

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

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:

- 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 #: ~~10133215~~ 10133215
Department Use Only

1. Type of License: series 10 2. Total fees attached: \$

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. Merrett Lauren P1036740 Kay
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Maverik Inc. B 1000031
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Maverik B 104349
(Exactly as it appears on the exterior of premises)
4. Principal Street Location 3576 North Glassford Hill Road Prescott Valley Yavapai 86314
(Do not use PO Box Number) City County Zip
5. Business Phone: pending Daytime Contact: pending
6. Is the business located within the incorporated limits of the above city or town? YES NO
7. Mailing Address: 736 S Longmore St Chandler AZ 85224
City State Zip
8. Enter the amount paid for a bar, beer and wine, or liquor store licenseS _____ (Price of License only)

DEPARTMENT USE ONLY

Fees: 100⁰⁰
Application Interim Permit Agent Change Club Finger Prints \$ 100⁰⁰
TOTAL OF ALL FEES

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

Accepted by: dm Date: 1/28/2010 Lic. # 10133215

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. _____
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, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

(Print full name)

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.: Maverik Inc.
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 7/59 State where Incorporated/Organized: WY

3. AZ Corporation Commission File No.: F-00144124 Date authorized to do business in AZ: 12/70

4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____

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
Call	Michael	Val	Pres.	1306 E. 600 N.	Bountiful, UT 84010
Call	Bradley	Franz	V.P.	1584 N. 175 W.	Bountiful, UT 84010
Hewlett	Spencer	Crawson	VP/Sec/Tres	82 E. Peachtree Dr.	Centerville, UT 84014
Green	Roger	Van	V.P.	2426 E. 50 S.	Layton, UT 84040

(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
MavCap, LLC Spencer	Richard	Phil	33%	6312 Los Bancos	El Paso, TX 79912
Maverik Retirement Plan Call	Michael	Val	15.10%	880 W. Center St. No.	Salt Lake City, UT 84054
No other Individual or Entity owns more than 10%					

(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)

MavCap LLC 33% - B1043015

Los Nietos Whetten Lopez LLC 12.5% = 4% of Mavrik

B1043492 Bremav International Limited 43.75% = 14.4% of Maverik

Valges International Limited 43.75% = 14.4% of Maverik

P1043857
Richard Spencer MMB

Richard Spencer mmb

No other entity holds more than 10% ownership

B1043493

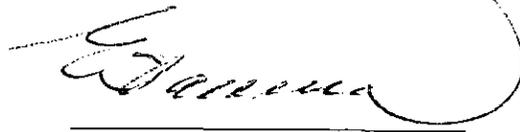
**WRITTEN CONSENT OF THE MANAGER OF
VALGES INTERNATIONAL, LTD
(a British Virgin Islands company)**

The undersigned, being the President, Secretary and Treasurer of Valges International, LTD, a British Virgin Island company (hereinafter called the "Company", acting pursuant to and in accordance with British Virgin Islands law and the Company's by-laws, hereby adopts the following resolutions:

RESOLVED, that Richard P. Spencer ("Mr. Spencer") is hereby Appointed as an officer of the Company to deal only with issues related To the liquor licenses and all related matters for new or existing Maverik, Inc. locations. Mr. Spencer has performed various duties for the Company in the past dealing with liquor licensing issues related to Maverik, Inc.; and

RESOLVED, that Mr. Spencer be, and hereby is, authorized and directed to take all such further action and to execute, deliver, certify and file all such instruments and documents in the name and on behalf of the Company, and to pay such fees, taxes, and expenses, as in his judgment *shall be necessary or advisable in order to carry out fully the intent and to accomplish the purposes of these resolutions.*

IN WITNESS WHEREOF, the (Manager) has executed this Consent as of the 13th day of January, 2010.



Eloy S. Vallina

**WRITTEN CONSENT OF THE PRESIDENT OF
BREMAV International Ltd.
(a British Virgin Islands company)**

The undersigned, being the President, Secretary and Treasurer of BREMAV International Ltd, a British Virgin Islands company (hereinafter called the "Company", acting pursuant to and in accordance with British Virgin Islands law and the Company's by-laws, hereby adopts the following resolutions:

RESOLVED, that Richard P. Spencer ("Mr. Spencer") is hereby appointed as an officer of the Company to deal only with issues related to the liquor licenses and all related matters for new or existing Maverik, Inc. locations. Mr. Spencer has performed various duties for the Company in the past dealing with liquor licensing issues related to Maverik, Inc.; and

RESOLVED, that Mr. Spencer be, and hereby is, authorized and directed to take all such further action and to execute, deliver, certify and file all such instruments and documents in the name and on behalf of the Company, and to pay such fees, taxes, and expenses, as in his judgment shall be necessary or advisable in order to carry out fully the intent and to accomplish the purposes of these resolutions.

IN WITNESS WHEREOF, the President, Secretary and Treasurer has executed this Consent as of the 13 th. day of January, 2010.



Benito Bucay

**WRITTEN CONSENT OF THE MANAGER OF
MAVCAP, LLC
(a Nevada limited liability company)**

The undersigned, being the sole Manager of MavCap, LLC, a Nevada limited liability company (hereinafter called the "Company"), acting pursuant to and in accordance with Nevada law and the Company's operating agreement, hereby adopts the following resolutions:

RESOLVED, that Richard P. Spencer ("Mr. Spencer") is hereby appointed as an officer of the Company to deal with issues related to the liquor licenses and all related matters for new or existing Maverik locations. Mr. Spencer has performed various duties for the Company in the past including dealing with liquor licensing issues and serving as the Company's initial Manager; and

RESOLVED, that Mr. Spencer be, and hereby is, authorized and directed to take all such further action and to execute, deliver, certify and file all such instruments and documents in the name and on behalf of the Corporation, and to pay such fees, taxes, and expenses, as in his judgment shall be necessary or advisable in order to carry out fully the intent and to accomplish the purposes of these resolutions.

IN WITNESS WHEREOF, the Manager has executed this Consent as of the 11th day of November, 2009.



Robert J. Whetten

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. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
- 7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
- 8. 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.

9. 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.

X _____
(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this
_____ day of _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

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 # _____ (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? 2/10/10
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. § 4-205.02 (F), 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.

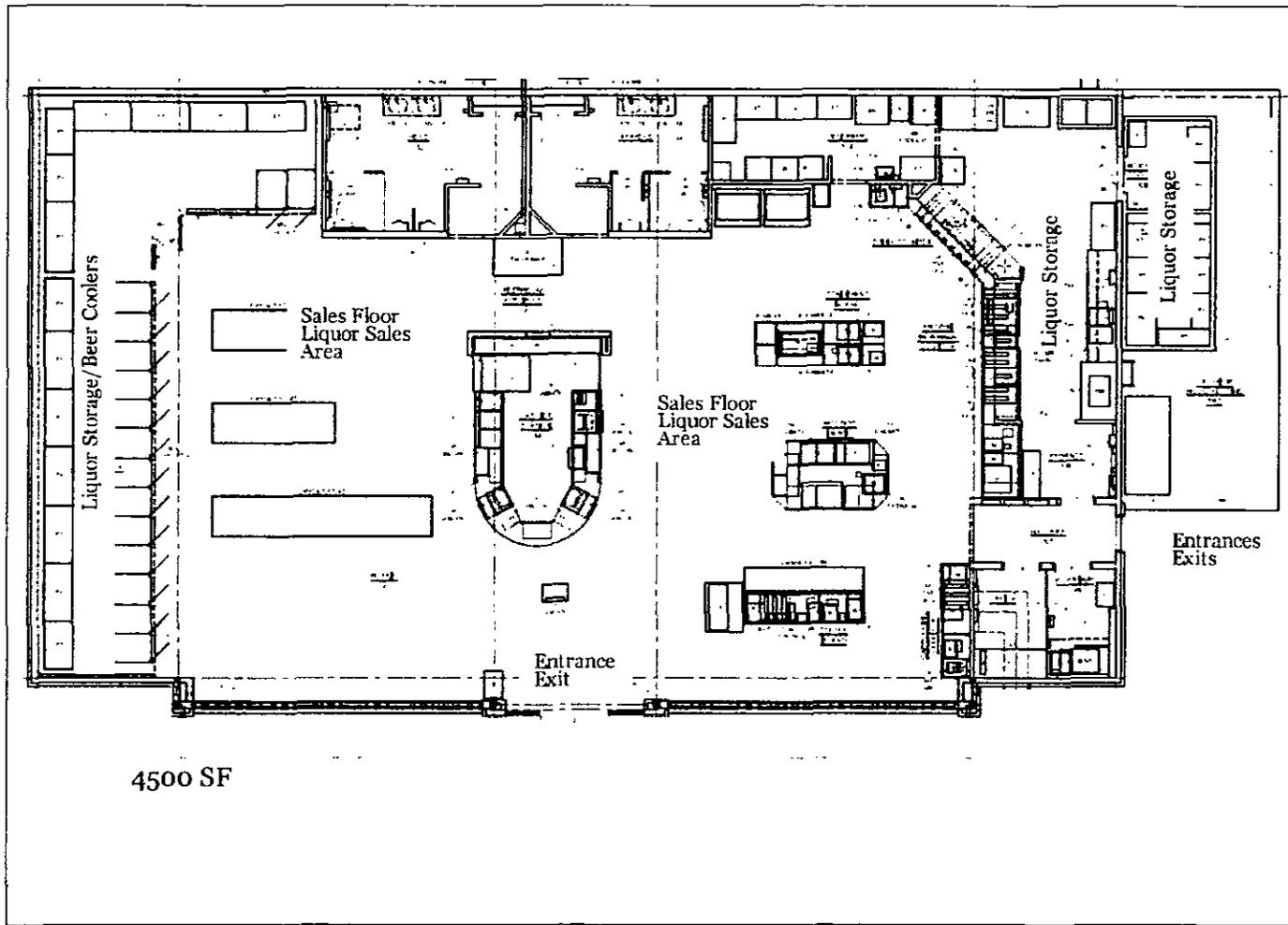


applicants initials

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, Lauren Kay Merritt, 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 Lauren Kay Merritt
(signature of applicant listed in Section 4, Question 1)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this

28 of January, 2010
Day Month Year

Dianne McConnell
signature of NOTARY PUBLIC



My commission expires on : _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
 Phoenix, AZ 85007-2924
 (602) 542-5141

QUESTIONNAIRE

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 #
10133215
 (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. Controlling Person or Agent must complete # 21

2. Name: Merrett Lauren Kay Date of Birth: [REDACTED]
Last Middle First (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: Phx Az USA Height: 5'8" Weight: 135 Eyes: HZ Hair: Br
City State Country (not country)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 480-917-8478

6. Name of Current or Most Recent Spouse: Morrow James Quincy 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? AZ If Arizona, date of residency: 1958

8. Telephone number to contact you during business hours for any questions regarding this document. 602-738-1421

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: MAVERIK Premises Phone: pending

11. Physical Location of Licensed Premises Address: 3576 N Glassford Hill Rd Prescott Valley Yavapai 86314
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)
Jan 1997	CURRENT	Pres/CEO Mereco Inc.	736 S. Longmore Chandler AZ 85224

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 <small>(if rented, attach additional sheet with name, address and phone number of landlord)</small>	City	State	Zip
May 2000	CURRENT	O	736 S. Longmore	Chandler	AZ	85224

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)
 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

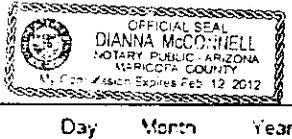
20. I, Lauren Kay Merrett, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
 filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X Lauren Kay Merrett
(Signature of Applicant)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this 28 day of January, 2010
Month Year

My commission expires on:



Dianna McConnell
(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

 Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

#19

*10 JAN 23 11:41 AM 10/32

I am currently Licensee on several licenses in the state of Arizona. I am licensee in an administrative capacity only, and do not have any interest in or authority for the day-to-day operations of this or any other liquor licensed business.

Lauren Merrett

Lauren Merrett M.Ed.



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

Liquor License #: 1013215

Ownership Name: Maverik Inc.
(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) Lauren Kay Merrett DATE _____

TYPE OF APPLICATION (check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE _____

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) Yes No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City Phoenix State (or equivalent) AZ 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.

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

QUESTIONNAIRE

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 #

10133215

(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: Spencer Richard Phil Date of Birth: [Redacted] (NOT a Public Record)

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

4. Place of Birth: Logan Utah USA Height: 6'2" Weight: 230 Eyes: BR Hair: BR

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 801-432-7498

6. Name of Current or Most Recent Spouse: Spencer Paula Anne Whitehouse Date of Birth: [Redacted] (NOT a public record)

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

8. Telephone number to contact you during business hours for any questions regarding this document. 435-688-2162

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: Maverix Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 3576 N Glassford Hill Rd Prescott Yavapai 86314

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)
01/05	CURRENT	Oil Refining	Silver Eagle Refining Inc 2355 S 1100 W Woods Cross, UT 84087
02/01	12/04	Manufacturing	Elamex, S.A.De C.V 100 Northwestern Dr. El Paso TX 79912
01/96	02/01	Oil Refining	Silver Eagle Refining Inc. 2355 S 1100 W Woods Cross, UT 84087

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

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address	City	State	Zip
09/08	CURRENT	Own	1493 Chateau Ridge Way	Sandy	UT	84092
01/05	08/08	Own	2587 West Rio Lobo Dr.	St. George	UT	84770
02/01	12/04	Own	6312 Los Banco	El Paso	TX	79912
05/94	02/01	Own	2587 East 1300 South	Salt Lake	UT	84108

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 convicted, fined, ordered to deposit bail, imprisoned, placed on probation or parole, had to post bond or had sentence suspended for any violation of ANY law or ordinance 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, Richard P. Spencer, 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 Richard P. Spencer
(Signature of Applicant)

State of Utah County of Davis

The foregoing instrument was acknowledged before me this
12 day of November, 2009
Month Year

My commission expires on: 1/27/2011
Day Month



JEFFREY DESPAIN
Notary Public
State of Utah
Jeffrey Despain
My Commission Expires January 27, 2011
Commission #558044
(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
____ 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

Maverik Country Stores
901 N. Penrod Rd
Show Low AZ 85901

Alcohol Violations

17 19
~~#18 & #20~~

<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 Country Stores.

In addition to fines paid and compliance requirements met, Maverik Country Stores understands and respects there responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in AZ, 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 Country Stores provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik Country Stores has 170+ stores in 7 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.

Richard P. Aronson

NO COPY BE MADE WITHOUT

Arizona Department of Liquor Licenses & Control

800 W. Washington 5th Floor

Phoenix, AZ

Re: Questionnaire Submitted by Richard P. Spencer dated November 12, 2009

In response to question #19, I, Richard P. Spencer, submitted a similar questionnaire to the Arizona Department of Liquor Licenses & Control with respect to Maverik Country Store #356, located at 2612 Deseret Foothills Blvd., Bullhead City, Arizona 86429. At that time of the previous application, I was an officer of Silver Eagle Oil, Inc., a company which, at that time, had an ownership interest in Maverik, Inc.

Dated this 12th day of November 2009


Richard P. Spencer

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

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 D.L.C. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY D.L.C. 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 #

10133215

(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

2. Name: Call Bradley Franz Date of Birth: [redacted] (NOT a Public Record)

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

4. Place of Birth: Salt Lake City, Ut, USA Height: 5'11" Weight: 170 Eyes: Bl Hair: Bl

5. Marital Status: Single Married Divorced Widowed Daytime Contact Phone: 801-910-7101

6. Name of Current or Most Recent Spouse: Call Dianne Echery Date of Birth: [redacted] (NOT a public record)

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

8. Telephone number to contact you during business hours for any questions regarding this document. 801-910-7101

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: Maverik Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 3576 N Glassford Hill Rd, Prescott Valley, Yavapai County, AZ 86314

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: 7/1998, CURRENT, Exec Vice President, Maverik Inc. 880 W. Center St NSL Ut 84054

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12 OR 13

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

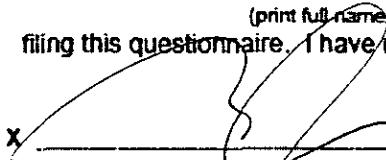
Table with 7 columns: FROM Month/Year, TO Month/Year, Rent or Own, RESIDENCE Street Address, City, State, Zip. Row 1: 7/1998, CURRENT, 0, 1587 N 175 W, Bountiful, UT, 84010

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

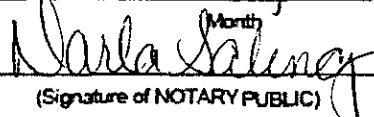
If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

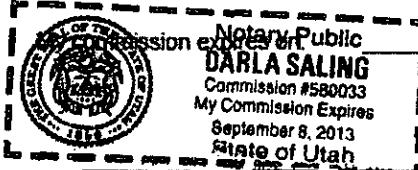
20. I, Bradley Franz Call, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X 
(Signature of Applicant)

State of UTAH County of Davis

The foregoing instrument was acknowledged before me this
20 day of January, 2010
Month Year


(Signature of NOTARY PUBLIC)



8 Sept 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 _____
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

Maverik Country Stores
901 N. Penrod Rd
Show Low AZ 85901

110 JAN 22 11:41 AM '98

Alcohol Violations

#18 & #20

<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 Country Stores.

In addition to fines paid and compliance requirements met, Maverik Country Stores understands and respects their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in AZ, 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 Country Stores provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

Maverik Country Stores has 170+ stores in 7 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.



Brad Call

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800-W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

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 DLLD. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY 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 #

10133215

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

(If the location is currently licensed)

1. Check appropriate box →

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

2. Name: Call Michael Val Date of Birth: [Redacted]
Last First Middle (NOT a Public Record)

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

4. Place of Birth: Afon Wy USA Height: 70" Weight: 160 Eyes: Bl Hair: Br
City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 801-335-3804

6. Name of Current or Most Recent Spouse: Call Julie Johnson 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? Utah If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. 801-335-3804

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: Maverik Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 3576 N Glasford Hill Rd Prescott Valley Yavapai 86314
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)
8/1990	CURRENT	President	Maverik Inc. 880 W. Center St NSL Ut 84054

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
6/1992	CURRENT	0	1306 E 600 N	Bountiful	UT	84010

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. 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

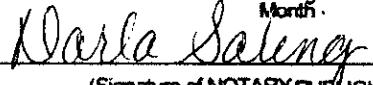
20. I, Michael Val Call, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

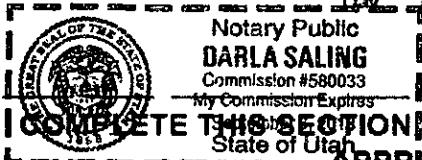
X 
(Signature of Applicant)

State of UTAH County of Davis

The foregoing instrument was acknowledged before me this
19th day of January, 2010
Month Year

My commission expires on: 8 Sept 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

Maverik Country Stores
901 N. Penrod Rd
Show Low AZ 85901

110 JAN 28 11:47 AM #10032

Alcohol Violations

#18 & #20

<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 Country Stores.

In addition to fines paid and compliance requirements met, Maverik Country Stores understands and respects their responsibility to provide alcohol in a safe and responsible manner. Maverik has an exemplary record in AZ, 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 Country Stores provides additional alcohol training for ALL store employees and Certified Alcohol Training for store managers.

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Michael Call

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5144

QUESTIONNAIRE

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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 D.L.C. 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 #

10133215

(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: Green Roger V Date of Birth: [Redacted] (NOT a Public Record)
Last First Middle

3. Social Security Number: [Redacted] Drivers License # 4 State: Ut
(NOT a public record) (NOT a public record)

4. Place of Birth: Tremonton Wa USA Height: 5'8" Weight: 250 Eyes: Bl Hair: Bl
City State Country (not county)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 801-910-7104

6. Name of Current or Most Recent Spouse: Green Karen Conner 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? Utah If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. 801-910-7104

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: Maverik Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 3576 N Glassford Hill Rd Prescott Valley Yavapai 86314
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)
08/2000	CURRENT	V.P. Store Ops	Maverik Inc. 880 W. Center St NSL Ut 84054

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

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

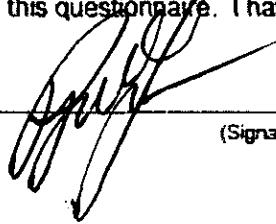
FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
10/2000	CURRENT	o	2426 E. 505 Layton	Layton	UT	84040

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

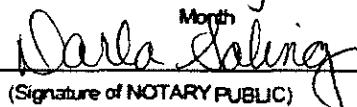
If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement. Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

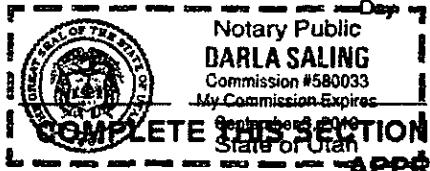
20. I, Roger V Green, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X 
(Signature of Applicant)

State of UTAH County of DAVIS
The foregoing instrument was acknowledged before me this
19th day of January, 2010
Month Year

My commission expires on: 8 Sept 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

Print Name
My commission expires on: _____
Day Month Year

(Signature of NOTARY PUBLIC)

Maverik Country Stores
901 N. Penrod Rd
Show Low AZ 85901

10 JAN 28 1997 10:02 AM

Alcohol Violations

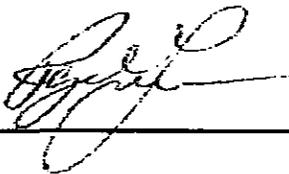
#18 & #20

<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

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Maverik Country Stores has 170+ stores in 7 Western States, most of which have beer licenses. Some of these locations have received liquor violations in the past.



Roger Green

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5144

QUESTIONNAIRE

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 D.L.D. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY D.L.C.A. 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 #

10133215

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

(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: Hewlett Spencer C Date of Birth: [Redacted] (NOT a Public Record)
Last First Middle

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

4. Place of Birth: Salt Lake City Utah USA Height: 6'3" Weight: 195 Eyes: Hz Hair: Br
City State Country (not country)

5. Marital Status Single Married Divorced Widowed Daytime Contact Phone: 801-335-3806

6. Name of Current or Most Recent Spouse: Hewlett Ann Dewey 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? Utah If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. 801-335-3806

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: Maverik Premises Phone: Pending

11. Physical Location of Licensed Premises Address: 3576 N Glassford Hill Rd Prescott Valley Yavapai 86314
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)
11/1996	CURRENT	CFO	Maverik Inc. 880 W. Center St NSL Ut 84054

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	City	State	Zip
9/1990	CURRENT	o	82 E Peachtree Dr	Centerville	UT	84010

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, Spencer C Hewlett, 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 Spencer C Hewlett
(Signature of Applicant)

State of UTAH County of DAVIS

The foregoing instrument was acknowledged before me this
19 day of January, 2010
Month Year

My commission expires on: 8 Sept 2013
Day Month Year

Darla Salinger
(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

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

Maverik Country Stores
901 N. Penrod Rd
Show Low AZ 85901

10 JAN 28 11:41 AM '03

Alcohol Violations

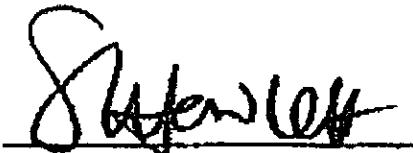
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Spencer Hewlett