



16 OCT 7 Lique Dept PM 1:16

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

Application for Liquor License
Type or Print with Black Ink

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE
A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
Location Transfer (Bars and Liquor Stores Only)
Probate/ Will Assignment/ Divorce Decree
Government (Complete Sections 2, 3, 4, 10, 13, 16)
Seasonal

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)
Tribe (Complete Section 6)
Other (Explain)

SECTION 3 Type of license

1. Type of License: Series 9 LICENSE # 09130002

SECTION 4 Applicants

- Individual Owner/Agent's Name: Merrett Lauren Kay
Owner Name: Maverik Inc
Business Name: Maverik
Business Location Address: 3576 N. Glassford Hill Rd., Prescott Valley 86314 Yavapai
Mailing Address: 736 S. Longmore St., Chandler, AZ 85224
Business Phone: 928-772-1126 Daytime Contact Phone: 602-738-1421
Email Address: Agent email is on file
Is the Business located within the incorporated limits of the above city or town? Yes
Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? No

Fees: \$200.00 Application, Department Use Only, Total of All Fees: 200.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes
Accepted by: [Signature] Date: 10/7/16 License #: 09130002

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____

2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ (Print Full Name)	declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.
X _____ (Signature of CURRENT Individual Owner/Agent)	State of _____ County of _____ The foregoing instrument was acknowledged before me this _____ My commission expires on: _____ Date Day of Month Year
_____ Signature of NOTARY PUBLIC	

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

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

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

16 OCT 7 Ligt. Dept PM 1 16

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

- Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7
- LLC. Complete Questions 1, 2, 3, 4, 5, 6, and 7

- Name of Corporation/ L.L.C.: Maverik Inc.
- Date Incorporated / Organized: 12/30/1970 State where Incorporated / Organized: Wyoming
- AZ Corporation or AZ L.L.C File No: F-0014424 Date authorized to do Business in AZ: 12/30/1970
- Is Corp/L.L.C. Non Profit? Yes No
- List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Please see attached							

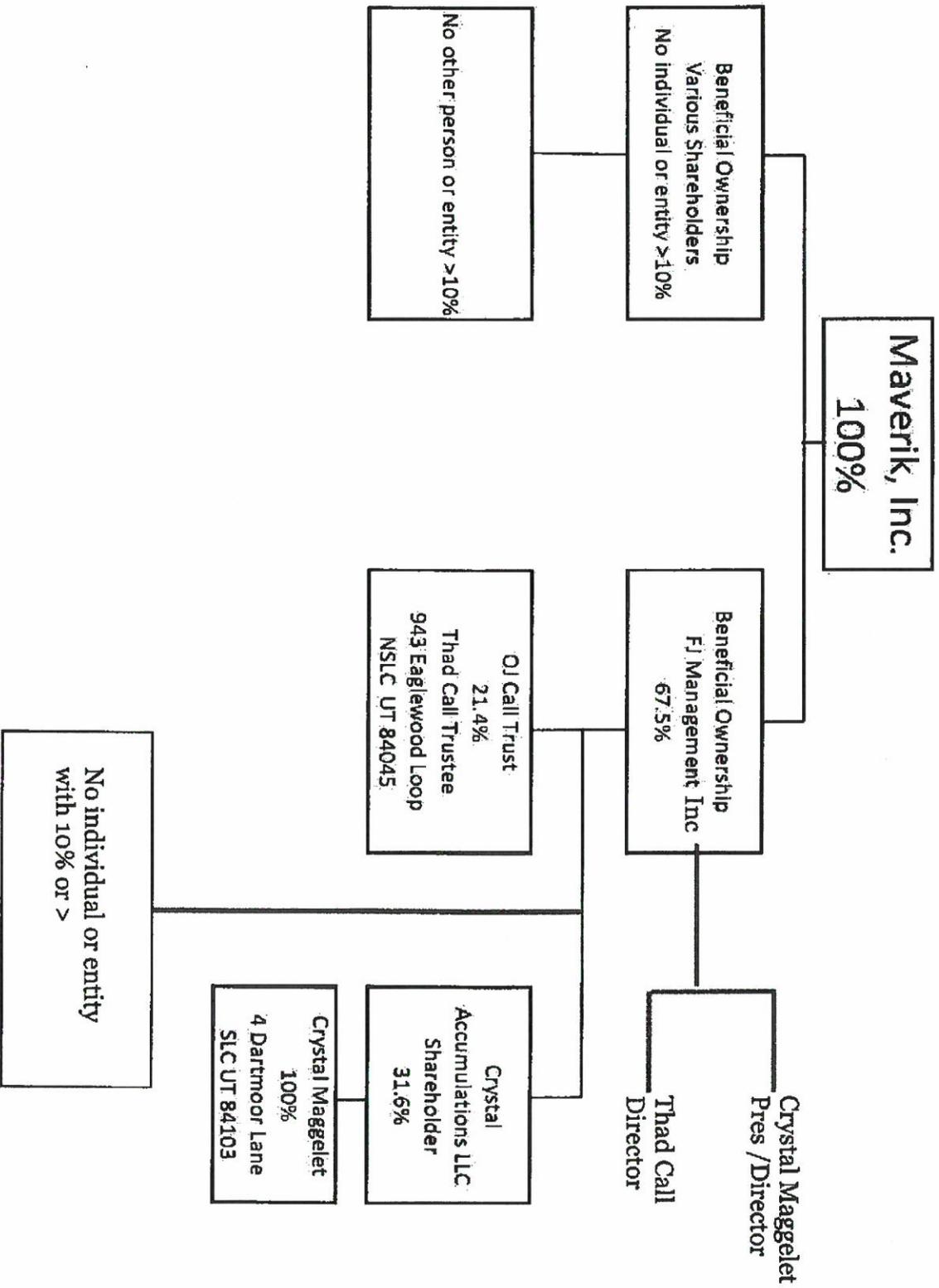
(Attach additional sheet if necessary)

- List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
Please see attached							

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational FLOWCHART showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.



ADVENTURE'S FIRST STOP

MAVERIK

MAVERIK, INC

880 West Center Street
North Salt Lake City, UT

Phone: (801)936-5557 Fax: (801)936-1406

'16 OCT 7 Lyr. Dept #1116

OFFICERS

• Thomas K. Welch

President, CEO

PO Box 982193

Park City, UT 84098

SS#

D.O.B.

Home: 801-243-1723

Taking office: 9/12/2013

Andre M. Lortz

Chief Financial Officer

2288 West 600 North

Kaysville, UT 84054

SS#

D.O.B.

Home: 801-544-8782

Taking office: 12/22/2012

Kim Lazerus

V.P. Talent Management

2347 Maple Hills Drive

Bountiful, UT 84010

SS#

D.O.B.

Home: 801-295-7726

Taking office: 10/18/2013

Hubert C. Williams III

V.P. Tech. & Development

908 Rake Road

Mohrsville, PA 19541

SS#

D.O.B.

Home: 385-888-4410

Taking office: 02/19/2014

Lance A. Dunkley

V.P. Real Estate

1820 W. Omni Ave

SLC, UT 84116

SS#

D.O.B.

Mobile: 801-493-5498

Taking office: 03/03/2014

Aaron W.J. Simpson

V.P. Marketing

10418 Walnut Canyon Ln

South Jordan, UT 84095

SS#

D.O.B.

Mobile: 801-989-1119

Taking office: 6/26/2013

• John D. Hillam

V.P. Fuel Supply & Distribution

1801 S. 200 W.

Kaysville, UT 84307

SS#

D.O.B.

Home: 801-447-9065

Taking office: 4/18/2011

David B. Hancock

Chief Legal Counsel/ Asst. Secretary

7723 So. Quicksilver Dr.

SLC, UT 84121

SS#

D.O.B.

Home: 801-733-0409

Taking Office: 10/16/2012

Danielle Mattiussi

V.P. Operations

3156 Fawnwood Cove

Sandy, UT 84092

SS#

D.O.B.

Home: 801-541-3082

Taking Office: 5/20/2014

DIRECTORS

Crystal Call Maggelet

4 Dartmoor Lane

Salt Lake City, UT 84103

SS#

D.O.B.

Home: 801-364-1442

Charles E. Maggelet

4 Dartmoor Lane

Salt Lake City, UT 84103

SS#

D.O.B.

Home: 801-364-1442

Alvin New

502 South Koenigheim

#1A

San Angelo, TX 76903

SS#

D.O.B

Taking office: 12/22/2012

Taking office: 12/22/2012

Home: 325-716-9097

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Taking Office: 5/30/2008

• **Bradley F. Call**

6574 State Line Rd

Freedom, WY 83120

SS#:

D.O.B

Home: 801-298-3005

Taking office: 6/26/2013

• **Michael V. Call**

225 West Diamond St.

Afton, WY 83110

SS#

D.O.B

Mobile: 801-910-7100

Taking office: 9/12/2013

Maurice Minno

PO Box 702

Palm Springs, CA 92263

SS#

D.O.B.

Home: 760-318-9406

Taking office: 2/7/2001

SECTION 12 Person to Person Transfer
Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series 04, 07, and 09)

- 1. Individual Owner / Agent Name: BELLINSON MARC Entity: AGENT
(Last First Middle) (Individual, Agent, Etc.)
- 2. Ownership Name: HAGGEN OPCO SOUTH LLC
(Exactly as it appears on license)
- 3. Business Name: HAGGEN
(Exactly as it appears on license)
- 4. Business Location Address: 174 E SHELDON RD PRESCOTT AZ 86301
Street City State Zip
- 5. License Type: #9-LIQUOR STORE License Number: 09130002
- 6. Current Mailing Address: 2211 HIGHLAND DR BELLINGHAM WA 98226
Street City State Zip
- 7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No
- 8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

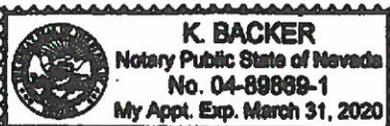
I, (Print Full Name) MARC BELLINSON hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) MARC BELLINSON declare that I am the CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

NOTARY

x Marc Bellinson State of Nevada County of Clark
(Signature of CURRENT Individual Owner/Agent) The foregoing instrument was acknowledged before me this

My commission expires on: 3/31/20 5 of Aug. 2016
Date Day Month Year



K. BACKER
Notary Public State of Nevada
No. 04-89889-1
My Appt. Exp. March 31, 2020

[Signature]
Signature of NOTARY PUBLIC

'16 OCT 7 LIQ. DEPT PM 1 16

Bill of Sale

IN CONSIDERATION OF THE SUM OF:

TEN DOLLARS AND NO CENTSlawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Haggen OPCO South, LLC, a Delaware Limited Liability Company

hereby grants, bargains, sells and transfers unto the BUYER:

Mereco Incorporated, an Arizona Corporation

and his, her or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods or chattels:

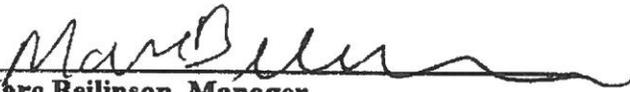
That certain State of Arizona Liquor License #09130002

FURTHERMORE, Seller warrants that he, she or they are the lawful owner of said goods and hereby certifies, under oath, that he, she or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

DATED: 7/29/16, 2016

Haggen OPCO South, LLC, a Delaware Limited Liability Company

By: Haggen Operations Holdings, LLC, a Delaware Limited Liability Company, Member


Marc Beilinson, Manager

COPI

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss
COUNTY OF ORANGE)

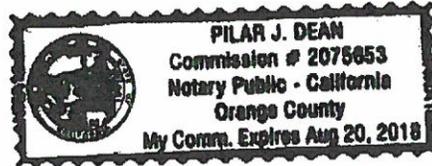
On July 29, 2016 before me, Pilar J. Dean, a Notary Public, personally appeared Marc Beilinson, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



SIGNATURE OF NOTARY PUBLIC



16 OCT 7 Lique. Dept PM 1 16

BILL OF SALE

IN CONSIDERATION OF THE SUM OF:

\$10.00 (ten) *****dollars

lawful currency of the United States of America, and other valuable consideration, receipt of which is hereby acknowledged, the SELLER:

Mereco Inc
736 S Longmore St
Chandler AZ 85224

Hereby grants, bargains, sells, and transfers unto the BUYER:

Maverik Inc.

and his, her, or their heirs, personal representatives, or assigns, to have and to hold forever, the following described personal property, goods, or chattels:

STATE OF ARIZONA SERIES 09 #09130002 S

FURTHERMORE, Seller warrants that he/she, or they are the lawful owner of said goods and hereby certifies, under oath, that he/she, or they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, except, as specified herein. Seller further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

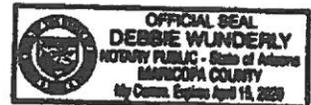
The effective date of this bill of sale shall be upon the transfer of the liquor license.

DATED THIS 30 day of September 2016

STATE OF ARIZONA) ACKNOWLEDGMENT
COUNTY OF MARICOPA)

Acknowledged, under oath, before me on the 7th day of OCTOBER, 2016

My commission expires on: APRIL 15, 2020 Debbie Wunderly
NOTARY PUBLIC



SECTION 13 Proximity to Church or School
Questions to be completed by all in-state applicants.

16 OCT 7 Lic. Dept PH 1116

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) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 3900 ft Name of School: Glassford Hill Middle School
(if less than one (1) mile note footage)
 Address: 6901 Panther Path, Prescott Valley, AZ
 2. Distance to nearest Church: 2600 ft Name of Church: Amazing Grace
(if less than one (1) mile note footage)
 Address: 3298 N Glassford Hill Rd, Prescott Valley, AZ 86314

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company
2. If the premise is leased give lessors: Name: _____
 Address: _____
Street City State Zip
3. Monthly Rent/ Lease Rate: \$ _____
4. What is the remaining length of the lease? Yrs. _____ Months _____
5. What is the penalty if the lease is not fulfilled? \$ _____ or Other: _____
(Give details-attach additional sheet if necessary)
6. Total money borrowed for the Business not including lease? \$ 0 this is a publicly traded Corp.
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
Convenience store

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:

License #: 09130015 Individual Owner /Agent Name: Lauren Kay Merrett
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

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- 1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No
- 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 provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. 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.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No
If yes, what is your estimated completion date? _____

Month/Day/Year

- 2. 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. Place for diagram is on section 16 number 6.
- 3. 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).
- 4. 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.
- 5. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

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

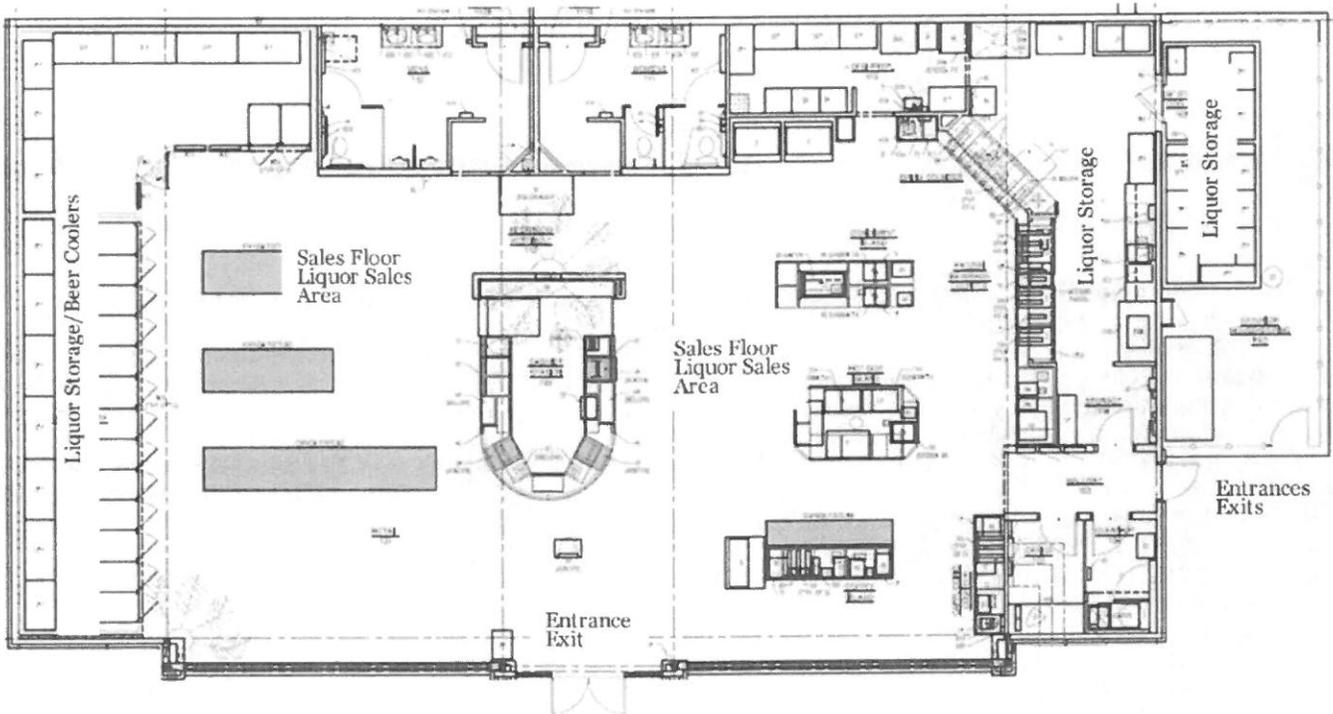
If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

Please see attached

16 OCT 7 11:49 AM Dept PH 1 115

16 OCT 7 Ligr. Dept PH 1 16



4500 SF

NOTARY

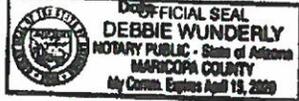
I, (Print Full Name) Lauren Kay Merrett, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

x Lauren Kay Merrett
(Signature of CLIENT Individual Owner/Agent)

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

My commission expires on: APRIL 15, 2020

7 of OCTOBER, 2016
Day Month Year



Debbie Wunderly
Signature of NOTARY PUBLIC

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



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

16 OCT 7 Lic. Dept PH 146

FP current
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P1036740

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License #: 09130002

(If the location is currently licensed)

1. Check the appropriate box →

<input type="checkbox"/> Controlling Person (complete questions 1-19)	<input checked="" type="checkbox"/> Agent (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
--------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

2. Name: Merrett Lauren Kay Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: AZ
(NOT a public record)

4. Place of birth: Phoenix AZ US Height: 5'8" Weight: 139 Eyes: HZ Hair: BR
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Morrow James Quincy Birth Date: _____
(List all for past 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? AZ If Arizona, date of residency: 1958

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 602-738-1421

9. E-mail address: None - choose not to disclose

10. Business Name: Maverik Business Phone: 928-772-1126

11. Business Location Address: 3576 N. Glassford Hill Rd. Prescott Valley AZ Yavapai 86314
Street (do not use P O box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
1/1996	CURRENT	Pres/CEO Mereco Inc	736 S Longmore St Chandler AZ 85224

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
5/2000	CURRENT	O	736 S Longmore St	Chandler	AZ	85224

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

16 DEC 7 11:47 AM 115

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 3 years? (Must provide proof) if the answer to # 14a is "NO" course must be completed before issuance of a new license. Yes No

15. Have you been 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 five (5) years? (For traffic violations, only include those 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? Include only criminal traffic tickets and complaints. Yes No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? 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 you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. **SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Lauren Kay Merrett, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filling this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Lauren Kay Merrett
Controlling Person / Agent

State of AZ County of MAHARUPA
the foregoing instrument was acknowledged before me this



My commission expires on: _____

7 of OCTOBER 2016
Day Month Year
Debbie Wunderly
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.

(Print Name)

X (Signature) _____
Controlling Person / Agent

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

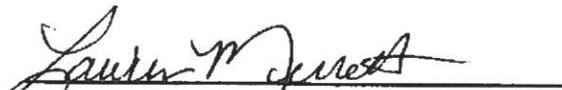
Day of _____
Month Year

My commission expires on: _____

Signature of NOTARY PUBLIC

#17 & #19

I have previously served and currently serving as the administrative agent on one or more liquor licenses, including the application for this license. One or more liquor licenses on which I have served as the administrative agent may have committed one or more liquor violations or have had a license denied as to person and or location. I have no ownership interest in or authority over and do not manage this or any other business holding a liquor license.


Lauren Merrett



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

16 OCT 7 Lign Dept PH 1:17

*FP current
 *raid 9/10/16
 OW*

P1043216

Attention local government: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License #: 09130002

(If the location is currently licensed)

1. Check the appropriate box →

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
-------------------------------------------------------------------------------------	--------------------------------	-------------------------------------------------------------------------------------------------------------------------------------

2. Name: Maggelet Crystal Call Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: UT
(NOT a public record)

4. Place of birth: Ogden UT USA Height: 5'4" Weight: 125 Eyes: Hx Hair: Br
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Maggelet Charles Birth Date: _____
(List all for past 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? UT If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 801-624-3701

9. E-mail address: None

10. Business Name: Maverik Business Phone: 928 17721126

11. Business Location Address: 3570 N. Glassford Hill Rd. Prescott Valley AZ Yavapai 86314
Street (do not use P.O. box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
3/2013	CURRENT	President - Maverik	185 S. State St. Suite 1300 Salt Lake City, UT 84111
1/2009	3/2013	President- F.J. Management Inc.	1104 Country Hills Dr Ogden Ut 84403

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
11/2000	CURRENT	O	4 Dartmoor Ln	Salt Lake City	UT	84103

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license. Yes No

15. Have you been 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 five (5) years? (For traffic violations, only include those 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? Include only criminal traffic tickets and complaints. Yes No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? Yes No

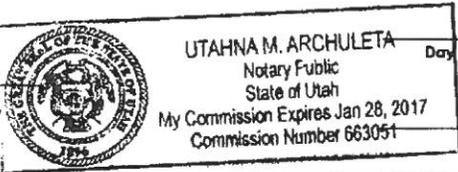
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? Yes No

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 you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. **SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Crystal Maggale ^{Call} hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER Controlling Person / Agent / Manager filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Crystal Maggale State of UTAH County of Salt Lake
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: 01/28/17  9 of September 2016
Day Month Year
Utahna M. Archuleta
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.

(Print Name)

X (Signature) _____ State of _____ County of _____
Controlling Person / Agent the foregoing instrument was acknowledged before me this

My commission expires on: _____
Day of Month Year

Signature of NOTARY PUBLIC

Maverik

Alcohol Violations

#17 & #19

<u>Arizona</u>	<u>Violation</u>	<u>Disposition</u>
9/18/93 Springerville #138	Information not available	
12/28/95 Page #37	Information not available	
4/96 Snowflake #137	Information not available	
3/12/97 Flagstaff #15	Information not available	
4/17/00 Bullhead #213	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
2/28/03 Page #37	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
5/25/12 Cottonwood	4.244.14,15 R-19-1-232	Fines paid \$1500.00

There are no pending actions for Maverik, Inc.

In addition to fines paid and compliance requirements met, Maverik, Inc. recognizes and understands their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in Arizona, and as a matter of policy takes measures above and beyond what is required by the Arizona Department of Liquor Licenses and Control to ensure that employees and management staff continue the responsible sale of alcohol. In the unlikely and rare event that a violation is received, Maverik, Inc. provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik, Inc. has 234+ stores in 10 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.

Crystal Maggelet
print name

Crystal Maggelet
sign name



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

16 OCT 2016
 FP current
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P1071909

Attention local government: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. **The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.**

Liquor License #: 09130002
(If the location is currently licensed)

1. Check the appropriate box →

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
-------------------------------------------------------------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------

2. Name: Hillam John Dinsdale Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: Ut
(NOT a public record)

4. Place of birth: Brigham City Utah USA Height: 5'7" Weight: 150 Eyes: HZ Hair: Bl
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Hillam Tara Hill Birth Date: _____
(List all for past 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? UT If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 801-683-3801

9. E-mail address: None

10. Business Name: Maverik Business Phone: 93817721126

11. Business Location Address: 3576 N. Glassford Hill Rd. Prescott Valley AZ Yavapai 86314
Street (do not use P O box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
3/2016	CURRENT	V.P. Maverik	185 S. State St. Suite 800 Salt Lake City, UT 84111
8/2010	3/2016	V.P. Maverik	880 W. Center St., N. Salt Lake, UT 84054

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
8/2010	CURRENT	O	1801 S. 200 W.	Kaysville,	UT	84307

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

16 OCT 7 Liqueur Dept PM 1:17

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 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license. Yes No

15. Have you been 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 five (5) years? (For traffic violations, only include those 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? Include only criminal traffic tickets and complaints. Yes No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? 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

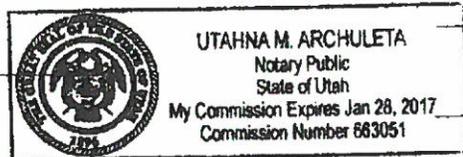
If you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. **SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) John D. Hillam hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filling this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of UTAH County of SALT LAKE
the foregoing instrument was acknowledged before me this

My commission expires on: 1/28/17



6 of September 2016
Day Month Year

[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.

(Print Name)

X (Signature) _____
Controlling Person / Agent

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

Day of _____ Month Year

My commission expires on: _____

Signature of NOTARY PUBLIC

Maverik

Alcohol Violations

#17 & #19

<u>Arizona</u>	<u>Violation</u>	<u>Disposition</u>
9/18/93 Springerville #138	Information not available	
12/28/95 Page #37	Information not available	
4/96 Snowflake #137	Information not available	
3/12/97 Flagstaff #15	Information not available	
4/17/00 Bullhead #213	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
2/28/03 Page #37	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
5/25/12 Cottonwood	4.244.14,15 R-19-1-232	Fines paid \$1500.00

There are no pending actions for Maverik, Inc.

In addition to fines paid and compliance requirements met, Maverik, Inc. recognizes and understands their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in Arizona, and as a matter of policy takes measures above and beyond what is required by the Arizona Department of Liquor Licenses and Control to ensure that employees and management staff continue the responsible sale of alcohol. In the unlikely and rare event that a violation is received, Maverik, Inc. provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik, Inc. has 234+ stores in 10 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.

JOHN D. HILLMAN
print name


sign name



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

16 OCT 7 11:18 AM
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P1071908

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.
 Liquor License #: 09130002
 (If the location is currently licensed)

1. Check the appropriate box →

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
-------------------------------------------------------------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------

2. Name: Welch Thomas Kenyon Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: Utah
(NOT a public record)

4. Place of birth: Ogden Utah USA Height: 6'1" Weight: 230 Eyes: BL Hair: BR
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Welch Laurie Darnell Birth Date: _____
(List all for past 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? UT If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 801-936-5557

9. E-mail address: None

10. Business Name: Maverik Business Phone: 928 172 1124

11. Business Location Address: 3576 N. Glassford Hill Rd Prescott Valley AZ Yavapai 86314
Street (do not use P O box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
9/2013	CURRENT	President/CEO Maverik	880 West Center, N. Salt Lake, UT 84054
1/1997	9/2013	Owner/President Welch & Assoc	PO Box 982193, Park city UT 84098

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
2/2015	CURRENT	O	2343 Dallin Street	Salt Lake City	Utah	84109
12/2008	2/2015	O	34C Aspen Drive	Park City	Utah	84098

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license. Yes No

15. Have you been 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 five (5) years? (For traffic violations, only include those 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? Include only criminal traffic tickets and complaints. Yes No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? 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 you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. **SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Kevin Thomas Welch, hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature] State of UTAH County of Salt Lake the foregoing instrument was acknowledged before me this

My commission expires on: 9/28/17 UTAHNA M. ARCHULETA Notary Public State of Utah My Commission Expires Jan 28, 2017 Commission Number 663051 9 of September 2016 Day Month Year [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.

(Print Name)

X (Signature) _____ State of _____ County of _____ the foregoing instrument was acknowledged before me this

My commission expires on: _____ Day of _____ Month Year

Signature of NOTARY PUBLIC

Maverik

Alcohol Violations

#17 & #19

<u>Arizona</u>	<u>Violation</u>	<u>Disposition</u>
9/18/93 Springerville #138	Information not available	
12/28/95 Page #37	Information not available	
4/96 Snowflake #137	Information not available	
3/12/97 Flagstaff #15	Information not available	
4/17/00 Bullhead #213	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
2/28/03 Page #37	4-244.9 Covert Underage Sting	All compliance requirements fulfilled

There are no pending actions for Maverik, Inc.

In addition to fines paid and compliance requirements met, Maverik, Inc. recognizes and understands their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in Arizona, and as a matter of policy takes measures above and beyond what is required by the Arizona Department of Liquor Licenses and Control to ensure that employees and management staff continue the responsible sale of alcohol. In the unlikely and rare event that a violation is received, Maverik, Inc. provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik, Inc. has 264+ stores in 10 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.

Thomas K. Welch



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

16 OCT 7 11:18 AM
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P1000153

Attention local government: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License #: 09130002
(If the location is currently licensed)

1. Check the appropriate box →

<input checked="" type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
-------------------------------------------------------------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------

2. Name: Call Thad J. Birth Date: _____
Last First Middle (NOT a public record)

3. Social Security #: _____ Driver License #: _____ State: Utah
(NOT a public record)

4. Place of birth: Ogden Utah USA Height: 5'10" Weight: 205 Eyes: Hx Hair: Br
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Call Rhonda Birth Date: _____
(List all for past 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? UT If Arizona, date of residency: _____

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions: 801-540-7877

9. E-mail address: None

10. Business Name: Maverik Business Phone: 801-721-1126

11. Business Location Address: 3576 N. Glassford Hill Rd. Prescott Valley AZ Yavapai 86314
Street (do not use P.O. box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
3/2013	CURRENT	Board Member F.J. Mgmt	185 S. State St. Suite 1300 Salt Lake City, UT 84111
1/1985	3/2013	Board Member F.J. Mgmt	1104 Country Hills Dr., Ogden, UT 84403

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
1/2008	CURRENT	O	943 a Eagle Wood Loop	N. Salt Lake	Utah	84054

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

15 OCT 7 2016

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 3 years? (Must provide proof) If the answer to # 14a is "NO" course must be completed before issuance of a new license. Yes No

15. Have you been 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 five (5) years? (For traffic violations, only include those 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? Include only criminal traffic tickets and complaints. Yes No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state in the last 10 years? 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 you answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. **SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, (Print Full Name) Thad J. Call hereby declare that I am a CONTROLLING PERSON / AGENT / MANAGER filling this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of UTAH County of Salt Lake
the foregoing instrument was acknowledged before me this

My commission expires on: 01/28/17 14 of September 2016
Day Month Year



UTAHNA M. ARCHULETA
Notary Public
State of Utah
My Commission Expires Jan 28, 2017
Commission Number 863051

[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.

(Print Name)

X (Signature) _____
Controlling Person / Agent

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

Day Month Year

My commission expires on: _____

Signature of NOTARY PUBLIC

Maverik

Alcohol Violations

#17 & #19

<u>Arizona</u>	<u>Violation</u>	<u>Disposition</u>
9/18/93 Springerville #138	Information not available	
12/28/95 Page #37	Information not available	
4/96 Snowflake #137	Information not available	
3/12/97 Flagstaff #15	Information not available	
4/17/00 Bullhead #213	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
2/28/03 Page #37	4-244.9 Covert Underage Sting	All compliance requirements fulfilled
5/25/12 Cottonwood	4.244.14,15 R-19-1-232	Fines paid \$1500.00

There are no pending actions for Maverik, Inc.

In addition to fines paid and compliance requirements met, Maverik, Inc. recognizes and understands their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in Arizona, and as a matter of policy takes measures above and beyond what is required by the Arizona Department of Liquor Licenses and Control to ensure that employees and management staff continue the responsible sale of alcohol. In the unlikely and rare event that a violation is received, Maverik, Inc. provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik, Inc. has 234+ stores in 10 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.

Thad Call

print name



sign name



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey
GOVERNOR

John Cocca
DIRECTOR

October 7, 2016

Lauren Kay Merrett
Maverik
736 S Longmore St
Chandler, AZ 85224

Re: Application No. 09130002

Dear Ms. Merrett:

The following information is required to continue processing your application:

Proof of required Liquor Law Training for persons involved in the day to day operations of the business per substantive policy as outlined below.

- Completion of the Liquor Law Training Courses is required prior to issuance of a license. Such training must have been completed within the last three years.
- The person(s) required to attend both the Basic Liquor Training and Management Training, (either on sale or off sale), will include the following: owner(s), licensee/agent or manager(s) who are actively involved in the day to day operations of the business.
- Before acceptance of a Managers 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.

If you have any questions, please contact me at (602) 364-1898.

Thank you,

Debbie Wunderly
Customer Service Representative

Enclosures