE CHURCH OF GO
Address 1033 W. CACTUS RD. PEDRIA, AZ 85381
City, State, Zip

3. I am the: Lessee Sublessee Owner Purchaser (of premises)

4. If the premises is leased give lessors: Name N/A
Address N/A
City, State, Zip

4a. Monthly rental/lease rate \$ N/A What is the remaining length of the lease N/A yrs. N/A mos.

4b. What is the penalty if the lease is not fulfilled? \$ N/A or other N/A
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 580,000.00
Please list debtors below if applicable.

| Last | First | Middle | Amount Owed | Mailing Address | City State | Zip |
|---------------|-------|--------|--------------|---------------------|-------------|-------|
| REPUBLIC BANK | | | \$580,000.00 | 909 E. MISSOURI AVE | PHOENIX, AZ | 85014 |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? GAS STORE

SECTION 13 - continued

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:
 License # 10075583 (exactly as it appears on license) Name RANDY D. NATIONS

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check ALL boxes that apply to your business:
 Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? N/A
month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

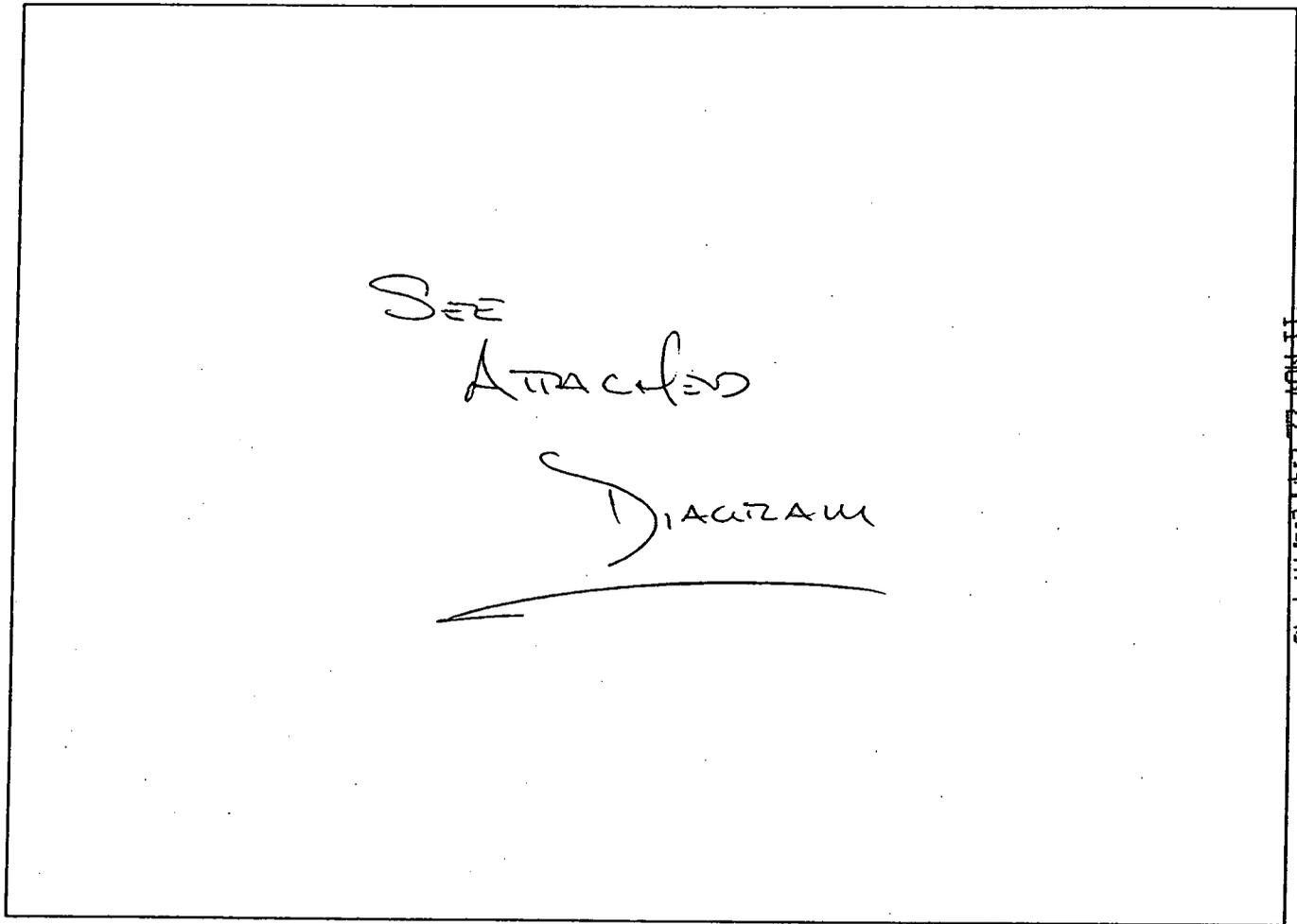


 applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

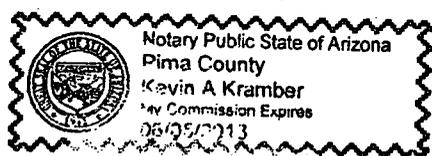
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, CELONA LEE KIM, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X [Redacted Signature]
(signature of applicant listed in Section 4, Question-1)



State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this 21ST of OCTOBER 2011
Day [Redacted] Year

My commission expires on: JUNE 5, 2013
-Day Month Year

[Redacted Signature]
signature of NOTARY PUBLIC

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

802-746
P1066055 Am

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting for any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLG. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLG. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

10076219
(if the location is currently licensed)

1. Check appropriate box → Controlling Person (Complete Questions 1-19) Agent (Complete Questions 1-19) Manager (Only) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager

2. Name: Kim Last, Chona First, Lee Middle, Date of Birth [Redacted] (NOT a Public Record)

3. Social Security Number [Redacted] (NOT a public record), Drivers License # [Redacted] (NOT a public record), State: Arizona

4. Place of Birth: [Redacted] City, [Redacted] State, [Redacted] Country (not county), Height: [Redacted] Height: [Redacted] Yes [Redacted] Hair: [Redacted]

5. Marital Status Single Married Divorced Widowed, Daytime Contact Phone: [Redacted]

6. Name of Current or Most Recent Spouse: Kim Last, Houkwood First, N/A Middle, N/A Maiden, Date of Birth [Redacted] (NOT a public record)

7. You are a bona fide resident of what state? Arizona, If Arizona, date of residency: 2005

8. Telephone number to contact you during business hours for any questions regarding this application: [Redacted]

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Hank's Still, Premises Phone: (623) 486-2925

11. Physical Location of [Redacted] Street Address (Do not use PO Box #), [Redacted] City, [Redacted] County, [Redacted] Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip) |
|-----------------|---------------|-------------------------------|---|
| 06/2011 | CURRENT | [Redacted] | [Redacted] |
| 06/2005 | 06/2011 | [Redacted] | [Redacted] |

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

| FROM Month/Year | TO Month/Year | Rent or Own | RESIDENCE Street Address (If rented, attach additional sheet with name, address and phone number of landlord) | City | State | Zip |
|-----------------|---------------|-------------|---|------------|------------|------------|
| 07/2005 | CURRENT | Own | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| | | | | | | |
| | | | | | | |

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? 5/6, and **answer #14a below**. If NO, skip to #15. YES NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. YES NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 14 through 19 is "YES" YOU MUST attach a signed statement
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. J. CHONG HEE Kim hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Redacted Signature]
(Signature of Applicant)

State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this
25th day of OCTOBER, 2011
Month Year



JUNE 5, 2013
Day Month Year

[Redacted Signature]
(Signature of NOTARY PUBLIC)

THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X [Redacted Signature] Agent [Redacted Name]
_____ day of _____ month _____ Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

11 NOV 22 Lic. Lic. # 4 49



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS Professional License and Commercial License Department of Liquor Licenses and Control

Liquor License #: 10076219

Ownership Name: AS Lim, LLC (as listed on the current liquor license application or renewal application)

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), nonimmigrants, 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 § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

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 copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I - APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Chona Hee Kim DATE 10/21/11

TYPE OF APPLICATION (check one) [X] INITIAL APPLICATION [] RENEWAL

TYPE OF LICENSE # 10 - BEER & WINE

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: US PASSPORT

A. Are you a citizen or national of the United States? (check one) [X] Yes [] No

B. If the answer is "Yes" where were you born? List city, state (or equivalent), and country. City [redacted] State (or equivalent) [redacted] Country or Territory [redacted]

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

SECTION III — ALIEN STATUS DECLARATION

Directions: 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 the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. 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 and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected 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.] Nonimmigrants 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))

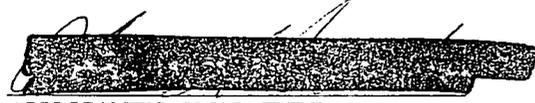
- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States 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 (A.R.S. § 1-501)

- 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 I have given are true and correct to the best of my knowledge.


APPLICANT'S SIGNATURE

'11 NOV 22 14. Lic. PM 4 49

October 21, 2011
TODAY'S DATE

Attachment: Lists A and B Evidence of U.S. Citizenship, U.S National Status, or Alien Status,

DLLC 1/15/09

AG 11/08/07 - 81662

Attachment to Form 1 Applicant Statement

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

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A 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) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded 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) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

802-746
P1066056 Am

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLE. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLE. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

10076219

(If the location is currently licensed)

1. Check appropriate box - Controlling Person (checked), Agent, Manager (Only). (Complete Questions 1-19) / (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager

2. Name: Last: Jim, First: Household, Middle: N/A, Date of Birth: [Redacted] (NOT a Public Record)

3. Social Security Number: [Redacted] Drivers License #: [Redacted] State: Arizona (NOT a public record)

4. Place of Birth: [Redacted] City, State, Country (not county), Height, Weight, Eyes, Hair

5. Marital Status: Single (unchecked), Married (checked), Divorced, Widowed. Daytime Contact Phone: [Redacted]

6. Name of Current or Most Recent Spouse: Last: Jim, First: Cebrina, Middle: HEE, Maiden: Jova. Date of Birth: [Redacted] (NOT a public record)

7. You are a bona fide resident of what state? Arizona

8. Telephone number to contact you during business hours for any questions: [Redacted]

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: [Redacted] Premises Phone: (623) 486-2925

11. Physical Location of Premises: [Redacted] Street Address: W. CACTUS RD., City: PEORIA, County: MARICOPA, Zip: 85381

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip). Rows include current employment and one from 06/2005 to 06/2011.

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

13. Indicate your residence address for the last five (5) years:

Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Row includes current residence from 07/2005 to present, owned.

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? YES NO
 If you answered YES, how many hrs/day? _____, and answer #14a below. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) YES NO
 If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? YES NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? YES NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? YES NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? YES NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? YES NO

If any answer to Questions 14 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.

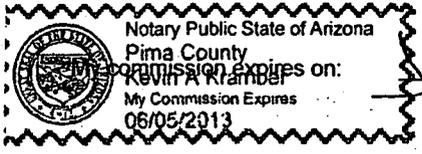
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. Kim, hereby declare that I am the APPLICANT/REPRESENTATIVE
 (print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Redacted Signature]
 (Signature of Applicant)

State of ARIZONA County of Pima

The foregoing instrument was acknowledged before me this 20th day of OCTOBER, 2011 Year
[Redacted Signature]
 (Signature of NOTARY PUBLIC)



JUNE 5, 2013
 Day Month Year

COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license. The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____ day of _____
 Signature of Controlling Person or Agent (circle one) _____ Month _____ Year _____

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
 Day Month Year

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 5R

Date Prepared: December 27, 2011

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager

FROM: Chris M. Jacques, AICP, Planning & Community Development Director

THROUGH: Susan J. Daluddung, AICP, Deputy City Manager

SUBJECT: Old Town Entertainment District Designation
REGULAR MEETING

Purpose:

Discussion and possible action to approve and adopt the attached Resolution designating a defined area around Old Town as an 'Entertainment District' pursuant to A.R.S. 4-207 for the purpose of considering certain types of restricted liquor licenses within 300 feet of a church or *charter* school.

Background/Summary:

As part of implementing the Council adopted Old Town Peoria Revitalization Plan and Economic Development Implementation Strategy (EDIS), the Economic Development Services Department has been actively recruiting new business opportunities for Old Town. Recently, investor interest has been identified for the Old Town area. The investor interest is looking to establish a start-up microbrewery operation. Moreover, as the business is actively looking for properties in which to start this business, time is of the essence as the business owners want to be operational in 2012.

However, under State Law, several types of establishments (including the proposed microbrewery) that require liquor licenses are not permitted to locate within 300 feet of existing schools and places of worship. The abundance of places of worship within the Old Town area would preclude this and other types of business opportunities.

Arizona House Bill 2596

On April 26, 2010, the State Legislature approved HB 2596 which amended the Free Exercise of Religion statutes with regards to land use. This bill paved the way for Cities – on a case-by-case basis – to approve an exemption from the restriction that does not allow certain types of liquor licenses within 300 feet of a church or *charter school*, but only if they are located in a designated 'Entertainment District.' Under the Statute, the 300 foot restriction from a public or private school remains in place. The Entertainment District designation has a narrow application limited to consideration of certain classes of liquor licenses affected by the church/charter school restriction. The Old Town area has seven (7) churches within a 4-block

area thereby effectively rendering the Old Town core off-limits for certain classes of potentially synergistic uses such as microbreweries, beer and wine bars, taverns and others. The Entertainment District designation for a prescribed area of Old Town would therefore be a tool that offers the City the flexibility to legally consider certain types of restricted liquor licenses on a case-by-case basis.

What is an Entertainment District?

Codified as A.R.S. 4-207, the Statute allows for exceptions to this provision for uses within designated "Entertainment Districts." The proposed Entertainment District designation will provide the ability for the City Council to consider exemptions for certain affected classes of liquor license holders (e.g. microbrew pubs, beer and wine bars, private clubs, etc.) to locate within 300 feet of existing charter schools and places of worship on a case-by-case basis. The change in State Law does *not* allow for an exemption from the 300' restriction to public and private schools – only churches and charter schools.

The number of designated ED's permitted under State Law is dependent on population. Peoria would be permitted one (1) designated Entertainment District until it reached a population of 200,000. Entertainment Districts can be up to 1 square mile in size and must be no less than 1/8 mile (660 feet) in width. The State Legislature broadly defines an Entertainment District as an area that contains a "significant number of entertainment, artistic and cultural venues, including music halls, concert facilities, theaters, arenas, stadiums, museums, studios, galleries, restaurants, bars and other related facilities." Staff believes that the Old Town area has a number of assets and venues in place to meet the Entertainment District description.

Benefits

An Entertainment District provides more local control as to what types of liquor establishments can locate next to churches or charter schools. Although the State Department of Liquor Licenses and Control issues licenses, only the City has the ability to grant exemptions. Additionally, such allowances within Old Town would support the location of desirable and activating entertainment uses in this area -- a goal supported by the approved Old Town Peoria Revitalization Plan. The designation of an Entertainment District for this purpose will provide the City flexibility in locating such uses and enable efforts to foster a vibrant, dynamic environment.

Previous Actions:

Sustainable Development Subcommittee (12/7/11) and (1/4/12)

This item was introduced to the Sustainable Development Subcommittee at its December 7, 2011 meeting. The item was continued to January 4, 2012 to allow for the preparation of a media press release seeking public and stakeholder input.

At the January 4, 2012 Subcommittee, Staff reintroduced the topic and identified several policy items for consideration. Several members of the public were present from the local community representing church, business and resident interests. The Subcommittee discussed the item, took testimony from four (4) interested persons and answered questions. Subsequently, the Subcommittee approved the item to move forward for full public and City Council review at the January 17, 2012 regular meeting, without recommendation. To the latter point, a few speakers voiced concerns about the potential over-concentration of liquor-focused uses in the Old Town area and the need to explore limitations or additional criteria to ensure a balance of appropriate uses. Staff has proposed an additional criterion (see #3 below) to address the concern as it deliberates on an exemption request.

- **Should the City pursue an Entertainment District designation for Old Town?** Staff believes the Entertainment District designation to be a tool that offers the flexibility and local control for the City to consider appropriate uses (that otherwise may be barred from entry) that activate and provide synergy as contemplated in the Old Town Peoria Revitalization Plan and the EDIS.
- **If appropriate, what areas should be included in the district boundary?** Staff is recommending the attached map (see Exhibit A). This map is strategically expansive and includes the Old Town core along with key opportunity areas such as Peoria Town Center, Peoria Place and portions of the Grand Avenue corridor.
- **What criteria should the City consider when evaluating a request for an exemption?** As discussed above, although the State has the authority to grant liquor licenses (City Council recommendation), the legislation only allows the municipality the ability to grant exemptions from church/charter school separation requirements on a case-by-case basis within a designated Entertainment District.

Any person seeking a liquor license would follow the normal procedure. The request for an exemption will only be needed if: (a) the location sought is within 300 feet of a church or charter school; and (b) they are requesting a type of license that is currently restricted from being located there; and (c) the location is within the designated Entertainment District.

The exemption request would be an added component to the liquor license review process. Staff recommends that the consideration not be arbitrary and be based on certain criteria. Staff is recommending use of the following criteria:

1. *Compliant Use*: The Entertainment District designation does *not* effect the underlying Zoning. The use must be compliant with the underlying zoning and if required, a Conditional Use Permit has been granted. Bars, taverns and microbrewery uses already require a CUP in most non-residential zoning districts. The CUP is a public process that is

structured to maximize stakeholder input with action at the Planning & Zoning Commission.

2. *Compatibility*: Operational and performance characteristics of the business, including but not limited to: hours of operation, noise, odor, traffic, parking, safety will not be detrimental to the health, safety or welfare of affected churches/charter schools or unreasonably interfere with the use and enjoyment of said properties.
3. *Balance*: Maintaining an appropriate balance of land uses to ensure that a single class of uses does not unduly harm or disrupt the character in the area. The use should be additive and function to complement and enhance the surrounding area. This was added as a result of Subcommittee discussion and stakeholder input.

Economic Development Advisory Board (11/10/11)

This item was also introduced and discussed with the Economic Development Advisory Board at its November 10, 2011 meeting.

Options:

- A:** Council could act to approve and adopt the attached Resolution designating a certain area around Old Town as an 'Entertainment District' pursuant to A.R.S. 4-207 for the purpose of considering certain types of restricted liquor licenses within 300 feet of a church or *charter* school; or
- B:** Council could decline to approve and adopt the attached Resolution designating a certain area around Old Town as an Entertainment District as described hereto; or
- C:** Council could continue the proposed Old Town Entertainment District designation to a future City Council meeting for renewed consideration based on policy matters of concern; or
- D:** Council could remand the proposed Old Town Entertainment District designation back to the Sustainable Development Subcommittee for renewed consideration based on policy matters of concern; or

Staff's Recommendation:

Staff recommends that the Mayor and City Council approve and adopt the attached Resolution designating a defined area around Old Town as an 'Entertainment District' pursuant to A.R.S. 4-207 for the purpose of considering certain types of restricted liquor licenses within 300 feet of a church or charter school.

Fiscal Analysis:

There is no direct fiscal impact to the City associated with this request.

Narrative:

Should the Council approve this designation, exemption requests would be considered as part of the liquor license review process.

Exhibit(s):

Exhibit A: Proposed Old Town Entertainment District Map

Exhibit B: A.R.S. 4-207

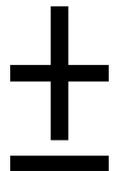
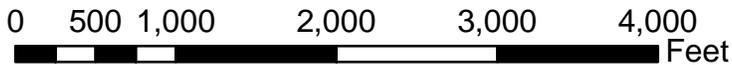
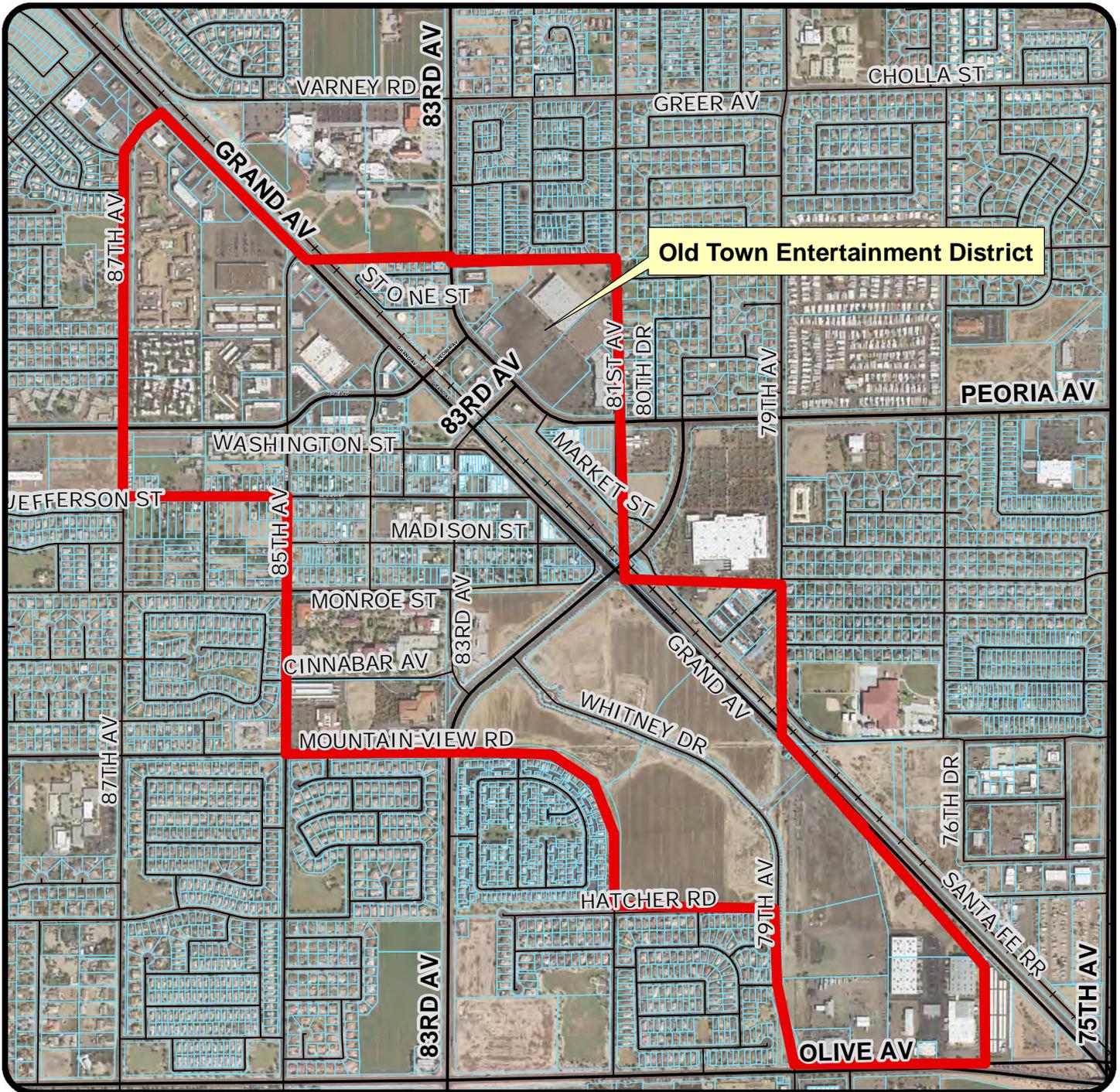
Exhibit C: Inventory of Schools & Churches in the area

Resolution

-Exhibits A/B

Contact Name and Number: Chris M. Jacques, Planning Director, (623) 773-7609

Old Town Entertainment District



City of Peoria Old Town Entertainment District for the purposes of meeting the A.R.S. Section 4-207 definition of Entertainment District

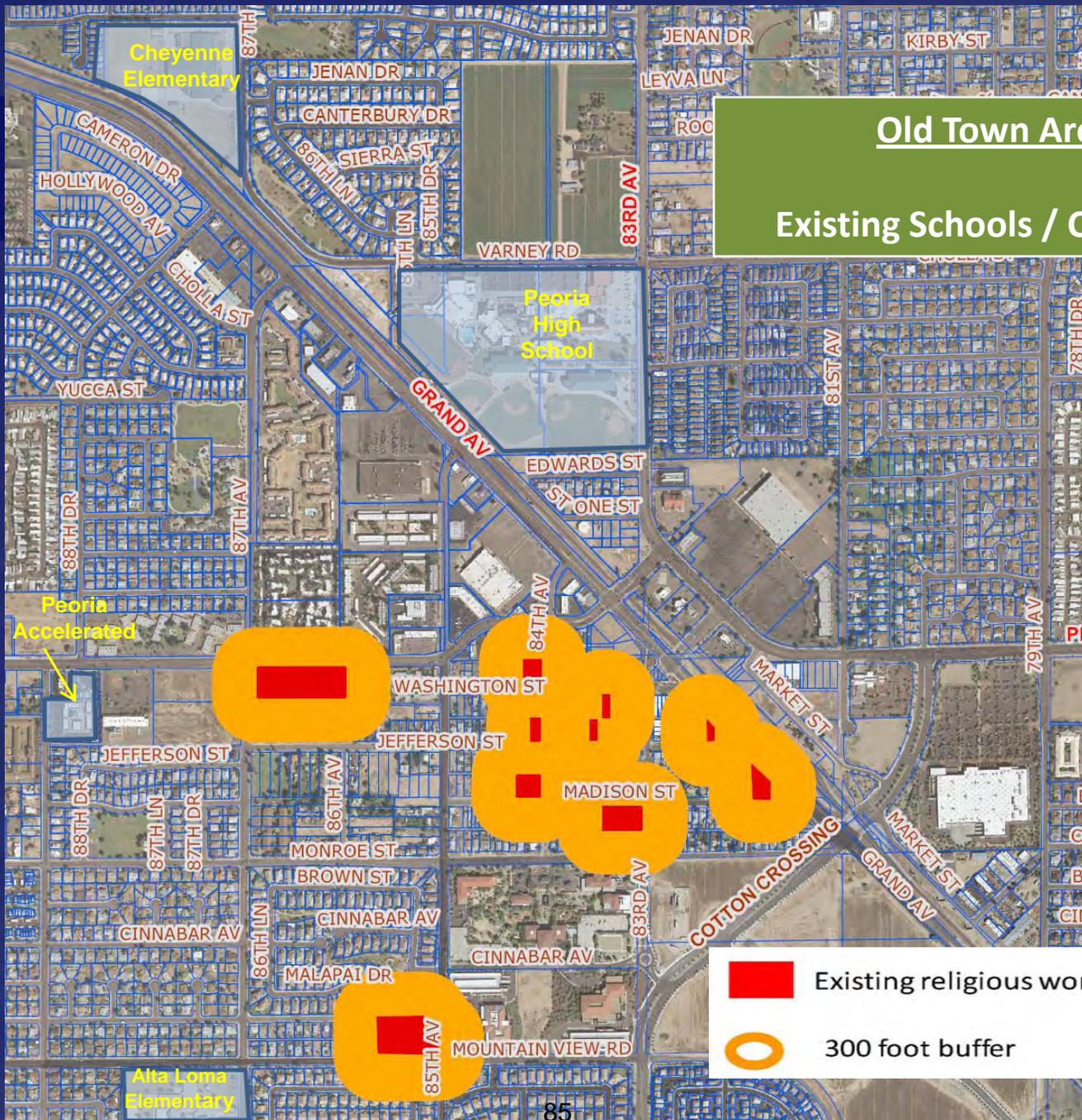
4-207. Restrictions on licensing premises near school or church buildings; definitions

- A. A retailer's license shall not be issued for any premises which are, at the time the license application is received by the director, within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building. This section does not prohibit the renewal of a valid license issued pursuant to this title if, on the date that the original application for the license is filed, the premises were not within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building.
- B. Subsection A of this section does not apply to a:
1. Restaurant issued a license pursuant to section 4-205.02.
 2. Special event license issued pursuant to section 4-203.02.
 3. Hotel-motel issued a license pursuant to section 4-205.01.
 4. Government license issued pursuant to section 4-205.03.
 5. Fenced playing area of a golf course issued a license pursuant to this article.
- C. Notwithstanding subsection A of this section:
1. A spirituous liquor license which is validly issued and which is, on the date an application for a transfer is filed, within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building may be transferred person to person pursuant to sections 4-201, 4-202 and 4-203 and remains in full force until the license is terminated in any manner, unless renewed pursuant to section 4-209, subsection A.

2. A person may be issued a spirituous liquor license pursuant to sections 4-201, 4-202 and 4-203 of the same class for premises which have a nontransferable spirituous liquor license validly issued if the premises are, on the date an application for such license is filed, within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building and the license remains in full force until the license is terminated in any manner, unless renewed pursuant to section 4-209, subsection A.
3. A person may be issued a liquor store license pursuant to sections 4-201, 4-202, 4-203 and 4-206.01 for premises which have a beer and wine store license validly issued if the premises, on the date an application for such license is filed, are within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building and the license remains in full force until the license is terminated in any manner, unless renewed pursuant to section 4-209, subsection A.
4. The governing body of a city or town, on a case-by-case basis, may approve an exemption from the distance restrictions prescribed in this section for a church or charter school that is located in an area that is designated an entertainment district by the governing body of that city or town. A city or town with a population of at least five hundred thousand persons may designate no more than three entertainment districts within the boundaries of the city or town pursuant to this paragraph. A city or town with a population of at least two hundred thousand persons but less than five hundred thousand persons may designate no more than two entertainment districts within the boundaries of the city or town pursuant to this paragraph. A city or town with a population of less than two hundred thousand persons may designate no more than one entertainment district within the boundaries of the city or town pursuant to this paragraph.
5. A person may be issued a beer and wine store license pursuant to sections 4-201, 4-202, 4-203 and 4-206.01 for premises that have a liquor store license validly issued if the premises, on the date of an application for which such license is filed, are within three hundred horizontal feet of a church, within three hundred horizontal feet of a public or private school building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreation area adjacent to such school building and the license remains in full force until the license is terminated in any manner, unless renewed pursuant to section 4-209, subsection A.

D. For the purposes of this section:

1. "Church" means a building which is erected or converted for use as a church, where services are regularly convened, which is used primarily for religious worship and schooling and which a reasonable person would conclude is a church by reason of design, signs or architectural or other features.
2. "Entertainment district" means a specific contiguous area that is designated an entertainment district by a resolution adopted by the governing body of a city or town, that consists of no more than one square mile, that is no less than one-eighth of a mile in width and that contains a significant number of entertainment, artistic and cultural venues, including music halls, concert facilities, theaters, arenas, stadiums, museums, studios, galleries, restaurants, bars and other related facilities.



Old Town Area
Existing Schools / Churches

-  Existing religious worship facility
-  300 foot buffer



RESOLUTION NO. 2012-08

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF PEORIA, MARICOPA COUNTY, ARIZONA DECLARING ITS INTENTION TO DESIGNATE A DEFINED AREA AROUND OLD TOWN AS AN ENTERTAINMENT DISTRICT PURSUANT TO A.R.S. §4-207 THEREBY ALLOWING THE CITY OF PEORIA TO APPROVE ON A CASE-BY-CASE BASIS EXEMPTIONS FROM THE DISTANCE RESTRICTIONS PRESCRIBED THEREIN FOR THE ISSUANCE OF CERTAIN LIQUOR LICENSES FOR ESTABLISHMENTS IN RELATION TO CHARTER SCHOOLS OR PLACES OF WORSHIP.

WHEREAS, in April 2010, the State Legislature passed House Bill 2596, amending sections 4-207 and 41-1493, Arizona Revised Statutes; amending Title 41, Chapter 9, Article 9, Arizona Revised Statutes; and

WHEREAS, A.R.S. §4-207 restricts the granting of certain types of liquor licenses to establishments within 300 feet of existing schools and places of worship; and

WHEREAS, A.R.S. §4-207 allows the governing body of a city or town to grant an exemption from these distance restrictions, not including public or private schools, on a case-by-case basis for an establishment located in an area that is designated as an Entertainment District; and

WHEREAS, A.R.S. §4-207 declares that for the purposes of that section, "Entertainment District" means a specific contiguous area that is designated an entertainment district by a resolution adopted by the governing body of a city or town, that consists of no more than one square mile, that is no less than one-eighth of a mile in width and that contains a significant number of entertainment, artistic and cultural venues, including music halls, concert facilities, theaters, areas, stadiums, museums, studios, galleries, restaurants, bars and other related facilities; and

WHEREAS, the area proposed as the Old Town Peoria Entertainment District meets the above description of an Entertainment District for the purposes of A.R.S. §4-207; and

WHEREAS, the authority for the City Council to grant such exemptions from distance requirements for establishments requiring certain liquor licenses in the Old Town Entertainment District would support the location of desirable and activating

uses in this area, which is a goal of the adopted 2009 Old Town Revitalization Plan and the Economic Development Investment Strategy (EDIS).

WHEREAS, the City has identified criteria to aid in the consideration and deliberation of exemptions hereto and to promote the general health, safety and welfare.

NOW, THEREFORE BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF PEORIA, ARIZONA AS FOLLOWS:

Section 1. Old Town Peoria Entertainment District

1. The City Council of the City of Peoria does hereby accept and adopt the Old Town Entertainment District as shown in Exhibit A.
2. Requests for exemptions shall be considered against the criteria listed in Exhibit B.

SECTION 2. Separability.

In the event any part, portion or paragraph of this Resolution is found to be invalid by any court of competent jurisdiction, the invalidity of such part, portion, or paragraph shall not affect any other valid part, portion, or paragraph of this Resolution and effectiveness thereof;

SECTION 3. This Resolution shall become effective in the manner provided by law.

PASSED AND ADOPTED by the Mayor and Council of the City of Peoria, Maricopa County, Arizona this 17th day of January, 2012.

Bob Barrett, Mayor

Date Signed _____

ATTEST:

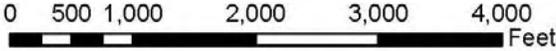
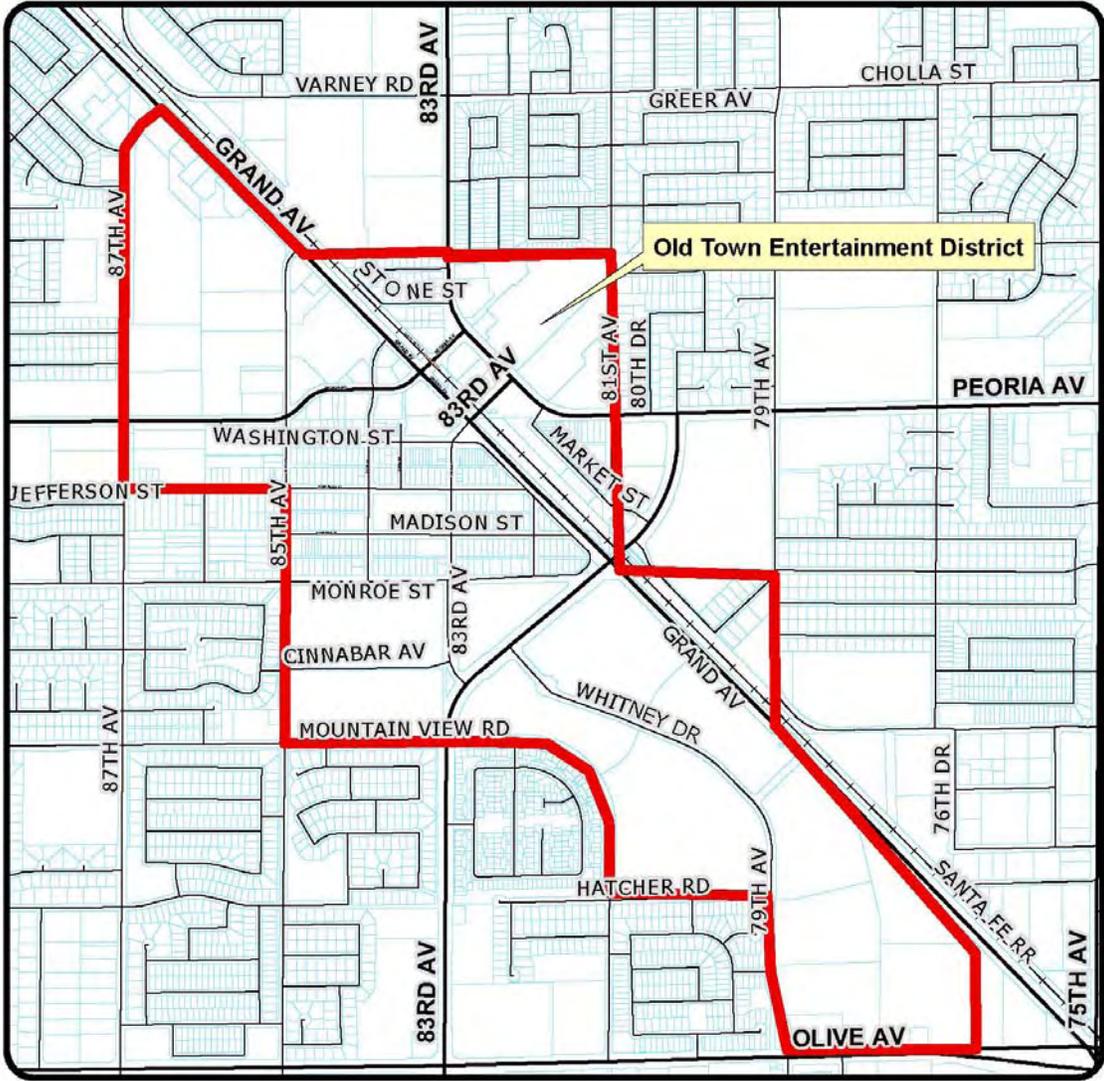
Wanda Nelson, City Clerk

RES. 2012-08

APPROVED AS TO FORM:

Stephen M. Kemp, City Attorney

EXHIBIT A
Old Town Entertainment District



City of Peoria Old Town Entertainment District for the purposes of meeting the A.R.S. Section 4-207 definition of Entertainment District



EXHIBIT B
Criteria in Consideration of Exemptions

1. *Compliant Use*: The use is compliant with the underlying zoning and if required, a Conditional Use Permit has been granted.
2. *Compatibility*: Operational and performance characteristics of the business, including but not limited to: hours of operation, noise, odor, traffic, parking, safety will not be detrimental to the health, safety or welfare of affected churches/charter schools or unreasonably interfere with the use and enjoyment of said properties.
3. *Balance*: The use does not impair the appropriate balance of land uses ensuring that a single class of uses does not unduly harm or disrupt the character in the area. The use should be additive and function to complement and enhance the surrounding area.

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATION**

Agenda Item: 6R

Date Prepared: December 20, 2011

Council Meeting Date: January, 17, 2012

TO: Carl Swenson, City Manager
FROM: Roy W. Minter, Chief of Police
SUBJECT: City Campus Security

Purpose:

This is a request to use unarmed contract security guards in lieu of the current Campus Security Officer at City Hall during City business hours.

Background/Summary:

In 2009, the City Security Committee was asked to look at the feasibility of having a sworn officer assigned to the City Hall main desk for security protection and deterrence. The request was made after recent attacks on elected officials and City employees within the country. The current Campus Security Officer is a full-time sworn police officer filled by a topped-out officer. A topped out sworn officer is paid \$35.33 per hour. Taking into consideration all paid City benefits, the total cost is \$104,921 per year. If a midrange sworn officer is assigned, the rate of pay is \$30.22 per hour. Taking into consideration all paid City benefits, the total cost is \$94,980 per year.

The unarmed contract security guard provides a uniformed presence similar to what the City currently has, and allows the reassignment of a sworn officer back to Patrol Services to enhance staffing levels. Blackstone Security Services and Securitas Security Services USA are current state or municipal contracts the City of Peoria may use. The use of contract security guards would be a cost savings to the City of Peoria.

Previous Actions:

No previous council action was taken on this issue.

Options:

A: Continue using a Peoria Police Officer for City Hall Security at a substantially higher fiscal cost of approximately \$95,000 a year.

B: Utilize the option of contract security guards at a substantial savings while maintaining security at City Hall.

C: Discontinue the use of a sworn officer or the option of a security guard at City Hall.

Staff's Recommendation:

Discussion and possible action to utilize contract security guards at City Hall and approve a budget transfer within the Police Department Administration budget for \$25,000 from the Salary/Wages account to Other Professional Services account.

Fiscal Analysis:

Request a budget transfer within the Police Department Administration budget for \$25,000 from the Salary/Wages account 1000-1000-510000 to Other Professional Services account 1000-1000-520099.

The use of a contract security guard is fiscally sound, would achieve the same purpose, and costs are less than the cost of a full-time sworn police officer. This further allows the current sworn officer to be redeployed to patrol. Savings of \$27,000 are estimated for the remainder of the fiscal year.

Over the next few months of this fiscal year, the use of security guards for City Hall will be evaluated compared to a sworn officer. A supplemental fund request will be submitted for the 2012-2013 budget process to continue the use of security guards for City Hall if this year's analysis proves to meet the City needs.

Narrative:

Once approved by City Council, staffing changes and any applicable contracts will be executed as needed.

Exhibit(s):

None



City Council Calendar

Color Key:
City Council

| < December | January 2012 | | | | | | February > |
|-------------------------------|---|--|---|----------|--------|----------|-------------------------------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| 1 | 2 New Year's Day Celebrated - City Hall Closed | 3  Regular City Council Meeting | 4 | 5 | 6 | 7 | |
| 8 | 9 | 10  City Council Subcommittee on Policy & Appointments | 11  Public Safety Council Subcommittee Meeting | 12 | 13 | 14 | |
| 15 | 16 | 17  Regular City Council Meeting  Special Meeting and Study | 18 | 19 | 20 | 21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 29 | 30  City Council Subcommittee On Community Culture | 31 | | | | | |



City Council Calendar

Color Key:
City Council

| < January | February 2012 | | | | | | March > |
|------------------------------|---------------|---|-----------|----------|--------|----------|----------------------------|
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | |
| | | | 1 | 2 | 3 | 4 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14  City Council Subcommittee on Policy & Appointments | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | | | | |

**CITY OF PEORIA, ARIZONA
CITY MANAGER REPORT**

RCM: #3a

Date Prepared: January 5, 2012

Council Meeting Date: January 17, 2012

TO: Carl Swenson, City Manager
FROM: Jeff Tyne, Interim Community Services Director
THROUGH: Susan J. Daluddung, Deputy City Manager
SUBJECT: Peoria Centennial Events 2012

Summary:

Since the Executive Order creating the Centennial Commission in 2008, the City of Peoria has made a commitment to Celebrating the Arizona Centennial. A Council led Centennial Citizens Committee was formed creating four Arizona Centennial Commission Sanctioned Special Events and a Legacy Project.

On Friday, February 3 and Saturday, February 4, 2012, the City of Peoria will continue to honor the rich history of Arizona with the finale of two Arizona Centennial Celebrations.

The Arizona Centennial Baseball Celebration will be held on February 3 from 5-9 p.m. at the Peoria Sports Complex. This event will include historical displays, fireworks, baseball activities, kids entertainment, giveaways and more. Fireworks will begin after the baseball events at approximately 9 p.m. Parking and admission is free.

We are also proud to announce the grand opening of the new Centennial Plaza on February 4, 2012, from 10 a.m. to 1 p.m. Centennial Plaza includes a "Decades Walk" showcasing the history of the last 100 years and several other amenities for our citizens. Designated an Official Legacy Project, Centennial Plaza is located on the City Hall Campus in Oldtown Peoria. Saturday's event will include creative and cultural arts, Guest Speaker Historian Marshall Trimble, an Arizona birthday cake, comments by dignitary, entertainment, kids activities, a time capsule and more. Parking and admission is free.

Exhibit(s):

Exhibit 1: Arizona Centennial Baseball Celebration Water Bill Insert

Exhibit 2: Official Centennial and Legacy Event Water Bill Insert

Contact: Kelli Kincaid 623-773-7178

ARIZONA CENTENNIAL BASEBALL CELEBRATION

OFFICIAL CENTENNIAL AND LEGACY EVENT

PEORIA SPORTS COMPLEX Ⓢ 16101 N. 83RD AVE.

FRIDAY, FEBRUARY 3, 2012 Ⓢ 5 P.M. – 9 P.M.

FREE ADMISSION AND PARKING

ACTIVITIES:

- Ⓢ HISTORICAL DISPLAYS
- Ⓢ KIDS ENTERTAINMENT
- Ⓢ BASEBALL ACTIVITIES

- Ⓢ CONCESSIONS
- Ⓢ GIVEAWAYS AND MORE!

FIREWORKS

Display will begin after
baseball events at
approximately 9:00 p.m.

PRESENTED BY



Celebrate Arizona's 100th Birthday

official Centennial and Legacy Event

Saturday, February 4, 2012
10 a.m. - 1 p.m.

Presented by



Activities:

Decades Walk showcasing the history of the last 100 years
Creative & Cultural Art Activities • Time Capsule
Guest Speaker Historian Marshall Trimble • Entertainment
Kids Activities

www.peoriaaz.gov/specialevents

Centennial Plaza
(municipal campus)

84th Avenue and
Mountain View Road

Free Admission
and Parking