



Cochise County Board of Supervisors

Public Programs...Personal Service
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ANN ENGLISH
Chairman
District 2

PATRICK G. CALL
Vice-Chairman
District 1

PEGGY JUDD
Supervisor
District 3

EDWARD T. GILLIGAN
County Administrator

ARLETHE G. RIOS
Clerk of the Board

AGENDA FOR REGULAR BOARD MEETING

Tuesday, October 24, 2017 at 10:00 AM

BOARD OF SUPERVISORS HEARING ROOM
1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

ROLL CALL

Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.

The Board may permit public comment during the discussion of any item on this agenda. If you wish to be heard on a specific item, please sign up to be heard using the 'Specific Item' on the speaker form provided, and please list the item about which you wish to be heard. Persons will be permitted three minutes to speak.

Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.

CALL TO THE PUBLIC

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

CONSENT

Board of Supervisors

1. Approve the Minutes of the regular meeting of the Board of Supervisors of October 10, 2017.
2. Approve a Proclamation declaring November 12-18, 2017 to be Science, Technology, Engineering, Math (STEM) Snapshot week in Cochise County.

Court Administration

3. Approve a Proclamation declaring November 17, 2017 as National Adoption Day in Cochise County.

Finance

4. Approve demands and budget amendments for operating transfers.

Health & Social Services

5. Approve a grant from Centene Management Company in the amount \$2,500 to support community engagement activities under 2017 Community Health Improvement Plan (CHIP) Priority Area 1 – Mental Health & Substance Abuse Disorder.

Workforce Development

6. Approve the reappointments of Ms. Susan Morss, Ms. Mary Tieman, Mr. Michael Vetter, Mr. Tim Taylor, Mr. Teresa Celestine, Mr. David Howard and Mr. Wick Lewis; and the appointments of Mr. Steven Garate and Ms. Stephanie Michael to the Local Workforce Development Board to fill an unexpired term, effective immediately and through 6/30/2021.
7. Approve the Arizona at Work Infrastructure Funding Agreement for the period of July 1, 2017 through June 30, 2020.

PUBLIC HEARINGS

Board of Supervisors

8. Approve an interim permit/person transfer liquor license application submitted by Ms. Kimberly Kay Lammi, for Mescal Bar & Grill, LLC, located at 70 N. Cherokee, Benson 85602.
9. Approve an agent change/acquisition of control liquor license application for a series #10 (Beer & Wine Store) license submitted by Mr. Robert Sprouse for Giant Store #645, located at 5620 S. Hwy 92, Hereford, AZ 85615.
10. Approve an agent change/acquisition of control liquor license application for a series #9 (Liquor Store) license submitted by Mr. Robert Sprouse for Giant Store #656, located at 5217 S. Hwy 92, Sierra Vista, AZ 85635.

ACTION

Community Development

11. Approve changing the name of the Planning and Zoning Department to the Development Services Department.

REPORT BY EDWARD T. GILLIGAN COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Report by District 2 Supervisor, Ann English

Report by District 3 Supervisor, Peggy Judd

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability.

Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Chris Mullinax, Safety/Loss Control Analyst at (520) 432-9720, FAX (520) 432-9716, TDD (520) 432-8360, 1415 Melody Lane, Building F, Bisbee, Arizona 85603.

Cochise County Board of Supervisors

1415 Melody Lane, Building G Bisbee, Arizona 85603
520-432-9200 520-432-5016 fax board@cochise.az.gov

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Minutes

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Recommendation:

Document Signatures:

**# of ORIGINALS
Submitted for Signature:**

**NAME
of PRESENTER:** n/a

**TITLE
of PRESENTER:** n/a

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve the Minutes of the regular meeting of the Board of Supervisors of October 10, 2017.

Background:

Minutes

Department's Next Steps (if approved):

Signed minutes routed for processing and posted on the internet.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Scan to OnBase and File.

Budget Information

Information about available funds

Budgeted:
Unbudgeted:

Funds Available:
Funds NOT Available:

Amount Available:
Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Minutes

**PROCEEDINGS OF THE COCHISE COUNTY BOARD OF SUPERVISORS
REGULAR MEETING HELD ON
Tuesday, October 10, 2017**

A regular board meeting of the Cochise County Board of Supervisors was held on Tuesday, October 10, 2017 at 10:00 a.m. in the Board of Supervisors' Hearing Room, 1415 Melody Lane, Building G, Bisbee, Arizona.

Present: Ann English, Chairman; Patrick G. Call, Vice-Chairman; Peggy Judd, Member
Staff Edward T. Gilligan, County Administrator; Britt W. Hanson, Chief Civil Deputy County
Present: Attorney; Arlethe G. Rios, Clerk of the Board

Chairman English called the meeting to order at 10:00 a.m.

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

CALL TO THE PUBLIC

Chairman English opened the call to the public.

Jack Cook addressed the Board on matters of personal concern.

No one else chose to speak and Chairman English closed the call to the public.

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

CONSENT

Board of Supervisors

1. Approve the Minutes of the regular meeting of the Board of Supervisors of September 26, 2017.
2. Ratify letter of support for Payment In Lieu of Tax (PILT) and Secure Rural Schools (SRS) funding to our U.S. Senate and House Representatives.

Elections & Special Districts

3. Approve four Intergovernmental Agreements (IGA)s between the Cochise County Elections & Special Districts Department and the unified school districts of: Benson, Bisbee, San Simon, and Willcox for Elections Supplies and Services effective October 10, 2017 through the conclusion of the election.

Emergency Services

4. Approve a Memorandum of Understanding between Fort Huachuca and Cochise County to allow Fort Huachuca to use the Federal Integrated Public Alert and Warning System (IPAWS) effective on October 11, 2017 through September 22, 2022.
5. Approve the 2017 State Homeland Security Grant Program award of \$5,000 to fund three Citizen Emergency Response Team (CERT) training courses throughout the 2017-2018 grant cycle.

Finance

6. Approve demands and budget amendments for operating transfers.

Vice-Chairman Call moved to approve items 1-6 on the consent agenda. Supervisor Judd seconded the motion and it carried unanimously.

PUBLIC HEARINGS

Board of Supervisors

7. Approve a new series #12 (restaurant) liquor license application submitted by Mr. Jeffrey James Goodman, for Rafter G Restaurant, located at 404 W. Business Loop, Suite A, Bowie, AZ 85605.

Ms. Arlethe Rios, Clerk of the Board, presented this item. Ms. Rios said the Sheriff's Office did not have a recommendation and that the Planning and Zoning Department had recommended approval. The Environmental Health Division noted that they have no concerns with the issuance of the liquor license; the Treasurer's Office noted that the property taxes are current. The Board staff recommended approval.

Chairman English opened the public hearing.

Mr. Jeffrey James Goodman, applicant, said that as a business owner he had followed all recommendations and guidelines set by the State and County and was excited to get the restaurant opened.

Ms. Nancy Jean Welker, Bowie resident, addressed the Board on her concerns about having another establishment in Bowie that served liquor, but noted that she did look forward to having a restaurant in Bowie.

Supervisor Judd said she was excited about the new restaurant, but wanted owners to be aware of past issues with alcohol consumption.

No one else chose to speak and Chairman English closed the public hearing.

Supervisor Judd moved to approve a new series #12 (restaurant) liquor license application submitted by Mr. Jeffrey James Goodman, for Rafter G Restaurant, located at 404 W.

Business Loop, Suite A, Bowie, AZ 85605. Vice-Chairman Call seconded the motion.

Chairman English called for the vote and it was approved 3-0.

8. Approve a new series #10 (beer & wine) liquor license application submitted by Mr. Jeffrey James Goodman, for Rafter G Restaurant, located at 404 W. Business Loop, Suite A, Bowie, AZ 85605.

Ms. Arlethe G. Rios, Clerk of the Board, presented this item. Ms. Rios said that this was the second series being applied for by Mr. Goodman and added that this was a separate business housed within the same building in the restaurant. She stated that the Sheriff's Office did not have a recommendation and that the Planning and Zoning Department had recommended approval. The Environmental Health Division noted that they have no concerns with the issuance of the liquor license; the Treasurer's Office noted that the property taxes are current. The Board staff recommended approval.

She added that the State Liquor Board would be the ultimate approval of both liquor license series.

Chairman English opened the public hearing.

Mr. Jeffrey James Goodman, applicant, said that this second series was to promote and sell the wine in the area and noted that all regulations would be followed.

No one else chose to speak and Chairman English closed the public hearing.

Vice-Chairman Call moved to approve a new series #10 (beer & wine) liquor license application submitted by Mr. Jeffrey James Goodman, for Rafter G Restaurant, located at 404 W. Business Loop, Suite A, Bowie, AZ 85605. Supervisor Judd seconded the motion.

Chairman English called for the vote and it was approved 3-0.

ACTION

County Recorder

9. Approve Voter Registration Services and Support Intergovernmental Agreement (IGA) between the Arizona Secretary of State's Office (SOS) and Cochise County in the amount of \$12,859.78 for the period of July 1, 2017 through June 30, 2018.

Ms. Heather Lopez, Chief Deputy County Recorder, presented this item. Ms. Lopez said that this IGA was a formal agreement for these services and noted that the cost was based on the number of registered voters in each county. She added that the cost would be paid using the Helping American to Vote Act (HAVA) grant and there would be no impact to the general fund.

Supervisor Judd moved to approve Voter Registration Services and Support Intergovernmental Agreement (IGA) between the Arizona Secretary of State's Office (SOS) and Cochise County in the amount of \$12,859.78 for the period of July 1, 2017 through June 30, 2018. Vice-Chairman Call seconded the motion.

Chairman English called for the vote and it was approved 3-0.

Emergency Services

10. Approve the 2017 Emergency Management Performance Grant (EMPG) Subgrantee Agreement in the amount of \$104,099 for the period of July 1, 2017 to June 30, 2018.

Mr. Norm Sturm, Office of Emergency Services, presented this item. Mr. Sturm said that this was an annual grant, which paid for 50% of his office's expense.

Vice-Chairman Call moved to approve the 2017 Emergency Management Performance Grant (EMPG) Subgrantee Agreement in the amount of \$104,099 for the period of July 1, 2017 to June 30, 2018. Supervisor Judd seconded the motion.

Chairman English called for the vote and it was approved 3-0.

REPORT BY EDWARD T. GILLIGAN COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

Mr. Gilligan said that there were 28 open positions for county employment and added that he and Ms. Karen Riggs, Highway and Floodplain Director, would be traveling to Willcox to assess road conditions and meet with vineyard owners as well as the dairy.

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Vice-Chairman Call noted that there were also positions open at the Canyon Vista Medical Center and with Customs and Border Protection.

Report by District 2 Supervisor, Ann English

Chairman English said that the Board had an informative tour of the mine operations at the Johnson Mine Camp.

Report by District 3 Supervisor, Peggy Judd

Supervisor Judd said that Rex Allen Days in Willcox had been a success and she looked forward to the Butterfield Stage Days in Benson this upcoming weekend.

Chairman English adjourned the meeting at 10:28 a.m.

APPROVED:

Ann English, Chairman

ATTEST:

Arlethe G. Rios, Clerk of the Board

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Approve Proclamation: STEM Snapshot Week

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve a Proclamation declaring November 12-18, 2017 to be Science, Technology, Engineering, Math (STEM) Snapshot week in Cochise County.

Background:

Proclamation attached.

Department's Next Steps (if approved):

Celebrate and acknowledge STEM Snapshot week.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Print two originals, file one and send the second one to Amadee Ricketts.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Proclamation



Cochise County Board of Supervisors

Public Programs...Personal Service
www.cochise.az.gov

ANN ENGLISH
Chairman
District 2

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County Administrator

PATRICK G. CALL
Vice-Chairman
District 1

ARLETHE G. RIOS
Clerk of the Board

PEGGY JUDD
Supervisor
District 3

PROCLAMATION

Cochise County STEM Snapshot Week November 12-18, 2017

WHEREAS, strong Science, Technology, Engineering, and Mathematics (STEM) educational programs are vital to the intellectual and economic future of Cochise County and, further, the State of Arizona; and

WHEREAS, Cochise County schools, colleges, libraries, and nonprofit organizations have made strong efforts to offer high quality STEM educational programs for all ages; and

WHEREAS, many jobs and careers in Cochise County and across Arizona require science, technology, engineering, and mathematical skills, including positions for scientists, medical professionals, engineers, software developers, and computer security experts; and

WHEREAS, the Rural Activation and Innovation Network (RAIN) is a National Science Foundation grant program dedicated to improving informal science, technology, engineering, and mathematics learning opportunities in rural Arizona; and

WHEREAS, the Rural Activation and Innovation Network has declared November 12-18, 2017 as "Cochise County STEM Snapshot Week," to raise awareness of STEM education and career opportunities in Cochise County;

NOW, THEREFORE, BE IT RESOLVED THAT WE, the Cochise County Board of Supervisors, do hereby proclaim the week of November 12 through November 18, 2017 to be Cochise County STEM Snapshot Week in Cochise County.

APPROVED AND ADOPTED this 24th day of October 2017.

Ann English, Chairman

Patrick G. Call, Vice-Chairman

Peggy Judd, Supervisor

Consent 3.
Court Administration

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Declare November 17, 2017 - National Adoption Day

Submitted By: Shawneen Serrano, Court Administration

Department: Court Administration

Presentation: No A/V Presentation

NAME Eric Silverberg

TITLE Court Administrator

of PRESENTER:

of PRESENTER:

ORGANIZATION NAME Court Administration

of PRESENTER:

Information

Agenda Item Text:

Approve a Proclamation declaring November 17, 2017 as National Adoption Day in Cochise County.

Background:

Cochise County's proclamation attached.

To BOS Staff: Document Disposition/Follow-Up:

Send signed proclamation to Court Administration.

Attachments

[Adoption Day Proclamation](#)

PROCLAMATION

National Adoption Day

WHEREAS, Cochise County recognizes the importance of helping children find permanent, safe, and loving families through adoption; and

WHEREAS, more than 400,000 children in the United States foster care system are waiting to be adopted; and

WHEREAS, outreach to adoptive families has been identified as a critical step in moving children more quickly out of foster care and into loving, permanent homes; and

WHEREAS, in recognition of these children and their families, the Cochise County Superior Court celebrates National Adoption Day on November 17, 2017 and the parents who welcome these children into their families;

WHEREAS, this effort, along with similar celebrations across the country, will offer children a chance to live with stable and loving families and encourage other adults to consider making a powerful difference in the life of a child through adoption;

NOW, THEREFORE, we, The Cochise County Board of Supervisors, do hereby declare **November 17, 2017** as National Adoption Day in Cochise County and encourage Mayors/Councils of our cities to do the same.

APPROVED AND ADOPTED *this 24th day of October, 2017.*

Ann English, Chairman

Patrick G. Call, Vice-Chairman

Peggy Judd, Supervisor

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Demands

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME n/a

TITLE n/a

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve demands and budget amendments for operating transfers.

Background:

Auditor-General's requirement for Board of Supervisors to approve.

Department's Next Steps (if approved):

Return to Finance after BOS approval.

Impact of NOT Approving/Alternatives:

Board of Supervisors will not be in compliance with State law.

To BOS Staff: Document Disposition/Follow-Up:

Return to Finance after BOS approval.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

No file(s) attached.

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017
Centene Grant
Submitted By: Briggita Hodges, Health & Social Services
Department: Health & Social Services
Presentation: No A/V Presentation
Document Signatures: BOS Signature NOT Required

Recommendation: Approve
of ORIGINALS Submitted for Signature: 1
TITLE of PRESENTER: Prevention Services Director
Source of Mandate or Basis for Support?:

NAME of PRESENTER: Judith Gilligan
Mandated Function?: Not Mandated

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve a grant from Centene Management Company in the amount \$2,500 to support community engagement activities under 2017 Community Health Improvement Plan (CHIP) Priority Area 1 – Mental Health & Substance Abuse Disorder.

Background:

In August, 2017 CHSS applied to the Centene Management Co. through Cenpatico Integrated Care, for \$2,500 to support community engagement activities for the 2017 CHIP. These include: \$1,000 for the Healthy Communities Summit and \$1,500 for an as-yet-to-be-determined community engagement activity for the above named CHIP Priority.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Inability to conduct community engagement activities specified above.

To BOS Staff: Document Disposition/Follow-Up:

N/A

Budget Information

Information about available funds

Budgeted: **Funds Available:** **Amount Available:** 2,500.00
Unbudgeted: **Funds NOT Available:** **Amendment:**

Account Code(s) for Available Funds

1:

Fund Transfers

Fiscal Year: 2017-2018

One-time Fixed Costs? (\$\$\$):

Ongoing Costs? (\$\$\$):

County Match Required? (\$\$\$):

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 0

Source of Funding?:

Fiscal Impact & Funding Sources (if known):

Lump Sum Payment

Attachments

[Executive Summary](#)
[Grant Approval Form](#)

Executive Summary Form

Agenda Number: 3661 HLT Centene Funding

Recommendation:

Approve \$2,500 from Centene Management Co. to support activities under 2017 CHIP Priority Area 1 – Mental Health & Substance Abuse Disorder.

Background (Brief):

In August, 2017 CHSS applied to the Centene Management Co. through Cenpatico Integrated Care, for \$2,500 to support community engagement activities for the 2017 CHIP. These include: \$1,000 for the Healthy Communities Summit and \$1,500 for an as-yet-to-be-determined community engagement activity for the above named CHIP Priority.

Fiscal Impact & Funding Sources:

This is a one-time grant from the Centene Management Co. in the amount of \$2,500. The net county subsidy is zero.

Aggregate Net County Subsidy-\$0

Next Steps/Action Items/Follow-up: Your approvals are respectfully requested.

Impact of Not Approving: Inability to conduct community engagement activities specified above.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator:

Date Prepared:

Point of Contact:

Phone Number:

Department:

PRIMARY GRANT

Primary Grantor:

CFDA:
www.CFDA.gov

Grant Title:

Grant Term From:

To:

Total Award Amount:

New Grant: Yes No

Grant No:

Amendment: Yes No

Amendment No:

GL Account No:

If new, Finance will assign a fund number.

Strategic Plan:

District:

Mandated by Law

Yes

No

Number of Positions Funded:

Asset(s) Acquired:

Grantor's reimbursement mileage rate:

Health or pension reimbursement:

Other reimbursement:

Briefly describe the purpose of the grant:

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

PRIMARY FUNDING SOURCE

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Funds:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is revertment of unexpected funds required at the end of grant period? Yes No

(a) Total indirect (A-87) Cost Allocation:

(b) Amount of overhead allowed by grant:

County Subsidy (a) - (b) =

Is there a Secondary Grant Award associated with this Grant? Yes No

Name of Grant: Funder:

If yes please complete an additional grant approval form.

Is County match required? Yes No

County match source:

County match dollar amount or percentage:

NOTE: Please attach this Grant Approval form to the AgendaQuick item. The AgendaQuick "Grant Approval template" must be used. Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed GRANT DOCUMENT (not this approval form) to the Finance Department.

Regular Board of Supervisors Meeting

Workforce Development

Meeting Date: 10/24/2017

Workforce Investment Board: 9 reappointments and 2 new appointments

Submitted By: Kim Lemons, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation

Document Signatures:

Recommendation:

of ORIGINALS

Submitted for Signature:

NAME na

TITLE na

of PRESENTER:

of PRESENTER:

Mandated Function?:

**Source of Mandate
or Basis for Support?:**

Information

Agenda Item Text:

Approve the reappointments of Ms. Susan Morss, Ms. Mary Tieman, Mr. Michael Vetter, Mr. Tim Taylor, Mr. Teresa Celestine, Mr. David Howard and Mr. Wick Lewis; and the appointments of Mr. Steven Garate and Ms. Stephanie Michael to the Local Workforce Development Board to fill an unexpired term, effective immediately and through 6/30/2021.

Background:

Attached are the appointment letters. The Workforce Development Board appointments are made by the Board of Supervisors upon recommendation of a 'represented segment' on the Workforce Innovation Opportunity Act (WIOA) Board. Attached is a list showing each of the WIOA Board appointees, with appointment date and date term expire.

Department's Next Steps (if approved):

If approved, WIOA will be notified of the appointments and we will request confirmation of an updated WIOA board appointees list.

Impact of NOT Approving/Alternatives:

Vacancies will continue to exist on the WIOA Board with certain segments not being adequately represented.

To BOS Staff: Document Disposition/Follow-Up:

Once approved send appointment letters to appointees (see attached appointment contact information) with Oath of Office and Open Meeting Law requirements and email a scanned copy (letter only) to Ana Polakowski, apolakowski@cpic-cas.org

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Appointment Letters

WDB Terms

ApptContactInformation



COCHISE COLLEGE

4190 West Highway 80 • Douglas, AZ 85607-6190 • 520-364-7943 • www.cochise.edu

August 24, 2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

I understand there is a vacant seat on the Arizona@Work – Southeastern Arizona Board of Directors, and I would like to nominate Ms. Susan Morss.

Ms. Morss has been a long time and active member of the Cochise College staff serving as the Director of Adult Education.

I believe that she will be a valuable member of the Local Workforce Development Board, as well.

Sincerely,

Mark Boggie
Dean Student Success
Cochise College



Executive Officers

Paul Melo
Chair
Williams Melo PLC

Brian Barkdull
Past Chair
American Southwest
Credit Union

Sabra Albritton
Chair Elect
Mall at Sierra Vista

Mark Schmitt
Treasurer
Small Business
Development Center

Kevin Peterson
Member-At-Large
Huachuca 50

Board Members

Kate Lawley
Lawley Automotive

Sara Arsenault
Sierra Vista Ace
Hardware, Inc.

Susan Tawney
Pioneer Title

Wallace Ricks
ManTech International
Cooperation

Adrienne Cooper
Cooper's Credit
Solutions

Brad Snyder
Sierra Vista Realty

Jason Bowling
SSVEC

Laura Jones-Martinez
Arizona Regional
Economic Development
Foundation

August 25, 2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

I understand there is a vacant seat on the Arizona@Work – Southeastern Arizona Board of Directors, and I would like to nominate Mary Tieman, Executive Director of the Sierra Vista Chamber of Commerce.

Mrs. Tieman has been a long time and active member of the business community, and served as a member of the Sierra Vista Area Chamber Board of Directors, Vice Chair of the Cochise Water Project, Chair for the Sierra Vista Tourism Commission and Treasurer for the STEM in Action Partnership.

I believe that she will be a valuable member of the Local Workforce Development Board, as well.

Sincerely,

A handwritten signature in black ink that reads "Paul W. Melo".

Paul Melo
Chairman of the Board



CATHOLIC COMMUNITY
SERVICES
OF SOUTHERN ARIZONA, INC.

140 W. Speedway Blvd., Suite 230
Tucson, Arizona 85705

voice/TTY: (520) 623-0344
toll free: 1 (800) 234-0344
fax: (520) 770-8514
www.ccs-soaz.org

March 6, 2015

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors,

I understand there is a vacant seat on the Southeastern Arizona Workforce Connection Board of Directors and I would like to nominate Michael Vetter.

Mr. Vetter has been a long time and active member of the business community. In the past, Mr. Vetter has served on the First Things First Cochise Regional Council, and is currently on the Board of Directors for the Arizona Coalition to End Sexual and Domestic Violence.

I know that Mr. Vetter will be a valued member of the AWC Board also.

Sincerely,



Marguerite D. Harmon MS
Chief Executive Officer



Graham County
CHAMBER OF COMMERCE

1111 Thatcher Boulevard • Safford, Arizona 85546
Phone: (928) 428-2511 or 1-888-837-1841 • FAX: (928) 428-0744
E-Mail: Info@graham-chamber.com

September 26, 2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Attention: Board of Supervisors

I understand there is a vacant seat on the Arizona@Work – Southeastern Arizona Board of Directors, and I am pleased to recommend Tim Taylor as a candidate for your Workforce Development Board. Tim has been training and managing crews for jobs within his technical industry for many years and has a firsthand knowledge of the skills and education that potential employees need to possess to flourish in this job market.

Tim will be an asset to your organization, because he successfully practices and promotes these skills so necessary within his own business environment. Tim has been a lifelong resident of the Gila Valley. He has been with DRG Technologies Inc. for nearly 30 years, and is currently an Executive Vice President/General Manager over 100+ employees. Tim is always willing to assist and support many local projects as an active member of the community. He is also an Honorably Discharged Veteran of the Army Special Forces.

I would not hesitate in recommending Tim Taylor as a member of your board. Please contact me if I may answer any questions.

Sincerely,

A handwritten signature in blue ink that reads "Patrick O'Donnell".

Patrick O'Donnell
Executive Director

*Life the way it
ought to be...*



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Traylor
Director

10/1/2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

I would like to reappoint the Title III board seat on the Arizona@Work – Southeastern Arizona Workforce Development Board, and I would like to nominate Teresa Celestine

Ms. Celestine is the area Supervisor for the Reemployments Assistance Administration. She brings over 20 year of experience in the workforce field. Ms. Celestine is very knowledgeable of the programs and partnership under the Workforce Innovation Opportunity Act (WIOA). She will be a valuable resource and partner in the Workforce Development Board.

Ms. Celestine's Office is located 2600 East Wilcox Drive Sierra Vista, AZ 85635. Her contact Number is (520} 439-8156.

Sincerely,

Christopher Tafoya
Regional Programs Manager
Reemployment Assistance Administration (RAA)
316 W. Ft Lowell, Tucson, AZ
Cell: 520-330-0446





DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Michael Traylor
Director

August 28, 2017

Cochise County Board of Supervisors
1415 Melody Lane
Bisbee, Arizona 85603

To Whom It May Concern:

Please accept this letter as a recommendation for David Howard to be considered as a representative for the Title IV, Vocational Rehabilitation program. Vocational Rehabilitation works with individuals with disabilities to help them prepare for, gain, and retain employment. It is important that a VR program representative be represented on the Board not only as a required core program partner, but as an organization to advocate for individuals with disabilities seeking employment.

Mr. Howard has been a Vocational Rehabilitation Counselor for many years serving clients in Benson and surrounding areas, and is currently a Vocational Rehabilitation supervisor for the Benson, Sierra Vista and Nogales offices. David has shown a strong leadership ability, excellent communication skills and a commitment to advancing the career opportunities for individuals with disabilities and developing community partnerships.

I appreciate the Board considering the appointment of Mr. Howard to the Southeastern Arizona Local Workforce Development Board. Please contact me with any questions concerning this recommendation. I may be reached at (602) 364-2907 or email KMackey@azdes.gov.

Sincerely,

Kristen Mackey
Program Administrator
Rehabilitation Services Administration



Graham County
CHAMBER OF COMMERCE

1111 Thatcher Boulevard • Safford, Arizona 85546
Phone: (928) 428-2511 or 1-888-837-1841 • FAX: (928) 428-0744
E-Mail: Info@graham-chamber.com

September 26, 2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

I understand there is a vacant seat on the Arizona@Work – Southeastern Arizona Board of Directors, and I would like to nominate Wick Lewis as a volunteer member.

Mr. Lewis continues to be a long time and active member of the Graham County business community. Mr. Lewis currently holds Human Resources Certification and served as the Past President of the Arizona Health Care HR Association. Mr. Wick has also represented Graham County admirably this past year.

I would not hesitate in recommending Wick Lewis as a member of your board. Please contact me if I may answer any questions.

Sincerely,

A handwritten signature in cursive script that reads "Patrick O'Donnell".

Patrick O'Donnell
Executive Director

*Life the way it
ought to be...*



Executive Officers

Paul Melo
Chair
Williams Melo PLC

Brian Barkdull
Past Chair
American Southwest
Credit Union

Sabra Albritton
Chair Elect
Mall at Sierra Vista

Mark Schmitt
Treasurer
Small Business
Development Center

Kevin Peterson
Member-At-Large
Huachuca 50

Board Members

Kate Lawley
Lawley Automotive

Sara Arsenault
Sierra Vista Ace
Hardware, Inc.

Susan Tawney
Pioneer Title

Wallace Ricks
ManTech International
Cooperation

Adrienne Cooper
Cooper's Credit
Solutions

Brad Snyder
Sierra Vista Realty

Jason Bowling
SSVEC

Laura Jones-Martinez
Arizona Regional
Economic Development
Foundation

September 7, 2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

I understand there is a vacant seat on the Arizona@Work – Southeastern Arizona Board of Directors, and I would like to nominate Steve Garate from Chiricahua Community Health Centers, Inc.

Mr. Garate has been a long time and active member of the business community, and will be a valuable member of the Local Workforce Board, as well.

If I can offer any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Mary Tietman". The signature is written in black ink and includes a horizontal line extending to the right.

Mary Tietman
Executive Director



DOUGLAS A. DUCEY
GOVERNOR

STATE OF ARIZONA
ARIZONA DEPARTMENT OF VETERANS' SERVICES
OFFICE OF THE DIRECTOR
3839 N THIRD STREET
PHOENIX, AZ 85012
Tel 602.255.3373 • Fax 602.255.1038
www.azdvs.gov



WANDA A. WRIGHT
DIRECTOR

8/23/2017

County Board of Supervisors
1415 Melody Lane
Bisbee, AZ 85603

Dear Board of Supervisors:

Previously, Mr. Bryan Durham was nominated to have a seat on the Arizona@Work-Southeastern Arizona Board of Directors. We now have a new Programs Manager, Stephanie Michael, who I would like to nominate to fill the vacant seat. Stephanie has several years of experience managing housing programs for homeless and at risk veterans and their families. Her duties with the Arizona Dept. of Veterans' Services also include the oversight of the Roadmap to Veteran Employment, Military Family Relief Fund, Minority Veteran Events and Veteran Supportive Campuses.

I believe that Stephanie would be a valuable asset to this Board, and has my highest support in her nomination.

Sincerely,

John F. Scott II, MSW
Assistant Deputy Director
Arizona Dept. of Veterans' Services
602.234.8416
joscott@azdvs.gov

Arizona@Work - Southeastern Arizona
Workforce Development Board

2014
to
2021

Member Name	Mo/Year Appointed	Service Term	Term Expiration
<i>Four Year Terms 2014 – 2018</i>			
Doris Tolbert	August 1999	4 Year	6/30/2018
Jack Bauer	August 1999	4 Year	6/30/2018
Ron Curtis	October 2000	4 Year	6/30/2018
Emery Silvester	May 2006	4 Year	6/30/2018
Jason Bowling	August 2009	4 Year	6/30/2018
Evonne Cummins	August 2010	4 Year	6/30/2018
Amanda Baillie	July 2011	4 Year	6/30/2018
Kathleen Bullock	September 2011	4 Year	6/30/2018
Matt Bolinger	June 2012	4 Year	6/30/2018
Mike Crockett	June 2012	4 Year	6/30/2018
Gail Emrick	August 2013	4 Year	6/30/2018
<i>Four Year Terms 2017 – 2021</i>			
Susan Morss	October 2017	4 Year	6/30/2021
Mary Tieman	October 2017	4 Year	6/30/2021
Michael Vetter	October 2017	4 Year	6/30/2021
Tim Taylor	October 2017	4 Year	6/30/2021
Teresa Celestine	October 2017	4 Year	6/30/2021
David Howard	October 2017	4 Year	6/30/2021
Wick Lewis	October 2017	4 Year	6/30/2021
Steven Garate	October 2017	4 Year	6/30/2021
Stephanie Michael	October 2017	4 Year	6/30/2021
<i>Pending Reappointment</i>			
George Self			
Mark Gallego			

Ms. Susan Morss, Cochise College, 901 N. Colombo Drive, Sierra Vista, AZ 85635

Ms. Mary Tieman, Sierra Vista Chamber of Commerce, 21 E. Wilcox Drive, Sierra Vista, AZ 85635

Mr. Michael Vetter, Catholic Community Services, 6049 E. Highway 90, Sierra Vista, AZ 85635

Mr. Tim Taylor, DRG Technologies, Inc., 300 East Fourth, Safford, AZ 85546

Ms. Teresa Celestine, Department of Economic Security, Workforce Administration, 2600 E. Wilcox Drive, Sierra Vista, AZ 85635

Mr. David Howard, Rehabilitation Services Administration, 2600 E. Wilcox Drive, Sierra Vista, AZ 85635

Mr. Wick Lewis, Mount Graham Regional Medical Center, 1600 South 20th Avenue, Safford, AZ 85546

Mr. Steven Garate, Chiricahua Community Health Centers, 4525 Campus Drive, Sierra Vista, AZ 85635

Ms. Stephanie Michael, Arizona Department of Veterans' Services, 3839 N. 3rd Street, Phoenix, AZ 85012

Board of Supervisors

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Arizona at Work Infrastructure Funding Agreement

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V Presentation **Recommendation:** Approve

Document Signatures: BOS Signature Required **# of ORIGINALS Submitted for Signature:** 1

NAME of PRESENTER: n/a **TITLE of PRESENTER:** n/a

Docket Number (If applicable):

Mandated Function?: Federal or State Mandate **Source of Mandate or Basis for Support?:**

Information

Agenda Item Text:

Approve the Arizona at Work Infrastructure Funding Agreement for the period of July 1, 2017 through June 30, 2020.

Background:

New State requirements mandate that the Board of Supervisors approve all agreements for the Arizona at Work Program. There are no contributions from the County and the agreement is between all the One Stop partners.

The main purpose of this approval is so that the County can acknowledge receipt and review.

Department's Next Steps (if approved):

Send signed Agreement to

Vada Phelps
Executive Director
900 Carmelita Drive
Sierra Vista, AZ 85635

Impact of NOT Approving/Alternatives:

the Agreement will not be in compliance of State mandates.

To BOS Staff: Document Disposition/Follow-Up:

See next steps.

Attachments

Arizona At Work Agreement

Process and Development Template

Infrastructure Funding Agreement (IFA):

Local Workforce Development Area - Southeastern Arizona

Date Submitted: September 29, 2017

1. **The period of time this agreement is effective**
July 1, 2017 to June 30, 2020
2. **Identification of all ARIZONA@WORK Job Center partners, Chief Executive Official(s), and the Local Workforce Development Board (LWDB) participating in the IFA (See Attachment A)**
3. **Steps the LWDB, Chief Elected Official (CEO), and ARIZONA@WORK Job Center partners took to reach consensus and/or an assurance that the Local Workforce Development Area followed guidance for the state infrastructure funding mechanism** *Meetings were held with co-located partners and a consensus was reached to utilize the square footage methodology for shared costs. Partners attended the two Technical Assistance Sessions held June 16, 2017 and August 23, 2017 in order to obtain additional guidance to complete the IFA.*
4. **The process ARIZONA@WORK Job Center partners will use to resolve issues related to infrastructure funding during the MOU duration period when consensus cannot be reached** *The LWDB and Arizona@Work Job Center partners will seek guidance from the State of AZ to resolve issues related to infrastructure funding during the MOU duration period when consensus cannot be reached.*
5. **A description of the periodic modification and review process to ensure equitable benefit among ARIZONA@WORK Job Center partners** *All partner contributions, regardless of the source, will be reconciled and adjusted accordingly on a quarterly basis to ensure each partner program is contributing no more than its proportionate*

share based upon relative benefits received in accordance with the Uniformed Guidance at 2 CFR part 200. The Southeastern Arizona Deputy Director will reconcile and adjust partner contributions to ascertain each partner is paying its proportionate share based upon relative benefits on a quarterly basis. Then the reconciliation will be shared with partner programs contacts listed in this agreement.

IFA Attachments

- A. **ARIZONA@WORK Job Center Partners, Chief Executive Official(s), and the LWDB Participating in the IFA**
- B. **ARIZONA@WORK Operating Budget: Infrastructure Costs**
- C. **Signatures of Co-located ARIZONA@WORK Job Center Partners Agreeing to Share Infrastructure Costs**
- D. **Signatures of Non-Co-located ARIZONA@WORK Job Center Partners Agreeing to Negotiate the Sharing of Infrastructure Costs When Sufficient Data is Available to Determine Relative Benefit and Proportionate Share**
- E. **ARIZONA@WORK Operating Budget: Additional Costs (Applicable Career Services)**
- F. **OPTIONAL:**
ARIZONA@WORK Operating Budget: Additional Costs (Shared Operating Costs and Shared Services) and Signature of ARIZONA@WORK Job Center Partners Agreeing to Share Identified Operating Costs/Shared Services

Attachment A:

Identification of all ARIZONA@WORK Job Center Partners, Chief Elected Official(s), and the Local Workforce Development Board (LWDB) participating in the IFA

Local Workforce Development Board:

Ron Curtis, LWDB President, American SW Credit Union, 1160 E. Fry Blvd., Sierra Vista, AZ 85635, (520) 452-3088, rcurtis@ascu.org
Emery Silvester, LWDB V-President, AZ Elec Power Co-op, 1001 S Hwy 80, Benson, AZ 85602, (520) 586-5320, esilvester@azqt.coop
Doris Tolbert, LWDB Secretary, AVON Representative, 2101 Crestwood Dr., Sierra Vista, AZ 85635, (520) 249-0146, doristwt@cox.net
George Self, LWDB Treasurer, Cochise College, 2600 E Wilcox Dr., Sierra Vista, AZ 85635, (520) 515-0550, selfg@cochise.edu
Amanda Baillie, Freelance Writer, 3417 Oak Hill St., Sierra Vista, AZ 85650, (520) 225-7832, archaillie@gmail.com
Jack Bauer, AAG Reverse Mortgages, 500 E Fry Blvd, Suite L4, Sierra Vista, AZ 85635, (520) 458-2800, jbauer@aag.com
Matt Bolinger, Botanical Pharm., PO Box 908, 235 5th St., Clifton, AZ 85533, (928) 701-7000, mbolinger@co.greenlee.az.us
Jason Bowling, SSVEC, 311 E Wilcox Dr., Sierra Vista, AZ 85635, (520) 458-4691, jbowlng@ssvec.com
Kathleen Bullock, Above Board Consulting, 2496 S. Ridge Street, Sierra Vista, AZ 85650, (520) 378-4623, Kathleen.bullock@cox.net
Teresa Celestine, DES Workforce Administration, 2600 E. Wilcox Dr., Sierra Vista, AZ 85635, (520) 439-3552, tcelestine@azdes.gov
Michael Crockett, Eastern AZ College, 615 N. Stadium Ave., Thatcher, AZ 85552, (928) 428-8215, Mike.crockett@eac.edu
Evonne Cummins-Martin, STG, Inc., 500 E. Fry Blvd, Suite M12, Sierra Vista, AZ 85635, (520) 226-3355, ext. 4014, Evonne.cummins@stg.com
Bryan Durham, AZ Dept. of Veterans' Svcs., 3839 N Third St, Suite 209, Phoenix, AZ 85012, (602) 234-8418, bdurham@azdvs.gov
Gail Emrick, SE AZ Area Health Education Center, Inc. 1171 W. Target Range Rd., Nogales, AZ 85621, (520) 287-4722, gemrick@seahec.org
Mark Gallego, UA Local Union #469, 3109 N. 24th Street, Phoenix, AZ 85016, (602) 956-9350, ext. 118, MGallego@ualocal469.org
David Howard, Rehabilitation Services Admin, 2600 E Wilcox Dr., Sierra Vista, AZ 85635, (520) 439-3549, dhoward@azdes.gov
Wick Lewis, Mt. Graham Regional Medical Center, 1600 S 20th Ave., Safford, AZ 85546, (928) 651-0325, wick.lewis@mtgraham.org
Susan Morss, Cochise College, 901 N. Colombo Dr., Sierra Vista, AZ 85635, (520) 515-3662, MorssS@cochise.edu
Tim Taylor, DRG Technologies, Inc., 300 East Fourth, Safford, AZ 85546, (928) 348-2503, tim.taylor@drqtech.com
Mary Tieman, Sierra Vista Chamber of Commerce, 21 E. Wilcox Dr., Sierra Vista, AZ 85635, (520) 458-6940, mtiemun@sierravistachamber.org
Michael Vetter, Catholic Community Services, 6049 E. Hwy 90, Sierra Vista, AZ 85635, (520) 458-4203, ext. 104, michaelv@ccs-seaz.org

Chief Elected Official(s):

List All CEOs and Name, Title, Address, Telephone, Email for Each

COCHISE COUNTY:

Ann English, District 2, Chairman, 1415 Melody Lane, Building G, Bisbee, AZ 85603, (520) 432-9200, aenglish@cochise.az.gov

Patrick Call, District 1, Vice-Chairman, 1415 Melody Lane, Building G, Bisbee, AZ 85603, (520) 432-9200, pcall@cochise.az.gov

Peggy Judd, District 3, Supervisor, 1415 Melody Lane, Building G, Bisbee, AZ 85603, (520) 432-9200, pjudd@cochise.az.gov

GRAHAM COUNTY:

Paul David, District #1 Supervisor, 921 Thatcher Blvd., Safford, AZ 85546, (928) 428-3250, pdavid@graham.az.gov

Jim Palmer, District #2 Supervisor, 921 Thatcher Blvd., Safford, AZ 85546, (928) 428-3250, jpalmer@graham.az.gov

Danny Smith, District #3 Supervisor, 921 Thatcher Blvd., Safford, AZ 85546, (928) 428-3250, dsmith@graham.az.gov

GREENLEE COUNTY:

David Gomez, District 1 Supervisor, Chairman, 253 Fifth St., PO Box 908, Clifton, AZ 85533, (928) 865-2072,

dgomez@co.greenlee.az.us

Ron S. Campbell, District 2 Supervisor, Vice Chairman, 253 Fifth St., PO Box 908, Clifton, AZ 85533, (928) 865-2072,

rcampbell@co.greenlee.az.us

Richard Lunt, District 3 Supervisor, Member, 253 Fifth St., PO Box 908, Clifton, AZ 85533, (928) 865-2072, rlunt@co.greenlee.az.us

Required WIOA and ARIZONA@WORK Job Center Partner	ARIZONA@WORK Job Center Partner Serves Local Area?	Point of Contact Information Name, Title, Address, Telephone, Email
Adult, Dislocated Worker (DW), and Youth Programs under Title I-B of WIOA	X	Ron Curtis, LWDB President, American SW Credit Union, 1160 E. Fry Blvd., Sierra Vista, AZ 85635, (520) 452-3088, rcurtis@ascu.org
Job Corps under Title I of WIOA		
YouthBuild under Title I of WIOA		

ARIZONA@WORK Infrastructure Funding Agreement Templates (Second Draft: 5/29/17)

Indian and Native American Programs (INAP) under WIOA Title I		
Migrant and Seasonal Farmworker Programs (MSFW) under Title I of WIOA		
Adult Education and Family Literacy Act programs under Title II of WIOA	X	Sheryl Hart, Deputy Associate Superintendent, Arizona Department of Education, Adult Education Services, 1535 W. Jefferson St., Bm 26, Phoenix, AZ 85007, (602) 258-2410, Sheryl.Hart@azed.gov
Wagner-Peyser under Title III of WIOA	X	Teresa Celestine, Workforce Supervisor, Workforce Administrator, 2600 E. Wilcox Drive, Room H-106, Sierra Vista, AZ 85635, (520) 439-3552, tcelestine@azdes.gov
State Unemployment Insurance (UI)	X	Teresa Celestine, Workforce Supervisor, Workforce Administrator, 2600 E. Wilcox Drive, Room H-106, Sierra Vista, AZ 85635, (520) 439-3552, tcelestine@azdes.gov
Trade Adjustment Assistance (TAA) under Title II of Trade Act	X	Teresa Celestine, Workforce Supervisor, Workforce Administrator, 2600 E. Wilcox Drive, Room H-106, Sierra Vista, AZ 85635, (520) 439-3552, tcelestine@azdes.gov
Jobs for Veterans State Grants (Vets) under Title 38, U.S.C.	X	Teresa Celestine, Workforce Supervisor, Workforce Administrator, 2600 E. Wilcox Drive, Room H-106, Sierra Vista, AZ 85635, (520) 439-3552, tcelestine@azdes.gov
Vocational Rehabilitation under Title IV of WIOA	X	David Howard, VR Supervisor, Rehabilitation Services Administration, 2600 E. Wilcox Dr., Room H-106, Sierra Vista, AZ 85635, (520) 255-5308, dhoward@azdes.gov

Senior Community Service Employment Programs (SCSEP) under Title V of Older Americans Act--State of Arizona		
Senior Community Service Employment Programs (SCSEP)--National Grantees under Title V of Older Americans Act		
Career and Technical Education programs at the postsecondary level (CTE) under Perkins Career and Technical Education Act	X	
Housing and Urban Development--- Employment and Training Programs		
Community Services Block Grants (CSBG)-- Employment and Training Activities		
Re-entry Employment Opportunities (REO) under Second Chance Act		
Additional ARIZONA@WORK Job Center Partners Approved by the LWDB and CEO(s)--If Any		
<i>Temporary Assistance for Needy Families (TANF) employment & training under part A of Title IV of Social Security Act*</i>		

** Workforce Arizona Council, 03-2016: "The Governor notified the Secretaries of the U.S. Departments of Labor and Health and Human Services in writing that TANF will not be a required partner in Arizona, or within some specific local areas in the State. Local TANF programs may still opt to be a one-stop partner, or to work in collaboration with the ARIZONA@WORK Job Center."*

Attachment B1: ARIZONA@WORK Job Center and Affiliate Site Locations

Local Workforce Development Area: Southeastern Arizona

ARIZONA@WORK Job Center Locations <i>(Name, Address, Contact Name, Phone Number)</i>	ARIZONA@WORK Affiliate Site Locations <i>(Name, Address, Contact Name, Phone Number)</i>
ARIZONA@WORK Job Center Location #1: Arizona@Work Southeastern Arizona Cochise County Business and Workforce Development Center 2600 E. Wilcox Drive, Room H-106 Sierra Vista, AZ 85635 Phone: 520/458-9309 Contact Name: Vickie Simmons	Affiliate Site Location #1: Arizona@Work Southeastern Arizona Cochise County Business and Workforce Development Center 515 E. 7th Street Douglas, AZ 85607 Phone: 520/364-8906 Contact Name: Anna Luna
ARIZONA@WORK Job Center Location #2:	Affiliate Site Location #2: Arizona@Work Southeastern Arizona Graham County Business and Workforce Development Center 1910 W. Thatcher Blvd. Safford, AZ 85546 Phone: 928/432-6932 Contact Name: Lisa Lane
ARIZONA@WORK Job Center Location #3:	Affiliate Site Location #3: Arizona@Work Southeastern Arizona Greenlee County Business and Workforce Development Center 558 N. Coronado Blvd. Clifton, AZ 85533 Phone: 928/439-4630 Contact Name: Katrina Rodriguez

Attachment B2: ARIZONA@WORK Job Center Partners Co-located in Each ARIZONA@WORK Job Center Location

Local Workforce Development Area: Southeastern Arizona

(Place an "X" if the ARIZONA@WORK Job Center Partner is Co-located in the Identified ARIZONA@WORK Job Center or Affiliate Site)

ARIZONA@WORK Job Ctr Partner	ARIZONA@WORK Job Ctr #1	ARIZONA@WORK Job Ctr #2	ARIZONA@WORK Job Ctr#3	Affiliate Site #1	Affiliate Site #2	Affiliate Site #3
Adult/DW	X			X	X	X
Youth	X			X	X	X
Job Corps						
Native Amer						
MSFW						
Adult Ed						
Wagner-Peyser	X			X		
Trade						
Veterans	X					
SCSEP--State						
SCSEP-National						
Career/Tech Ed						
HUD E&T						
CSBG E&T						
Second Chance						
YouthBuild						
Other:						

Attachment B3: Annual Infrastructure Budget for Each ARIZONA@WORK Job Center and Affiliate Site		
ARIZONA@WORK Job Center: Arizona@Work-Southeastern Arizona, Cochise County Business and Workforce Development Center, Sierra Vista, AZ		
<i>Cost Category/Line Item</i>	<i>Line Item Cost Detail</i>	<i>Cost</i>
Rent		
Rental of Facilities	2600 Wilcox Drive, Sierra Vista, AZ	\$90,000.00
Subtotal: Rental Costs		\$90,000.00
Utilities and Maintenance		
Electric		
Gas		
Water		
Sewer Connections		
High-Speed Internet		
Telephones (Landlines)	10 landlines Employment Services, 4 landlines Voc. Rehab	\$27.56 monthly rental fee per landline x 14 landlines = \$385.84 per month, \$4,630.08 annually
Facility Maintenance Contract		
Security Contract		
Subtotal: Utilities and Maintenance Costs		\$4,630.08
Equipment		
Assessment-related products		
Assistive technology for individuals with disabilities		

<i>("Access and Accommodation")</i>		
Copiers		
Fax Machines		
Computers		
<p>Other tangible equipment used to serve all center customers (not specific to an individual program partner)</p> <p><i>Specify Other Tangible Equipment</i></p>		
Subtotal: Equipment Costs		
Technology to Facilitate Access to the ARIZONA@WORK Job Center		
<p>Technology used for the center's planning and outreach activities</p> <p><i>Specify the Technology</i></p>		
<p>Cost of creation and maintenance of a center website (not specific to an individual program partner) that provides outreach to customers by providing information on ARIZONA@WORK Job Center services and/or provides direct service access to the ARIZONA@WORK Job Center</p> <p><i>Website Address:</i> _____</p> <p><i>(Does not include data systems or case management systems specific to individual program partners.)</i></p>		
Subtotal: Technology to Facilitate Access Costs		

Supplies to Support the General Operation of the ARIZONA@WORK Job Center (Local Option, If Agreed By All Co-located ARIZONA@WORK Job Center Partners)	
Supplies, as defined in Uniform Guidance at 2 CFR 200.94, to support the general operation of the ARIZONA@WORK Job Center <i>Specify Supplies to Support General Operation and Not Specific to a Co-located Partner (e.g., Printing; Postage, Office Supplies)</i>	
Subtotal: Supplies to Support the General Operation of the ARIZONA@WORK Job Center	
Common Identifier Costs (Local Option, If Agreed By All Co-located ARIZONA@WORK Job Center Partners)	
Creating New Signage	
Updating Templates/Materials	
Subtotal: Common Identifier	
SUMMARY OF TOTAL INFRASTRUCTURE COSTS TO BE SHARED BY CO-LOCATED ARIZONA@WORK Job Center PARTNERS	
Cost Category	Total Cost
Subtotal: Rental Costs	\$90,000.00
Subtotal: Utilities and Maintenance Costs	\$ 4,630.08
Subtotal: Equipment Costs	
Subtotal: Technology to Facilitate Access Costs	
Subtotal: Supplies to Support the General Operation of the ARIZONA@WORK Job Center	
Subtotal: Common Identifier Costs	
TOTAL INFRASTRUCTURE COSTS FOR THIS LOCATION	\$94,630.08

Attachment B4: Percentage of Co-located ARIZONA@WORK Job Center Partner's Occupancy in Each Center

ARIZONA@WORK Job Center Location: Arizona@Work-Southeastern Arizona, Cochise County Business and Workforce Development Center, Sierra Vista, AZ

Total Square Footage of the ARIZONA@WORK Job Center: 6,055 Square Feet

Total Square Footage of Dedicated/Assigned Space For All Co-located ARIZONA@WORK Partners: 1,822 Square Feet

<i>Co-located ARIZONA@WORK Job Center Partners</i>	<i>Square Footage of the ARIZONA@WORK Job Center Partner's Dedicated/Assigned Space</i>	<i>ARIZONA@WORK Job Center Partner's Dedicated Space as a % of All Co-located ARIZONA@WORK Job Center Partners' Space</i>
WIOA Title I-B Adult/Dislocated Worker	4,015.10	66.31%
WIOA Title I-B Youth	217.90	3.60%
Wagner-Peyser	793.87	13.11%
Trade		
Veterans	333.49	5.51%
MSFW		
Adult Education		
Vocational Rehabilitation	694.64	11.47%
Other Co-located Partner:		
Other Co-located Partner:		
Other Co-located Partner:		
Total Percentage of the Designated/Assigned Space of All Co-located ARIZONA@WORK Job Center Partners		100%

Attachment B5:

Initial Proportionate Share of Infrastructure Costs Allocated to Each Co-located ARIZONA@WORK Job Center Partner

ARIZONA@WORK Job Center Location: Arizona@Work-Southeastern Arizona, Cochise County Business and Workforce Development Center, Sierra Vista, AZ

Total Infrastructure Costs for This ARIZONA@WORK Job Center: \$94,630.08 (See Attachment B3)

Co-located ARIZONA@WORK Job Center Partner	ARIZONA@WORK Job Center Partner's Dedicated Space as a % of All Co-located ARIZONA@WORK Job Center Partners' Space	Proportionate Share (% of ARIZONA@WORK Job Center Partner Space X Total Infrastructure Cost = ARIZONA@WORK Job Center Partner Share)	\$ Share to Be Paid In Cash	\$ Share to Be Paid In Non-Cash
Title I-Adult/Dis. Wk	66.31%	\$60,653.22	\$60,653.22	
Title I-Youth	3.60%	\$2,265.06	\$2,265.06	
Title III-Wagner-Peyser	13.11%	\$14,114.88	\$14,114.88	
Title III-Veterans	5.51%	\$5,949.12	\$ 5,949.12	
Title IV-Voc. Rehab.	11.47%	\$11,647.80	\$11,647.80	
Total Infrastructure Costs to Be Shared by ARIZONA@WORK Job Center Partners in Cash/Non-Cash (Must Equal the Total Infrastructure Costs for This ARIZONA@WORK Job Center			\$94,630.08	

Attachment B3: Annual Infrastructure Budget for Each ARIZONA@WORK Job Center and Affiliate Site		
ARIZONA@WORK Job Center:		(Name/Location)
Or		
Affiliate Site/Specialized Center: Arizona@Work Southeastern Arizona-Cochise County Business and Workforce Development, Douglas, AZ		
<i>Cost Category/Line Item</i>	<i>Line Item Cost Detail</i>	<i>Cost</i>
Rent		
Rental of Facilities	515 E. 7 th Street, Douglas, AZ 85607	\$ 48,000.00
Subtotal: Rental Costs:		\$48,000.00
Utilities and Maintenance		
Electric	Building electric	\$6,000.00
Gas		
Water		
Sewer Connections		
High-Speed Internet		
Telephones (Landlines)	4 landlines for Employment Services	\$27.68 monthly rental fee per landline x 4 landlines = \$110.71 per month, \$1,328.52 annual
Facility Maintenance Contract	Janitorial Contract	\$7,200.00
Security Contract		
Subtotal: Utilities and Maintenance Costs:		\$14,528.52
Equipment		
Assessment-related products		
Assistive technology for individuals with disabilities		

<p><i>("Access and Accommodation")</i></p>		
<p>Copiers</p>		
<p>Fax Machines</p>		
<p>Computers</p>		
<p>Other tangible equipment used to serve all center customers (not specific to an individual program partner)</p> <p><i>Specify Other Tangible Equipment</i></p>		
<p>Subtotal: Equipment Costs</p>		
<p>Technology to Facilitate Access to the ARIZONA@WORK Job Center</p>		
<p>Technology used for the center's planning and outreach activities</p> <p><i>Specify the Technology</i></p>		
<p>Cost of creation and maintenance of a center website (not specific to an individual program partner) that provides outreach to customers by providing information on ARIZONA@WORK Job Center services and/or provides direct service access to the ARIZONA@WORK Job Center</p> <p><i>Website Address: _____</i></p> <p><i>(Does not include data systems or case management systems specific to individual program partners.)</i></p>		
<p>Subtotal: Technology to Facilitate Access Costs</p>		

Supplies to Support the General Operation of the ARIZONA@WORK Job Center (Local Option, If Agreed By All Co-located ARIZONA@WORK Job Center Partners)	
Supplies, as defined in Uniform Guidance at 2 CFR 200.94, to support the general operation of the ARIZONA@WORK Job Center <i>Specify Supplies to Support General Operation and Not Specific to a Co-located Partner (e.g., Printing; Postage, Office Supplies)</i>	
Subtotal: Supplies to Support the General Operation of the ARIZONA@WORK Job Center	
Common Identifier Costs (Local Option, If Agreed By All Co-located ARIZONA@WORK Job Center Partners)	
Creating New Signage	
Updating Templates/Materials	
Subtotal: Common Identifier	
SUMMARY OF TOTAL INFRASTRUCTURE COSTS TO BE SHARED BY CO-LOCATED ARIZONA@WORK Job Center PARTNERS	
<i>Cost Category</i>	<i>Total Cost</i>
Subtotal: Rental Costs	\$48,000.00
Subtotal: Utilities and Maintenance Costs	\$14,528.52
Subtotal: Equipment Costs	
Subtotal: Technology to Facilitate Access Costs	
Subtotal: Supplies to Support the General Operation of the ARIZONA@WORK Job Center	
Subtotal: Common Identifier Costs	
TOTAL INFRASTRUCTURE COSTS FOR THIS LOCATION	\$62,528.52

Attachment B4: Percentage of Co-located ARIZONA@WORK Job Center Partner's Occupancy in Each Center		
ARIZONA@WORK Job Center Location:		
Or		
Affiliate Site/Specialized Center: <u>Arizona@Work-Southeastern Arizona-Cochise County Business and Workforce Development, Douglas, AZ</u>		
Total Square Footage of the ARIZONA@WORK Job Center: <u>4,079</u> Square Feet		
Total Square Footage of Dedicated/Assigned Space For All Co-located ARIZONA@WORK Partners: <u>742.27</u> Square Feet		
Co-located ARIZONA@WORK Job Center Partners	Square Footage of the ARIZONA@WORK Job Center Partner's Dedicated/Assigned Space	ARIZONA@WORK Job Center Partner's Dedicated Space as a % of All Co-located ARIZONA@WORK Job Center Partners' Space
WIOA Title I-B Adult/Dislocated Worker	3,184.69	79.52%
WIOA Title I-B Youth	152.04	2.28%
Wagner-Peyser	742.27	18.20%
Trade		
Veterans		
MSFW		
Adult Education		
Vocational Rehabilitation		
Other Co-located Partner:		
Other Co-located Partner:		
Other Co-located Partner:		
Total Percentage of the Designated/Assigned Space of All Co-located ARIZONA@WORK Job Center Partners		100%

Attachment B5:

Initial Proportionate Share of Infrastructure Costs Allocated to Each Co-located ARIZONA@WORK Job Center Partner

ARIZONA@WORK Job Center Location: _____

Or

Affiliate Site/Specialized Center: Arizona@Work-Southeastern Arizona-Cochise County Business and Workforce Development, Douglas, AZ

Total Infrastructure Costs for This ARIZONA@WORK Job Center: \$94,630.08 (See Attachment B3)

Co-located ARIZONA@WORK Job Center Partner	ARIZONA@WORK Job Center Partner's Dedicated Space as a % of All Co-located ARIZONA@WORK Job Center Partners' Space	Proportionate Share (% of ARIZONA@WORK Job Center Partner Space X Total Infrastructure Cost = ARIZONA@WORK Job Center Partner Share)	\$ Share to Be Paid In Cash	\$ Share to Be Paid In Non-Cash
Title I-Adult/Dis. Wk.	79.52%	\$49,722.68	\$49,722.68	
Title I-Youth	2.28%	\$1,425.65	\$1,425.65	
Title III-Wagner-Peyser	18.20%	\$11,380.19	\$11,380.19	
Total Infrastructure Costs to Be Shared by ARIZONA@WORK Job Center Partners in Cash/Non-Cash (Must Equal the Total Infrastructure Costs for This ARIZONA@WORK Job Center)			\$62,528.52	

Attachment C:

Signatures of Co-located ARIZONA@WORK Job Center Partners Agreeing to Share Infrastructure Costs

By signing below, all parties agree to the terms prescribed in the Infrastructure Funding Agreement

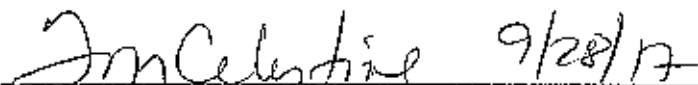
(Chief Elected Official)

***Co-located Partner: Workforce Administration,
AZ Department of Economic Security***

Ann English, Chairman, Supervisor, District 2
Cochise County Board of Supervisors

Teresa Celestine, Workforce Supervisor

Signature and Date

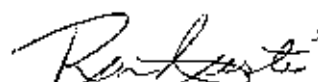
 9/28/17
Signature and Date

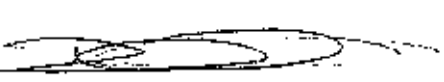
LWDB Chairperson: Southeastern Arizona

***Co-located Partner: Rehabilitation Services
Administration***

Ron Curtis, LWDB President

David Howard, VR Supervisor

 9/28/17
Signature and Date

 9/28/17
Signature and Date


Attachment D:

Signatures of Non-Co-located ARIZONA@WORK Job Center Partners Agreeing to Negotiate the Sharing of Infrastructure Costs as When Sufficient Data Are Available to Determine Relative Benefit and Proportionate Share

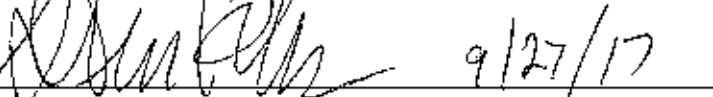
By signing below, all parties agree that when data are available to determine the benefit of ARIZONA@WORK Job Centers to non-co-located ARIZONA@WORK Job Center partners, the infrastructure cost sharing agreement will be renegotiated to include their proportionate share of contributions.

Arizona Department of Education, Adult Education Services

Sheryl Hart, Deputy Associate Superintendent


Signature and Date

Stevan Paulson, Chief Procurement Officer


Signature and Date

(Non-Co-located Partner Entity)

Printed Name and Title

Signature and Date

(Non-Co-located Partner Entity)

Printed Name and Title

Signature and Date

Attachment E1: Career Services Applicable to Each ARIZONA@WORK System Partner

Basic Career Services	T-I Adult	T-I DW	T-I Youth	T-II AEL	T-III WP	T-IV VR	TANF
T-I Program Eligibility	✓	✓	✓				
Outreach, Intake, Orient	✓	✓		✓	✓	✓	
Initial Assessment	✓	✓		✓	✓	✓	✓
Labor Exch/Job Search	✓	✓			✓	✓	✓
Referrals to Partners	✓	✓		✓	✓	✓	✓
LMI	✓	✓			✓	✓	✓
Performance/Cost Info	✓	✓			✓		
Support Service Info	✓	✓			✓	✓	✓
UI Info/Assistance	✓	✓			✓		
Financial Aid Info	✓	✓		✓	✓	✓	✓
Basic Career Services	Tech Ed	SCSEP	Job Corps	Native Am	MSF	YouthBuild	TAA
T-I Program Eligibility							
Outreach, Intake, Orient					✓		✓
Initial Assessment							✓
Labor Exch/Job Search					✓		✓
Referrals to Partners					✓		✓
LMI							✓
Performance/Cost Info							✓
Support Service Info					✓		✓
UI Info/Assistance					✓		
Financial Aid Info							✓

<i>Basic Career Services</i>	Comm Act	Housing	UI	Native Am	Veterans	Other Part	Other Part
T-I Program Eligibility							
Outreach, Intake, Orient					✓		
Initial Assessment					✓		
Labor Exch/Job Search					✓		
Referrals to Partners					✓		
LMI					✓		
Performance/Cost Info							
Support Service Info					✓		
UI Info/Assistance			✓				
Financial Aid Info							

<i>Individ Career Services</i>	T-I Adult	T-I DW	T-I Youth	T-II AEL	T-III WP	T-IV VR	TANF
Comp Assessment	✓	✓				✓	✓
Employment Plan	✓	✓				✓	✓
Career Plan/Counsel	✓	✓				✓	✓
Short-Term Prevoc	✓	✓				✓	
Internships/Wk Exper	✓	✓				✓	
Out-of-Area Job Search	✓	✓					
Financial Literacy	✓	✓					✓
ELA/Integ Education	✓	✓		✓			
Workforce Preparation	✓	✓		✓			✓

<i>Individ Career Services</i>	Tech Ed	SCSEP	Job Corps	Native Am	MSF	YouthBuild	TAA
Comp Assessment					✓		✓
Employment Plan							✓
Career Plan/Counsel							✓
Short-Term Prevoc							
Internships/Wk Exper							
Out-of-Area Job Search							✓
Financial Literacy							
ELA/Integ Education							
Workforce Preparation							✓
<i>Individ Career Services</i>	Comm Act	Housing	UI	Native Am	Veterans	Other Part	Other Part
Comp Assessment					✓		
IEP					✓		
Career Plan/Counsel					✓		
Short-Term Prevoc					✓		
Internships/Wk Exper					✓		
Out-of-Area Job Search					✓		
Financial Literacy							
ELA/Integ Education							
Workforce Preparation					✓		

Attachment E2: Consolidated System Budget for the Delivery of Applicable Career Services

The "Consolidated System Budget for the Delivery of Applicable Career Services" is the total actual or reasonably estimated amount of funds budgeted by the required ARIZONA@WORK Job Center partners for the delivery of the career services (that are applicable to their programs) and made available through the ARIZONA@WORK one-stop delivery system. This budget includes all costs, including personnel, related to the administration and delivery of these services.

<i>Applic Career Services</i>	T-I Adult	T-I-DW	T-I-Youth	T-II AEL	T-III WP	T-IV VR	TANF
Basic Career Services: T-I Eligib/Initial Assess Outreach, Intake, Orient Labor Exch/Job Search Referrals/LMI Support Service Info UI Info/Fin Aid Info	\$154,815	\$51,605	\$ 9,525	\$ 22,178	\$ 159,637	\$ 175,415	\$
<i>Applic Career Services</i>	Tech Ed	T-V OAA	Job Corps	Native Am	MSF	YouthBuild	TAA
Basic Career Services: T-I Eligib/Initial Assess Outreach, Intake, Orient Labor Exch/Job Search Referrals/LMI Support Service Info UI Info/Fin Aid Info	\$	\$	\$	\$	\$	\$	\$217
<i>Applic Career Services</i>	Comm Act	Housing	UI	Native Am	Veterans	Other Part	Other Part
Basic Career Services: T-I Eligib/Initial Assess Outreach, Intake, Orient Labor Exch/Job Search Referrals/LMI Support Service Info UI Info/Fin Aid Info	\$	\$	\$	\$	\$21,711	\$	\$

Applic Career Services	T-I Adult	T-I DW	T-I Youth	T-II AEL	T-III WP	T-IV VR	TANF
Indiv Career Services: Comp Assessment/IEP Career Plan/Counsel Short-Term Prevoc Internship/Wk Exper Financial Literacy IET/ELA/WF Prep	\$126,062	\$42,020	\$ 69,850	\$ 69,753	\$ 186,319	\$ 83,023	\$
Applic Career Services	Tech Ed	T-V OAA	Job Corps	Native Am	MSF	YouthBuild	TAA
Indiv Career Services: Comp Assessment/IEP Career Plan/Counsel Short-Term Prevoc Internship/Wk Exper Financial Literacy IET/ELA/WF Prep	\$	\$	\$	\$	\$	\$	\$217
Applic Career Services	Comm Act	Housing	UI	Native Am	Veterans	Other Part	Other Part
Indiv Career Services: Comp Assessment/IEP Career Plan/Counsel Short-Term Prevoc Internship/Wk Exper Financial Literacy IET/ELA/WF Prep	\$	\$	\$10,431	\$	\$87,980	\$	\$

Attachment F1: Optional ARIZONA@WORK Job Center Partner Agreement to Share Other Costs and Services

Type of Cost to be Shared:

Salary

Description of the Cost to Be Shared and What it Includes:

Gross Salary – Title I Receptionist

ARIZONA@WORK Job Center Partners Agreeing to Share This Cost

The following ARIZONA@WORK Job Center partners have agreed to share these costs:

Title I – WIOA-Adult/Dislocated Worker
Title I – WIOA - Youth
Title III – Wagner-Peyser
Title III - Veterans
Title IV – Vocational Rehabilitation

The ARIZONA@WORK Job Center partners that agreed to share these costs will benefit by:

All partners agree to share these costs will benefit by hiring one full-time receptionist to greet customers/participants visiting Sierra Vista Job Center of all partners. The receptionist will then “route” the customers/participants to the appropriate partner.

Proportionate Share for ARIZONA@WORK Job Center Partners Agreeing to Share These Costs

(Identify the Type of Cost)

<i>Partners Agreeing</i>	<i>Agreed Methodology</i>	<i>Initial Partner Share</i>	<i>Amount in Cash</i>	<i>Amount in Non-Cash</i>
Partner 1: Title I- Adult/Dislocated Worker	Square Footage	\$	\$15,888.01	\$
Partner 2: Title I-Youth	Square Footage	\$	\$ 862.09	\$
Partner 3: Title III-Wagner Peysner	Square Footage	\$	\$ 3,130.70	\$
Partner 4: Title III - Veterans	Square Footage	\$	\$1,319.48	\$
Partner 5: Title IV-Vocational Rehabilitation	Square Footage	\$	\$2,746.72	\$
Total Budget for This Shared Cost		\$	\$23,947.00	\$

Attachment F2: Signature of ARIZONA@WORK Job Center Partners Agreeing to Share Identified Operating Costs/Shared Services

Signature Page for Partners Agreeing to Share (Identify the Type of Cost)

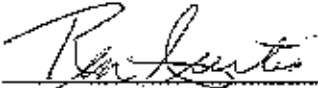
By signing below, these parties agree to the terms prescribed in the sharing of other costs.


Partner 1: Title I - WIOA

Partner 3: Rehabilitation Services Administration

Ron Curtis, LWDA President

David Howard, VR Supervisor

 9/28/17
Signature and Date


 9/28/17
Signature and Date

Partner 2: AZ DES, Workforce Administration

Partner 4:

Teresa Celestine, Workforce Supervisor

See Page 20
Printed Name and Title

 9/28/17
Signature and Date

Signature and Date

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Interim Permit/Person Transfer Liquor License Mescal Bar & Grill, LLC

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:** Approve
Presentation

Document Signatures: BOS **# of ORIGINALS**
Signature **Submitted for Signature:**
NOT
Required

NAME Arlethe Rios **TITLE** Clerk of the Board
of PRESENTER: **of PRESENTER:**

Mandated Function?: Not **Source of Mandate**
Mandated **or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve an interim permit/person transfer liquor license application submitted by Ms. Kimberly Kay Lammi, for Mescal Bar & Grill, LLC, located at 70 N. Cherokee, Benson 85602.

Background:

Ms. Kimberly Kay Lammi, has applied for an interim permit/person transfer liquor license for Mescal Bar & Grill, located at 70 N. Cherokee, Benson, AZ 85602. The Sheriff's Office has no recommendation. Treasurer's Office advised that the property taxes are current. The Planning and Zoning Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Health Department is currently working with the property owner on health-related issues with the subject property.

Ms. Kimberly Kay Lammi has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted:
Unbudgeted:

Funds Available:
Funds NOT Available:

Amount Available:
Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Affidavit of Posting

Departmental Review Forms



17 SEP 7 10:13 AM '17

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

DLCC USE ONLY

License # 06020084
Date Accepted: 9-7-17
CSR: C.A.

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 Type of License

- Interim Permit
New License
Person Transfer
Location Transfer (series 6, 7 and 9)
Probate/ Will Assignment/ Divorce Decree (No Fees)
Seasonal

SECTION 2 Type of Ownership

- J.T.W.R.O.S.
Individual
Partnership
Corporation
Limited Liability Co
Club
Government
Trust
Tribe
Other (Explain)

SECTION 3 Type of license

- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application)
Add Growler privileges (restaurant, series 12, license only. 300-foot restriction applies)

1.Type of License (restaurant, bar etc.): #6-Bar 2. LICENSE # (if issued): 06020084

SECTION 4 Applicants

- Agent's Name: LAMMI, Kimberly Kay
Applicant/Licensee Name: KL Mescal Bar and Grill, LLC
Business Name: Mescal Bar & Grill
Business Location Address: 70 N. Cherokee Benson AZ 85602 Cochise
Mailing Address: 9415 S. LEON RANCH RD. VAIL AZ 85641
Business Phone: (520) 586-3905 Daytime Contact Phone: (520) 591-4536
Email Address: Kimmilana@gmail.com
Is the Business located within the incorporated limits of the above city or town? No
If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? Cochise Co.

Fees: Application \$100, Interim Permit \$100, Department Use Only \$0, Site Inspection \$0, Finger Prints \$44, Total of All Fees \$244.00
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes

SECTION 5 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.
 1. If the applicant is an entity, not an individual, answer questions 1 a-b.

a) Date Incorporated/Organized: 08/03/2017 State where Incorporated/Organized: Arizona

b) AZ Corporation or AZ L.L.C. File No: L-22080309 Date authorized to do business in AZ 08/28/2017

2. List any individual or entity that own a beneficial interest of 10 % or more and/or controls the license. If the applicant is owned by another entity, attach an organizational chart showing the ownership structure. Attach additional sheets as needed to disclose any controlling person, member, shareholder or general partner who owns a beneficial interest of 10 % or more of the license.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip
LAMMI	KIMBERLY	KAY	MANAGER	50%	9415 S. LEON RANCH RD.	VAIL	AZ	85641
LAMMI	KEITH	ALAN	MANAGER	50%	9415 S. LEON RANCH RD.	VAIL	AZ	85641

(Attach additional sheet if necessary)

SECTION 6 Interim Permit

If you intend to operate business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01 For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Enter license number currently at the location: 06020084

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

I, (Signature) Stephen B Wolf declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON on the stated license and location.


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

NOTARY

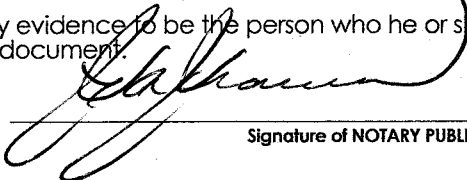
State of Arizona }
 County of Pima }

On this 15TH Day of August, 2017 before me personally appeared STEPHEN BRUCE WOLF
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



KEVIN A KRAMBER
 Notary Public - State of Arizona
 PIMA COUNTY
 My Comm. Expires June 5, 2021



Signature of NOTARY PUBLIC

(Affix Seal Above)

SECTION 7 Probate, Receiver, Bankruptcy Trustee, Assignment, or Divorce Decree of an existing liquor license ARS § 4-204
 EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD ALONG WITH \$22. PROCESSING FEE PER CARD.

1. Current Licensee's Name: _____
 (Exactly as it appears on the license) Last First Middle

2. Assignee's Name: _____
 Last First Middle

License Number: _____

ATTACH A COPY OF THE DOCUMENT THAT SPECIFICALLY ASSIGNS THE LIQUOR LICENSE TO THE ASSIGNEE.

SECTION 8 Government (for Cities, Towns or Counties only)

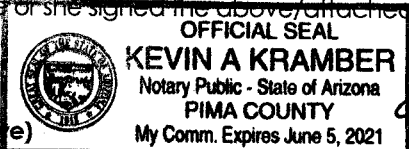
1. Government Entity: _____
2. Person/Designee: _____
Last First Middle Daytime Contact Phone #

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

SECTION 9 Person to Person – Current Licensee Information ARS§4-203(C), (D), (G)
(Bar and Liquor Stores only – Series 06, 07 and 09)

1. License #: 06020084
2. Current Agent Name: WOOLF STEPHEN TRUCE
Last First Middle
3. Current Licensee Name: MESCAL BAR & GRILL, LLC
(Exactly as it appears on the license)
4. Current Business Name: MESCAL BAR & GRILL, LLC
(Exactly as it appears on the license)
5. Current Daytime Phone: (520) 400-1236 Primary Email Address: MESCALBARANDGRILL@YAHOO.COM
6. Does current licensee intend to operate the business while this application is pending? Yes No
7. I authorize the transfer of this license to the applicant: [Signature]
Signature of Agent or Individual controlling person

NOTARY

State of Arizona }
County of Pima }
On this 15TH Day of AUGUST, 2019 before me personally appeared STEPHEN TRUCE WOOLF
(Print Name of Document Signer)
Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

[Signature]
Signature of NOTARY PUBLIC

SECTION 10 Proximity to Church or School - Questions to be completed by 6, 7, 9, 10 and 12G applicants.

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) Restaurants that do not sell growlers (A.R.S.§4-205.02) Series 12
 - b) Hotel/motel license (A.R.S.§4-205.01) Series 11
 - c) Microbrewery (A.R.S.§4-205.08) Series 3
 - d) Craft Distillery (A.R.S.§4-205.10) Series 18
 - e) Government license (A.R.S.§4-205.03) Series 5
 - f) Playing area of a golf course (A.R.S.§4-207 (B)(5))
 - g) Wholesaler/Distributor Series 4
 - h) Farm Winery Series 13
 - i) Producer Series 1

1. Distance to nearest School: 9 MILES Name of School: BENSON HIGH SCHOOL
 (If less than one (1) mile note footage) Address: 360 S. PATALONIA ST. BENSON, AZ 85602

2. Distance to nearest Church: 4,224 FT. Name of Church: PEACE IN THE VALLEY LUTHERAN
 (If less than one (1) mile note footage) Address: 551 S. J G RANCH RD. BENSON, AZ 85602

SECTION 11 Business Financials A.R.S.§4-202(F)

1. I am the:

- Tenant: a person who holds the lease of a property; a lessee.
- Sub-tenant: a person who holds a lease which was given to another person (tenant) for all or part of a property.
- Owner
- Purchaser
- Management Company

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

3. What is the penalty if the lease is not fulfilled? \$ N/A or Other: N/A

4. Total money borrowed for the Business not including lease? \$ 322,000.00

Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
WESLEY	BOZ	GRILL, LLC	322,000.00	3217 W. ACOMA PL.	BENSON	AZ	85602

(Attach additional sheet if necessary)

5. Has a license or a transfer license for the premises on this application been denied by the state within the past year?
 Yes No If yes, attach explanation.

6. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business?
 Yes No If yes, attach explanation.

SECTION 12 Diagram of Premises

Check ALL boxes that apply to your business:

Walk-up or drive-through windows

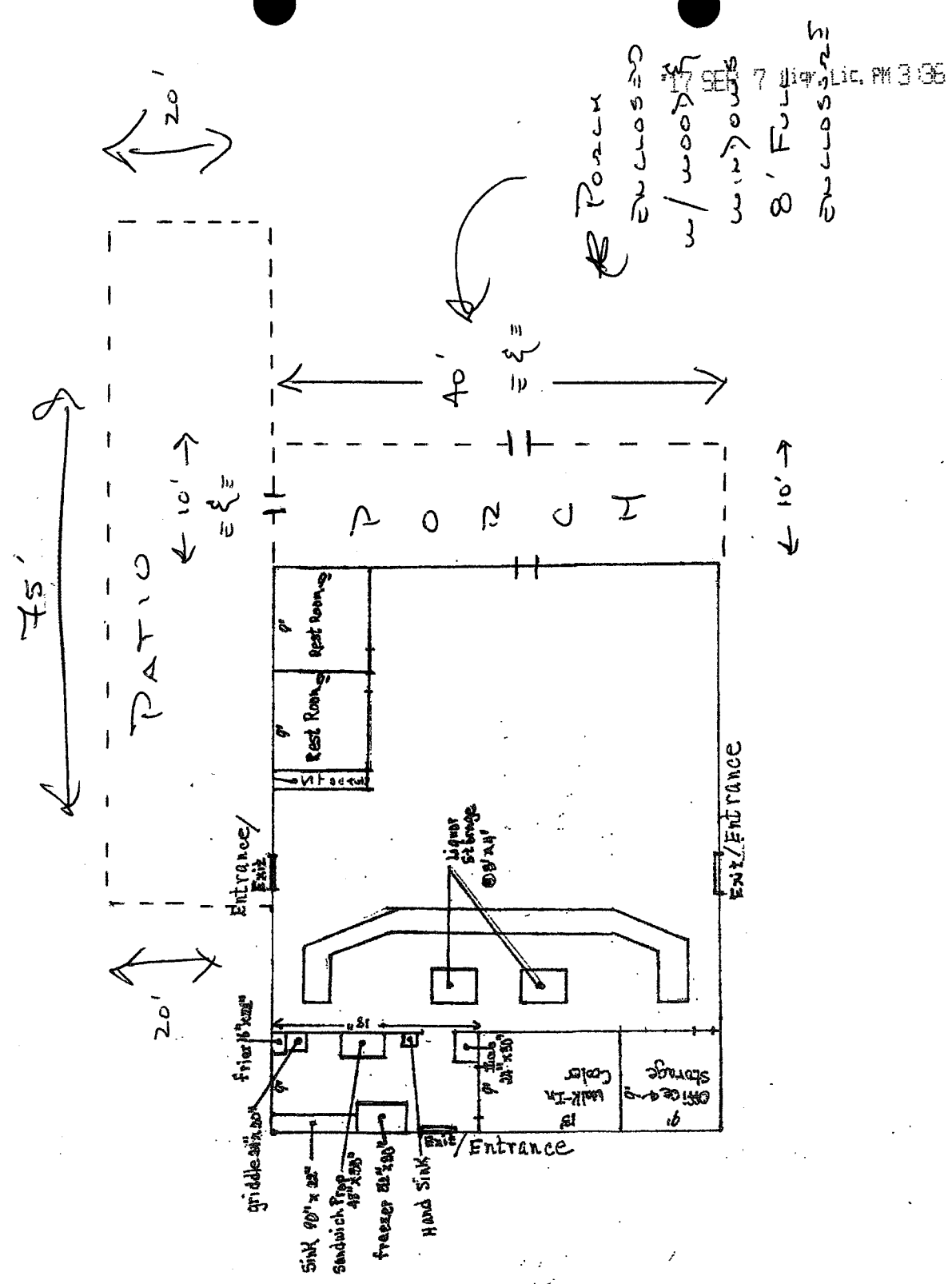
Patio: Contiguous Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
 Yes No If yes, what is your estimated completion date? N/A

Please attach a diagram of the premises which clearly show only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include all entrances, exits, interior walls, bar areas, dining areas, dance floor, stage, game room and the kitchen. **DO NOT INCLUDE** parking lots, living quarters or areas where business is not conducted under this liquor license. When completing your premises diagram, please identify which orientation is North.

SECTION 12 CONT.
 "MECHANICAL CORNER"
 PATIO ENCLOSED w/ 6' CHAIN LINK FENCING & WOOD FENCING

Approx. 2,000 SQ. FT.



2. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

3. 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 service areas or the square footage of the licensed premises, either by increase or decrease.

KL
Applicants Initials

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. The fee of \$50.00 will be due and payable upon submitting this application.)

4a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture, these are required as part of the diagram. A.R.S. §4-205.02(C)

4b. Provide a restaurant operation plan.

SECTION 13 SIGNATURE BLOCK

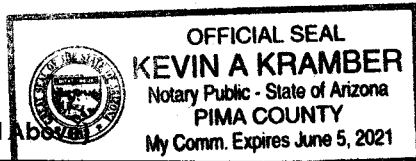
I, (Signature) Kimberly Kay Lammis, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

NOTARY

State of Arizona)
County of Pima)

On this 15TH Day of August, 2017 before me personally appeared Kimberly Kay Lammis
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Signature]
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.



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804498

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1078923 C.A.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 06020084
(If the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person and Agent are checked.

2. Name: LAMMI Kimberly Kay Birth Date: (NOT a public record)

3. Social Security #: Driver License #: State: ARIZONA

4. Place of birth: CLOQUET MN USA Height: 5'10" Weight: 175 Eyes: GRN Hair: BRN

5. Name of current/most recent spouse: LAMMI KATH LEAN N/A Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2014

7. Daytime telephone number: (520) 591-4536 E-mail address: KIMMILANA@gmail.com

8. Business Name: MESCAL BAR & GRILL Business Phone: 520/586/3905

9. Business Location Address: 70 N. CHEROKEE BENSON COCHISE 85602

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include Acc't. Specialist, Administrator, Health Advisor, and Manager.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/2010	CURRENT	RENT	9415 S. LEON RANCH RD.	YAIL	AZ	85641
09/2014	07/2010	RENT	15110 W. AZAVACA TRD.	AMADO	AZ	85645
11/2013	09/2014	RENT	728 47TH AVE. E	DULUTH	MN	55804
05/2010	11/2013	RENT	5365 W. HWY 73	MOOSE LAKE	MN	55767

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No


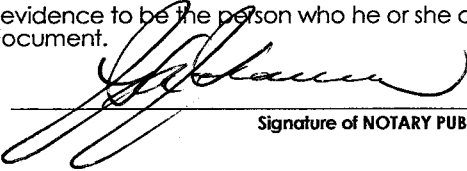
If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Kimberly Kay Lammi, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: Kimberly Kay Lammi

<u>NOTARY</u>	
State of Arizona	}
County of <u>PIMA</u>	
On this <u>15</u> Day of <u>AUGUST</u> , 20 <u>17</u>	before me personally appeared <u>Kimberly Kay Lammi</u> (Print Name of Document Signer)
whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the foregoing document.	
 KEVIN A. KRAMBER Notary Public - State of Arizona PIMA COUNTY My Comm. Expires June 5, 2021	 Signature of NOTARY PUBLIC
(Affix Seal Above)	

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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), nonimmigrant, 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 § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

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 a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type)

Kimberly Kay Lamm

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?

Yes

No

If **Yes**, indicate place of birth:

City CLOQUET State (or equivalent) MN Country or Territory USA

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

2) Name of document:
Go to Section IV.

2. DRIVER'S LICENSE

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Kimberly Kay Lamm

Individual Owner/Agent Printed Name

08 / 15 / 2017

Today's Date

Kimberly Kay Lamm

Individual Owner/Agent Signature

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

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

*17 SEP 7 Lig. Lic. PM 3 06

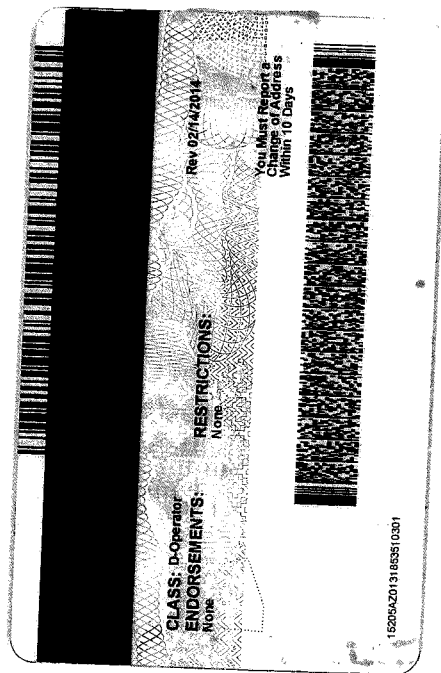
Arizona DRIVER LICENSE USA



9. CLASS D
9a. END NONE
12. REST NONE
1. LAMMI
2. KIMBERLY KAY
3. PO BOX 738
ARIVACA, AZ 85601-0738
4b. EXP 11/11/2050
4a. ISS 07/24/2015
16. SEX F
18. EYES GRN
17. HGT 5-10"
19. HAIR BRN
17. WGT 175 lb
DONOR 

Kimberly Lammi
5. DD 1552A4317L0854KS

17 SEP 7 Lic. Lic. PM 3:36



17 SEP 7 Liqu. Lic. PM 3:36



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804.498

The fees allowed by A.R.S. §4-6852 will be charged for all dishonored checks. P1078974 C.A.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 06020084
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager.

2. Name: LAMMI, KEITH ALAN Birth Date: (NOT a public record)

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

4. Place of birth: SANDSTONE MN USA Height: 5'11" Weight: 230 Eyes: BRO Hair: BRO

5. Name of current/most recent spouse: LAMMI KIMBERLY KAY KOIVISTO Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 2014

7. Daytime telephone number: (218) 565-0731 E-mail address: keithlammi@yahoo.com

8. Business Name: MEDICAL TRAC & CARE Business Phone: 520/586/3905

9. Business Location Address: 70 N. CHEROKEE BENSON AZ COCHISE 85602

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/2010	CURRENT	RENT	9415 S. LEON RANCH RD.	YAVIL	AZ	85641
09/2014	07/2010	RENT	15110 W. ANA YACA RD.	AMAZO	AZ	85645
11/2013	09/2014	RENT	728 47 TH AVE. E	DULUTH	MN	55804
05/2010	11/2013	RENT	5365 W. HWY 73	MOOSE LAKE	MN	55767

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? N/A Yes No
(Must provide the DLLC-approved certificate of completion issued by a course provider.)
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Keith Alan Lamm, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: [Signature]

NOTARY

State of Arizona

County of Pima }

On this 15TH Day of August, 2017 before me personally appeared Keith Alan Lamm
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



KEVIN A KRAMBER
Notary Public - State of Arizona
PIMA COUNTY
My Comm. Expires June 5, 2021

[Signature]
Signature of NOTARY PUBLIC

(Affix Seal Above)

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL

Douglas A. Ducey
GOVERNOR

September 7, 2017

John Cocca
DIRECTOR

Kimberly Kay Lammi
Mescal Bar & Grill
9415 S. Leon Ranch Rd.
Vail, AZ 85641
Re: Transfer of Liquor License No. 06020084

Dear Mrs. Lammi,

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) 364-0674 or e-mail me at Cynthia.abrigo@azliquor.gov.

Thank you,

Cynthia Abrigo
Customer Service Representative

Enclosures



Arizona Department of Liquor Licenses and Control **PM 3:16**
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

17 SEP 7 04:14 PM 2016

STATEMENT OF LEGAL OR EQUITABLE INTEREST

NOTE: This document must be signed by both the licensee and the interest holder. Filing this form with the License and Control does not create a lien. This form is for notification purposes only.

Information provided on this form is NOT to be relied upon for determining the ownership of a license. This form's purpose is only to give the Arizona Department of Liquor notice of interests, and to entitle the interest holder to certain notices regarding Arizona Department of Liquor disciplinary actions.

INTEREST HOLDER DATA:

Interest Holder's Name: WESCAL BAZAN & GRILL, LLC (STEPHEN WOLFF, MAN. / CONNIE WOLFF, WOM.)
 Mailing Address: 3217 W. ALOMA PL. BOURSON AZ 85602
 Business Phone: N/A Daytime Contact Number: (520) 400-1236
 Email Address: WESCALBAZAN@YAHOO.COM

The licensee or prospective licensee, hereby grants to the above named interest holder, a legal and/or equitable interest in the designated spirituous liquor license, pursuant to and in accordance with that certain UCC-1, SECURITY AGREEMENT (Describe document that generated this interest, i.e. security agreement, etc.) hereinafter called Collateral Agreement, between the licensee and the interest holder, said is dated: 09/06/17 and which Collateral is incorporated herein by reference. An executed copy of the Collateral Agreement will be located and available for inspection and reproduction at: STEWART TITLE & TRUST 3939 E. BROADWAY BLVD. TUCSON, AZ 85711 (Insert business name and address where Collateral Agreement is located)

This statement is filed in accordance with A.R.S. §4-112.B(3) and A.A.C. R19-1-407. The statement of legal or equitable interest shall allow the person filing said statement to participate in the proceedings and shall not in any manner bind the Director or the State Liquor Board concerning the matter under consideration. The parties acknowledge and agree that all notices will be made with the parties at the addresses shown herein above, unless same are changed in writing and delivered to the Department of Liquor Licenses and Control.

NOTARY

I, Print Name STEPHEN WOLFF, have read this document and the contents and all statements are true, correct and complete.

x [Signature] State of ARIZONA County of PIMA
 The foregoing instrument was acknowledged before me this

My commission expires on: JUNE 5, 2021 15TH of AUGUST 2017
 Day Month Year

[Signature]
 Signature of NOTARY PUBLIC

OFFICIAL SEAL
KEVIN A KRAMBER
 Notary Public - State of Arizona
 PIMA COUNTY
 My Comm. Expires June 5, 2021

LICENSEE DATA:

Licensee/Applicant's Name: Lamm, Kimberly Kay
(Exactly as it appears on the license/application) Last First Middle

Owner Name: KL MEDICAL BAR AND GRILL, LLC
(Corporation, LLC, Partnership, etc.)

Mailing Address: 9415 S. LEON RANCH RD. VAIL, AZ 85641

Location Address: 70 N. CHEROKEE BENSON, AZ 85602
(Exactly as it appears on the license)

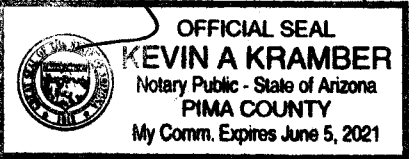
License Number: 06020084 Phone Number: (520) 586-3905

NOTARY

I, Print Name Kimberly Kay Lamm, have read this document and the contents and all statements are true, correct and complete.

x Kimberly Kay Lamm State of ARIZONA County of Pima
The foregoing instrument was acknowledged before me this

My commission expires on: JUNE 5, 2021 15TH of AUGUST, 2017
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

A.A.C. R-19-1-407

FILING OF LEGAL OR EQUITABLE INTEREST

- A. In accordance with A.R.S. Section 4-112.B.3, all persons having a legal or equitable interest in a spirituous liquor license shall file with the director a statement of such interest on a form prescribed and furnished by the department. Notice of termination of such interest shall be filed in writing by the interest holder upon final determination of the interest. Interest holders shall immediately file amended statements to reflect any change in the current statements presently on file.
- B. The director may periodically, by notice to the holders of interests filed under this rule and under A.R.S. Section 4-112.B.3, require such interest holders to verify in writing to the director that the statement presently on file is currently correct and accurate and, if not, such interest holder shall immediately file an amended statement or termination notice. If no response is received by the director within thirty (30) days of the mailing of such notice, the interest shall be deemed terminated.
- C. All persons having filed statements of interest in accordance with this rule and the statute shall be given notice of all matters and/or actions affecting or regarding the spirituous liquor license in which they have an interest.
- D. Notice as required in C above shall be fully effective by mailing a copy thereof by registered or certified mail in a sealed envelope with postage prepaid and addressed to such person at his address shown by the statement on file with the director. Service of such notice shall be complete when deposited in the U.S. Mail.
- E. All interest holders who are entitled to receive notice as provided for herein above shall have the right to appear and participate in person and through counsel in any hearing held before the board or director affecting the subject spirituous liquor license as his interests may appear.
- F. The statement of legal or equitable interest shall allow the person filing said statement to participate in the proceedings and shall not in any manner bind the director or the State Liquor Board concerning the matter under consideration.

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06020084

Issue Date: 2/12/2007

Issued To:
STEPHEN BRUCE WOOLF, Agent
MESCAL BAR & GRILL, LLC, Owner

Location:
MESCAL BAR & GRILL, LLC
70 N CHEROKEE
BENSON, AZ 85602

Expiration Date: 6/30/2018

Mailing Address:
STEPHEN BRUCE WOOLF
MESCAL BAR & GRILL, LLC
MESCAL BAR & GRILL, LLC
3217 W ACOMA PL
BENSON, AZ 85602



EXP 6/30/2018

POST THIS LICENSE IN A CONSPICUOUS PLACE



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

AFFIDAVIT OF POSTING

Date of Posting: 9/21/17 Date of Posting Removal: 10/12/17

Applicant's Name: Lammi Kimberly Kew
Last First Middle

Business Address: 70 N Cherokee Benson 85402
Street City Zip

License #: 060200814

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

CHRIS SAYLER LOVE COMPLIANCE OFFICER 520 432 9300
Print Name of City/County Official Title Phone Number

[Signature] 10.12.17
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kimberly Kay Lammi Address: 70 N Cherokee
Business Name: Mescal Bar & Grill, LLC City/Zip: Benson, 85602
Liquor License #: 06020084 Parcel #: 124-15-335A
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): Keith Alan Lammi

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.

XThe Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Michael McGee Title: Interim EH Director
Signature:  Date: 9/22/17
Contact phone: 586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Kimberly Kay Lammi Address: 70 N Cherokee
Business Name: Mescal Bar & Grill, LLC City/Zip: Benson, 85602
Liquor License #: 06020084 Parcel #: 124-15-335A
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): Keith Alan Lammi

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: The proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:

Approval

Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N

Use permitted by P&Z? Y N

Date Permit Issued: 11/4/06

If use not permitted, is it LNC? Y N

Zoning: General Business (GB)

Permit#: 065056

Use Permitted: Bar & Grill

Year LNC Established: N/A

- The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores

Title: Zoning Administrator

Signature: Dora V Flores

Date: September 26, 2017

Contact phone: 520.432.9300

Email: dflores@cochise.az.gov

Return completed form with any attachments by:

9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kimberly Kay Lammi Address: 70 N Cherokee
Business Name: Mescal Bar & Grill, LLC City/Zip: Benson, 85602
Liquor License #: 06020084 Parcel #: 124-15-335A
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): Keith Alan Lammi

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

XXX Yes No

If not, please attach pertinent documentation.

Comments:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 9/21/2017
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kimberly Kay Lammi Address: 70 N Cherokee
Business Name: Mescal Bar & Grill, LLC City/Zip: Benson, 85602
Liquor License #: 06020084 Parcel #: 124-15-335A
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): Kelth Alan Lammi

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: The Cochise County Sheriff's Office has responded to the above location 30 times in the last 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval	Disapproval	No Recommendation
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name: Richard Morales

Title: Lieutenant, Patrol

Signature: 

Date: 09-29-17

Contact phone: (520)586-8152

Email: Rdmorales@cochise.az.gov

Return completed form with any attachments by:

9/28/17

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Liquor License Giant Store #645 Series 10 Beer & Wine Store

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:** Approve
Presentation

Document Signatures: BOS **# of ORIGINALS**
Signature **Submitted for Signature:**
NOT
Required

NAME Arlethe Rios **TITLE** Clerk of the Board
of PRESENTER: **of PRESENTER:**

Mandated Function?: Not **Source of Mandate**
Mandated **or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve an agent change/acquisition of control liquor license application for a series #10 (Beer & Wine Store) license submitted by Mr. Robert Sprouse for Giant Store #645, located at 5620 S. Hwy 92, Hereford, AZ 85615.

Background:

Mr. Robert Sprouse has applied for a series #10 Beer & Wine Store liquor license for Giant Store #645 located at 5620 S. Hwy 92, Hereford, AZ 85615. The Sheriff's Office has no recommendation and the Treasurer's Office advised that the property taxes for the parcel in question are current. The Planning and Zoning Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Environmental Health Division recommends approval of the liquor license and is working with the property owner on health-related issues with the subject property.

Mr. Sprouse has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Affidavit of Posting

Departmental Review Forms



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

DLLC USE ONLY

Date Processed: 9/18/17

CSR: *[Signature]*

60th Day: 11/7/17

17 SEP 5 04P LDC RM1009

APPLICATION FOR AGENT CHANGE – ACQUISITION OF CONTROL – RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1
 Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
--	---	---

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Sprouse Robert Coleman 10023147
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: _____ Corp File #: _____
(Exactly as it appears on Liquor License) (If applicable)

3. Business Name: _____ Email: _____
(Exactly as it appears on Liquor License)

4. Business Location Address: _____ City _____ COUNTY _____ Zip _____
(Do not use P.O. Box Number)

5. Is the Business located within the incorporated limits of the above City or Town? Yes No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No If Yes, what City, Town or Tribal Reservation is this Business located in: _____

7. Mailing Address: _____ City _____ State _____ Zip _____

8. Business Phone: _____ Daytime Contact Phone 602-286-1922

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons? Yes No if yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

AMENDMENT

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)
 Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved report and information to be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

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

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



17 AUG 31 11:47 AM Dept PM 3 20

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

DLCC USE ONLY

Date Processed: 9/18/17
CSR: [Signature]
60th Day: 11/7/17

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

Agent Change Complete Sections 1,2,3,4,5 & 7
Acquisition of Control Complete Sections 1,2, 3 & 7
Restructure Complete Sections 1,2,3,6 & 7

SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Sprouse Robert Coleman 10023147
2. Owner Name: Western Refining Retail LLC Corp File #: R1954747-6
3. Business Name: Giant Store #645 Email: NONE
4. Business Location Address: 5620 S. HWY 92, Hereford, Cochise County, AZ 85615
5. Is the Business located within the incorporated limits of the above City or Town? Yes No
6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
7. Mailing Address: 1250 W. Washington Street, #101, Tempe, AZ 85281
8. Business Phone: 520-378-9307 Daytime Contact Phone 520-378-9307
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No
10. Has there been any change of Controlling Persons? Yes No

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

Table with columns: New, Last, First, Middle, Title, Address, City, State, Zip. Rows include Duffy, Carina, Eckard; Meltzer, Brooks, Alan; Wilkerson, Alan, Ray; Whittington, Derek, Lawson.

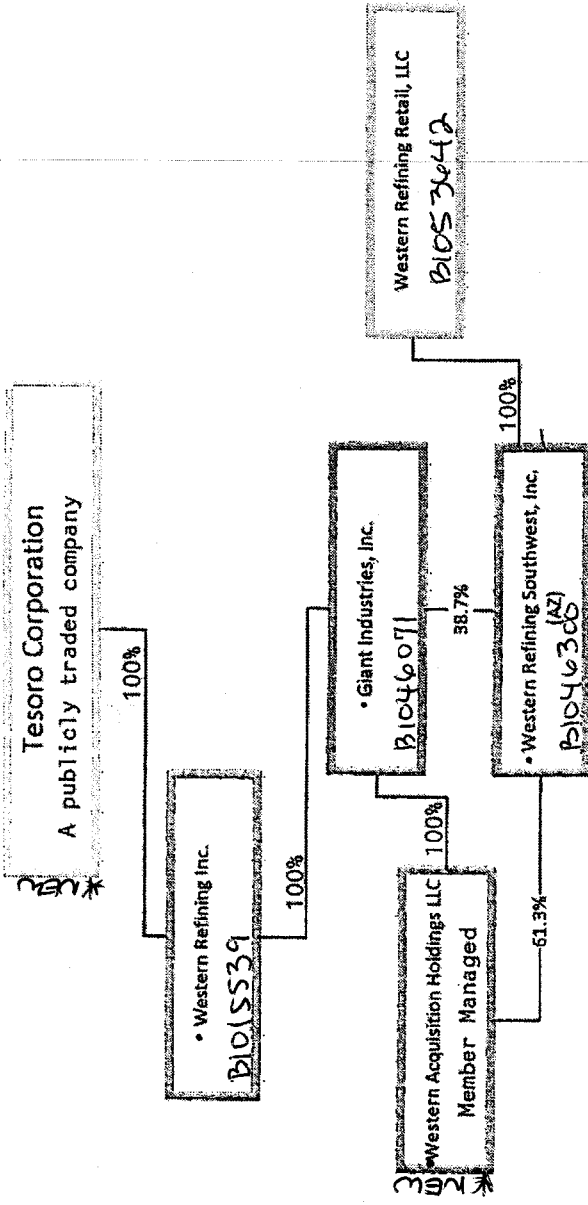
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) SEE ATTACHED

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

Table with columns: New, Last, First, Middle, % Owned, Address, City, State, Zip. Row includes Western Refining Southwest, Inc. with 100% ownership.

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) SEE ATTACHED

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



The officers of all entities outlined in purple include the following individuals:

- Carina E. Duffy - Vice President
- Matthew L. Yoder - Senior Vice President
- Alan Wilkerson - Vice President
- Robert Sprouse - Vice President
- Derek L. Whittington - Asst. Treasurer
- John R. Sherburne - Asst. Secretary

WESTERN REFINING RETAIL, LLC
CERTIFICATE OF SECRETARY


I, Brooks A. Meltzer, do hereby certify that I am the duly elected and acting Secretary of

Western Refining Retail, LLC a Delaware limited liability company (the “Company”), and I hereby certify to the following matter:

- That the following persons are elected officers to serve in those offices set forth opposite their respective names, in accordance with the Governing Document of the Company and until their successor shall have been duly elected and qualified or until their earlier resignation or removal:

NAME	TITLE
Carina E. Duffy NEW	President
Derek L. Whittington NEW	Treasurer
Alan Wilkerson NEW	Vice President
Robert C. Sprouse	Vice President
Matthew L. Yoder NEW	Senior Vice President
Brooks A. Meltzer NEW	Secretary
John R. Sherburne NEW	Assistant Secretary

IN WITNESS WHEREOF, I hereunto set my hand this 2 of June, 2017.



 Brooks A. Meltzer
 Secretary of Western Refining Retail, LLC

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? Yes No

If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider **BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.** If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? Yes No

If yes, Name of current Manager: _____
Last First Middle

Basic Training Yes No

Management Training Yes No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the **INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:**

1. License # _____

2. Current Agent Name: _____
(Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____
(Controlling Person/Existing Agent)

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

My commission expires on: _____

_____ of _____, _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? YES NO

If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- J.T.W.R.O.S.
- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LIMITED LIABILITY CO.
- MANAGEMENT CO.
- TRIBE
- TRUST
- OTHER (Explain) _____

- J.T.W.R.O.S.
- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LIMITED LIABILITY CO.
- MANAGEMENT CO.
- TRIBE
- TRUST
- OTHER (Explain) _____

SECTION 7

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) **OR NEW** Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Carina Eckard Duffy hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

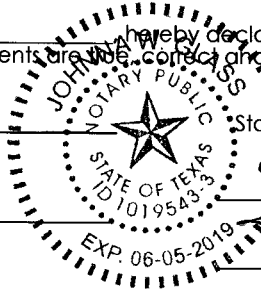
X Carina Eckard Duffy
(Controlling Person/Existing Agent)

State of Texas County of Bexar
The foregoing instrument was acknowledged before me this

My commission expires on: 06-05-19

5th of July, 2017
Day Month Year

Johnna W Glass
Signature of NOTARY PUBLIC





'17 AUG 31 Lyr. Dept PM 2 18

SIEGEL & MOSES PC

ATTORNEYS AT LAW

8700 WEST BRYN MAWR AVENUE • SUITE 720N

CHICAGO, ILLINOIS 60631

TELEPHONE (312) 658-2000

WWW.SMLAW.ORG

JENNIFER G. GALLERY
JENNIFER@SMLAW.ORG

August 29, 2017

Ms. Debbie Wunderly
Arizona Department of Liquor Licenses & Control
800 W. Washington St 5th Floor
Phoenix, AZ 85007

**Re: Acquisition of Control Applications for
Robert Sprouse / Western Refining Retail LLC
DBA Giant Stores - 85 Arizona Locations**

Dear Ms. Wunderly:

In furtherance of our email communications in the beginning of June, please recall that I represent Western Refining Retail, LLC with regard to its regulatory licensing. We discussed the change of officers and control that took place with the licensed entity in connection with a company merger. Per your instruction, I have enclosed 85 Applications for Acquisition of Control for each licensed location in Arizona and supporting materials for same.

Please note there are six (6) new officers and their Questionnaires and fingerprint cards are enclosed. Please note that Mr. Sprouse is the existing Agent and he is also an officer, and he is not being removed. In addition to the officer change, the ultimate ownership of the licensed entity is now Tesoro Corporation, a publicly traded company. For your convenience, a current organizational chart is also enclosed.

Please process the enclosed and contact me if you require anything further for these filings. Thank you for your assistance with this matter.

Very truly yours,

SIEGEL & MOSES, P.C.

By: 

Jennifer G. Gallery, Principal

JGG/eka
Enclosures



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023147
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person is checked.

2. Name: Duffy Carina Eckard Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Pretoria N/A South Africa Height: 5'5" Weight: 120 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Duffy Brian Kendrick N/A Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 01/08, CURRENT, Executive, Tesoro Refining & Marketing Co., 19100 Ridgewood Parkway, San Antonio, TX 78259.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. § 4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
10/16	CURRENT	Own	212 Fleetwood Drive	San Antonio	TX	78232
12/12	10/16	Own	605 Skyforest Drive	San Antonio	TX	78232
02/09	12/12	Own	108 Merry Trail	San Antonio	TX	78232

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Carina Eckard Duffy, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: X *Carina Eckard Duffy*

NOTARY

State of ~~Arizona~~ Texas)
County of Bexar)

On this 5 Day of June, 20 17 before me personally appeared Carina Eckard Duffy
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

NGOCLAN THI HOANG
Notary Public, State of Texas
My Commission expires
October 24, 2020
ID # 13087248-4

(Affix Seal Above)

Ngoclan Thi Hoang
Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023147
(If the location is currently licensed)

1. Check the Appropriate Box
[] Controlling Person (complete all questions)
[] Agent
[] Manager (complete all questions except #12)

2. Name: Whittington Derek Lawson Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Amarillo TX USA Height: 5'11" Weight: 225 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Whittington Amy Jo Warren Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [X] No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 06/98, CURRENT, Executive, Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
03/ 2008	CURRENT	Own	2034 Oak Dew	San Antonio	TX	78232

(ATTACH ADDITIONAL SHEET IF NECESSARY)

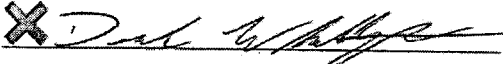
- 12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer # 13 below. If NO, skip to # 14. Yes No
- 13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
- 14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
- 15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202.4-210 Yes No
- 16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
- 17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in?
A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

17 SEP 8 11:41 AM '04
LIC 2M 8 024

Signature Block

I, (Print Name) Derek Lawson Whittington, hereby declare that I am the Owner/Agent filing this application, have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

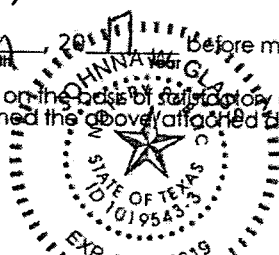
SIGNATURE: X 

NOTARY

State of ~~Arizona~~ Texas)
County of Bexar)

On this 11th Day of July, 2017, before me personally appeared Derek Lawson Whittington
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above attached document.



Johnna W. Dear
Signature of NOTARY PUBLIC

(Affix Seal Above)

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____ hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____

AMENDMENT

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
2008	CURRENT	Own	2034 Oak Dew	San Antonio	TX	78232

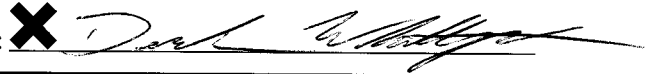
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Derek Lawson Whittington, hereby declare that I am the Owner/Agent filing this application. I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

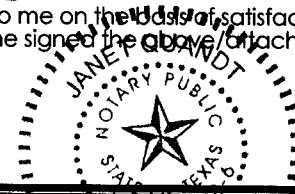
SIGNATURE: 

NOTARY

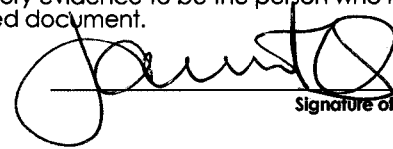
State of ~~Arizona~~ Texas)
County of Bexar)

On this 11th Day of July, 20 17 before me personally appeared Derek Lawson Whittington
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



(Affix Seal Above)


 Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with **Black Ink**

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 10023147
(if the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

2. Name: Wilkerson Alan Ray Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Tulsa OK USA Height: 5'9" Weight: 165 Eyes: HAZEL Hair: GRAY
City State COUNTRY (not county)

5. Name of current/most recent spouse: Wilkerson Daphne Elledge Elledge Birth Date: _____
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

10. 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)
04/07	CURRENT	Executive	Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
12/13	CURRENT	Own	14 Stone Hill Court	San Antonio	TX	78258
10/11	12/13	Own	30039 Quail Run Drive	Agoura Hills	CA	91301

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

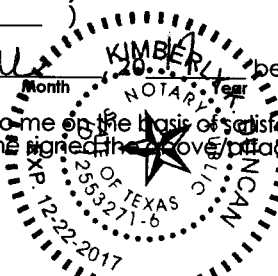
I, (Print Name) Alan Ray Wilkerson, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: Alan R. Wilkerson

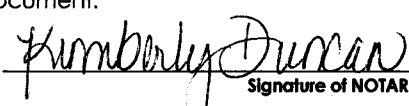
NOTARY

State of ~~Arizona~~ Texas)
County of Brewer)
On this 29 Day of June before me personally appeared Alan Ray Wilkerson
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



(Affix Seal Above)


Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____ hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

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

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Liquor License#: 10023147
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager, with instructions to complete questions.

2. Name: Yoder Matthew Levi Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Martinsburg WV USA Height: 5'11" Weight: 190 Eyes: GRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Yoder Candice Soza Soza Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 02/12
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include Executive at Western Refining and Manager at ConocoPhillips.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. § 4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
02/12	CURRENT	Own	11627 S. Blackfoot Drive	Phoenix	AZ	85044
02/10	02/12	Own	6117 Los Fuentes Drive	El Paso	TX	79912

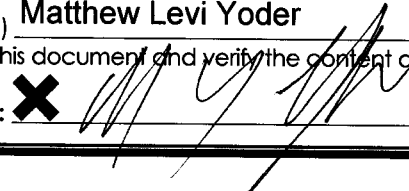
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in?
A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Matthew Levi Yoder, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.


SIGNATURE:  _____

NOTARY

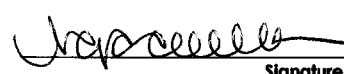
State of ~~Arizona~~ Texas)
County of Bexar)

On this 29 Day of June, 20 17 before me personally appeared Matthew Levi Yoder
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



NGOCLAN THI HOANG
Notary Public, State of Texas
My Commission expires
October 24, 2020
ID # 13087248-4



Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with **Black Ink**

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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.

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Liquor License#: 10023147
(If the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

2. Name: Meltzer Brooks Alan Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Galveston TX USA Height: 6'1" Weight: 175 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Meltzer Joy Newberry Newberry Birth Date: _____
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

10. 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)
05/07	CURRENT	Executive	Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/06	CURRENT	Own	13 Camden Oaks	San Antonio	TX	78248

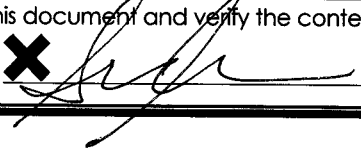
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Brooks Alan Meltzer, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

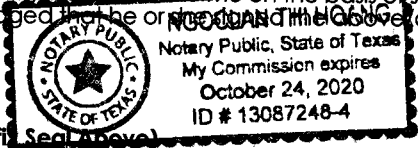
SIGNATURE: 

NOTARY

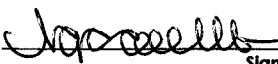
State of ~~Arizona~~ Texas)
County of Bexar)

On this 29 Day of June, 20 17 before me personally appeared Brooks Alan Meltzer
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above attached document.



(Affix Seal Above)


 Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

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

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Liquor License#: 10023147
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager, each with instructions to complete questions.

2. Name: Sherburne John Raymond Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Houston TX USA Height: 5'10" Weight: 190 Eyes: GRN Hair: GRAY
City State COUNTRY (not county)

5. Name of current/most recent spouse: Sherburne Margaret Jean Baron Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose

8. Business Name: Giant Store #645 Business Phone: 520 / 378 / 9307

9. Business Location Address: 5620 S. HWY 92, Hereford, AZ, Cochise 85615
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 02/94, CURRENT, Executive, Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. § 4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
08/01	CURRENT	Own	706 Lost Canyon	San Antonio	TX	78258

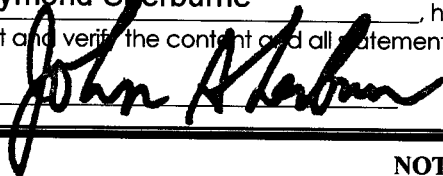
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) John Raymond Sherburne, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

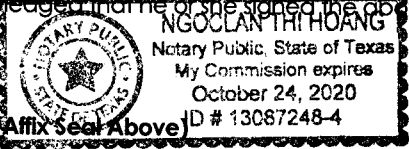
SIGNATURE: 

NOTARY

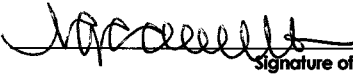
State of ~~Arizona~~ Texas)
County of Bexar)

On this 6 Day of July, 20 17 before me personally appeared John Raymond Sherburne
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



Affix Seal Above



Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

AFFIDAVIT OF POSTING

Date of Posting: 9/21/17 Date of Posting Removal: 10/12/17

Applicant's Name: Sprouse Robert
Last First Middle

Business Address: 5620 S Hwy 92 Merced 95615
Street City Zip

License #: 10023147

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

CHRIS SAYLOR CODE COMPLIANCE OFFICER 520 432 9300
Print Name of City/County Official Title Phone Number

Chris Saylor 10/12/17
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5620 S Hwy 92
Business Name: Giant Store #645 City/Zip: Hereford, 85615
Liquor License #: 10023147 Parcel #: 105-40-035H
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: The proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:	Approval <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>
---	--	--------------------------------------

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N Zoning: General Business (GB)
Use permitted by P&Z? Y N Permit#: 12-0915
Date Permit Issued: 9/20/12 Use Permitted: Convenience Store
If use not permitted, is it LNC? Y N Year LNC Established: N/A

- The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator
Signature: Dora V Flores Date: September 26, 2017
Contact phone: 520.432.9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5620 S Hwy 92
Business Name: Giant Store #645 City/Zip: Hereford, 85615
Liquor License #: 10023147 Parcel #: 105-40-035H
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.

The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Michael McGee Title: Interim EH Director
Signature:  Date: 9/22/17
Contact phone: 586-8206 Email: mcmcgee@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5620 S Hwy 92
Business Name: Giant Store #645 City/Zip: Hereford, 85615
Liquor License #: 10023147 Parcel #: 105-40-035H
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

Yes No
Xxx

If not, please attach pertinent documentation.

Comments:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 9/22/2017
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5620 S Hwy 92
Business Name: Giant Store #645 City/Zip: Hereford, 85615
Liquor License #: 10023147 Parcel #: 105-40-035H
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: The Cochise County Sheriff's Office responded to the above location 41 times in the last 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	No Recommendation <input checked="" type="checkbox"/>
---	-----------------------------------	--------------------------------------	---

Name: Richard Morales

Title: Lieutenant, Patrol

Signature: 

Date: 09-29-17

Contact phone: (520)586-8152

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

9/28/17

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Liquor Store Liquor License Giant Store #656. Series 9

Submitted By: Melissa Belasco, Board of Supervisors

Department: Board of Supervisors

Presentation: No A/V **Recommendation:** Approve
Presentation

Document Signatures: BOS **# of ORIGINALS**
Signature **Submitted for Signature:**
NOT
Required

NAME Arlethe Rios **TITLE** Clerk of the Board
of PRESENTER: **of PRESENTER:**

Mandated Function?: Not **Source of Mandate**
Mandated **or Basis for Support?:**

Docket Number (If applicable):

Information

Agenda Item Text:

Approve an agent change/acquisition of control liquor license application for a series #9 (Liquor Store) license submitted by Mr. Robert Sprouse for Giant Store #656, located at 5217 S. Hwy 92, Sierra Vista, AZ 85635.

Background:

Mr. Sprouse has applied for a series #9 Liquor Store liquor license for Giant Store #656, located at 5217 S. Hwy 92, Sierra Vista, AZ 85635. The Sheriff's Office has no recommendation and the Treasurer's Office advised that the property taxes for the parcel in question are current. The Planning and Zoning Department has recommended approval of the application. There have been no formal protests to this liquor license.

The Environmental Health Department has no concerns with the issuance of the liquor license. The Health Department is currently working with the property owner on health-related issues with the subject property.

Mr. Sprouse has paid the \$100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Budget Information

Information about available funds

Budgeted:

Funds Available:

Amount Available:

Unbudgeted:

Funds NOT Available:

Amendment:

Account Code(s) for Available Funds

1:

Fund Transfers

Attachments

Application

Affidavit of Posting

Departmental Review Forms



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

DLLC USE ONLY

Date Processed: 9/18/17

CSR: [Signature]

60th Day: 11/7/17

47 SEP 5 10:49 AM 1134

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
--	---	---

SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: (EXISTING AGENT OR NEW AGENT) Spouse Robert Coleman 09020052
 Last First Middle Liquor License #

2. Owner Name: _____ Corp File #: _____
 (Exactly as it appears on Liquor License) (if applicable)

3. Business Name: _____ Email: _____
 (Exactly as it appears on Liquor License)

4. Business Location Address: _____
 (Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town? Yes No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No If Yes, what City, Town or Tribal Reservation is this Business located in: _____

7. Mailing Address: _____
 City State Zip

8. Business Phone: _____ X Daytime Contact Phone 602-286-1922

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons? Yes No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

AMENDMENT

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

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

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



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

DLLC USE ONLY
Date Processed: 9/8/17
CSR: W
60th Day: 11/9/17

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

Agent Change Complete Sections 1,2,3,4,5 & 7
Acquisition of Control Complete Sections 1,2, 3 & 7
Restructure Complete Sections 1,2,3,6 & 7

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Sprouse Robert Coleman 09020052
2. Owner Name: Western Refining Retail LLC Corp File #: R1954747-6
3. Business Name: Giant Store #656 Email: NONE
4. Business Location Address: 5217 S. HWY 92, Sierra Vista, Cochise County, AZ 85635
5. Is the Business located within the incorporated limits of the above City or Town? Yes No
6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No
7. Mailing Address: 1250 W. Washington Street, #101, Tempe, AZ 85281
8. Business Phone: 520-378-6981 Daytime Contact Phone 520-378-6981
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No
10. Has there been any change of Controlling Persons? Yes No

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

Table with columns: New, Last, First, Middle, Title, Address, City, State, Zip. Rows include Duffy, Carina, Eckard; Meltzer, Brooks, Alan; Wilkerson, Alan, Ray; Whittington, Derek, Lawson.

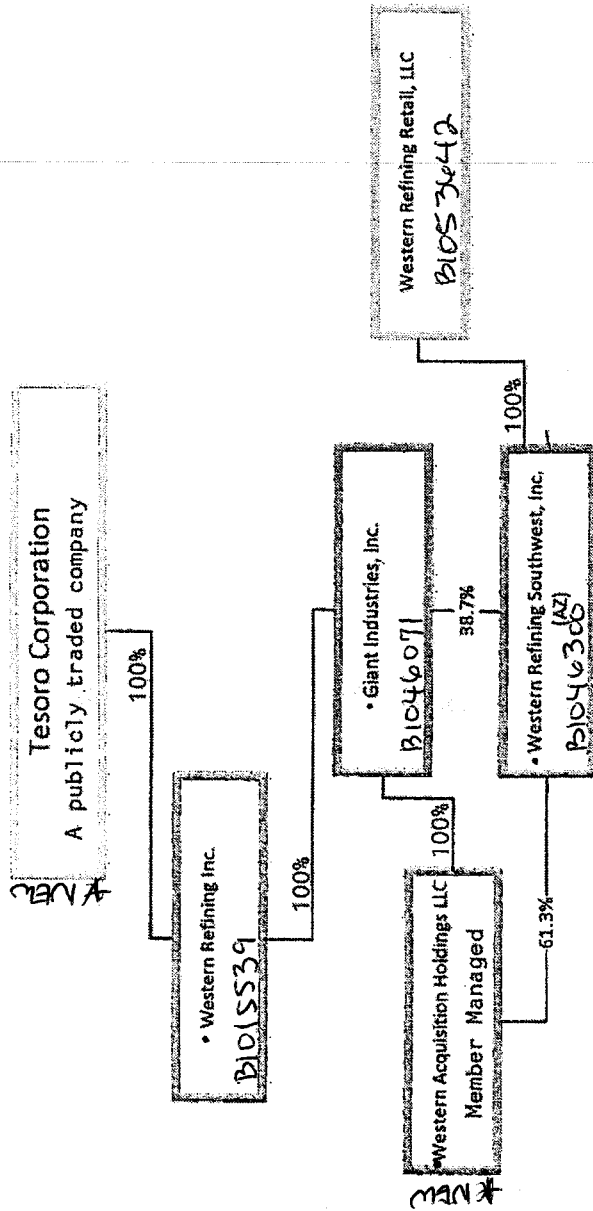
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) SEE ATTACHED

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

Table with columns: New, Last, First, Middle, % Owned, Address, City, State, Zip. Row includes Western Refining Southwest, Inc. with 100% ownership.

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) SEE ATTACHED

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



The officers of all entities outlined in purple include the following individuals:

- Carina E. Duffy - Vice President
- Matthew L. Yoder - Senior Vice President
- Alan Wilkerson - Vice President
- Robert Sprouse - Vice President
- Derek L. Whittington - Asst. Treasurer
- John R. Sherburne - Asst. Secretary

WESTERN REFINING RETAIL, LLC

CERTIFICATE OF SECRETARY

I, Brooks A. Meltzer, do hereby certify that I am the duly elected and acting Secretary of


Western Refining Retail, LLC a Delaware limited liability company (the "Company"), and I

hereby certify to the following matter:

- That the following persons are elected officers to serve in those offices set forth opposite their respective names, in accordance with the Governing Document of the Company and until their successor shall have been duly elected and qualified or until their earlier resignation or removal:

NAME	TITLE
Carina E. Duffy NEW	President
Derek L. Whittington NEW	Treasurer
Alan Wilkerson NEW	Vice President
Robert C. Sprouse	Vice President
Matthew L. Yoder NEW	Senior Vice President
Brooks A. Meltzer NEW	Secretary
John R. Sherburne NEW	Assistant Secretary

IN WITNESS WHEREOF, I hereunto set my hand this 2 of June, 2017.



Brooks A. Meltzer
Secretary of Western Refining Retail, LLC

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? Yes No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider **BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.** If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? Yes No
If yes, Name of current Manager: _____
Last First Middle

Basic Training Yes No

Management Training Yes No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the **INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:**

1. License # _____

2. Current Agent Name: _____
(Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____
(Controlling Person/Existing Agent)

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

My commission expires on: _____

_____ of _____ / _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? YES NO

If YES, **SEPARATE APPLICATIONS** must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- J.T.W.R.O.S.
- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LIMITED LIABILITY CO.
- MANAGEMENT CO.
- TRIBE
- TRUST
- OTHER (Explain) _____

- J.T.W.R.O.S.
- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- LIMITED LIABILITY CO.
- MANAGEMENT CO.
- TRIBE
- TRUST
- OTHER (Explain) _____

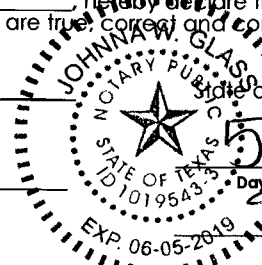
SECTION 7

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) **OR NEW** Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Carina Eckard Duffy, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X Carina Eckard Duffy
(Controlling Person/Existing Agent)



Texas County of Bexar
The foregoing instrument was acknowledged before me this

My commission expires on: 06-05-19

5th of July 2017
Day Month Year

John W. Glass
Signature of NOTARY PUBLIC



17 AUG 31 Ligr. Dept PM 2 18

SIEGEL & MOSES PC

ATTORNEYS AT LAW

8700 WEST BRYN MAWR AVENUE • SUITE 720N

CHICAGO, ILLINOIS 60631

TELEPHONE (312) 658-2000

WWW.SMLAW.ORG

JENNIFER G. GALLERY
JENNIFER@SMLAW.ORG

August 29, 2017

Ms. Debbie Wunderly
Arizona Department of Liquor Licenses & Control
800 W. Washington St 5th Floor
Phoenix, AZ 85007

**Re: Acquisition of Control Applications for
Robert Sprouse / Western Refining Retail LLC
DBA Giant Stores - 85 Arizona Locations**

Dear Ms. Wunderly:

In furtherance of our email communications in the beginning of June, please recall that I represent Western Refining Retail, LLC with regard to its regulatory licensing. We discussed the change of officers and control that took place with the licensed entity in connection with a company merger. Per your instruction, I have enclosed 85 Applications for Acquisition of Control for each licensed location in Arizona and supporting materials for same.

Please note there are six (6) new officers and their Questionnaires and fingerprint cards are enclosed. Please note that Mr. Sprouse is the existing Agent and he is also an officer, and he is not being removed. In addition to the officer change, the ultimate ownership of the licensed entity is now Tesoro Corporation, a publicly traded company. For your convenience, a current organizational chart is also enclosed.

Please process the enclosed and contact me if you require anything further for these filings. Thank you for your assistance with this matter.

Very truly yours,

SIEGEL & MOSES, P.C.

By: _____

Jennifer G. Gallery, Principal

JGG/eka
Enclosures



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

QUESTIONNAIRE
 A.R.S. § 4-202, 4-210
 Type or Print with **Black Ink**

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 09020052
(If the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

2. Name: Duffy Carina Eckard Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Pretoria N/A South Africa Height: 5'5" Weight: 120 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Duffy Brian Kendrick N/A Birth Date: _____
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. § 4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

10. 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)
01/08	CURRENT	Executive	Tesoro Refining & Marketing Co., 19100 Ridgewood Parkway, San Antonio, TX 78259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. § 4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
10/16	CURRENT	Own	212 Fleetwood Drive	San Antonio	TX	78232
12/12	10/16	Own	605 Skyforest Drive	San Antonio	TX	78232
02/09	12/12	Own	108 Merry Trail	San Antonio	TX	78232

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in?
A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Carina Eckard Duffy, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

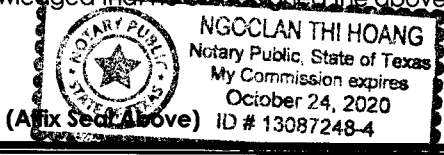
SIGNATURE: X Carina Eckard Duffy

NOTARY

State of ~~Arizona~~ Texas }
County of Bexar }

On this 5 Day of July, 2017 before me personally appeared Carina Eckard Duffy
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Signature]
Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
 A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 09020052
(If the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

2. Name: Whittington Derek Lawson Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Amarillo TX USA Height: 5'11" Weight: 225 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Whittington Amy Jo Warren Birth Date: _____
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

10. 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)
06/98	CURRENT	Executive	Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

0902052
Spruce, Robert

REVISED

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
03/2008	CURRENT	Own	2034 Oak Dew	San Antonio	TX	78232

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer # 13 below. If NO, skip to # 14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or
summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202.4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or
misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in?
A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

17 SEP 8 11:41 AM '12

Signature Block

I, (Print Name) Derek Lawson Whittington, hereby declare that I am the Owner/Agent filing this application,
have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

SIGNATURE: X [Signature]

NOTARY

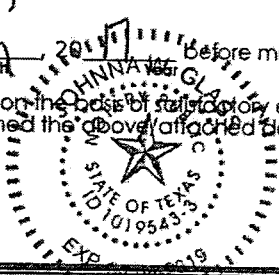
State of ~~Arizona~~ Texas)
County of Bexar)

On this 11th Day of July, 2011, before me personally appeared Derek Lawson Whittington
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and
acknowledged that he or she signed the above/attached document.

[Signature]
Signature of NOTARY PUBLIC

(Affix Seal Above)



SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as
manager for the named liquor license.

SIGNATURE: _____

AMENDMENT

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
2008	CURRENT	Own	2034 Oak Dew	San Antonio	TX	78232

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Derek Lawson Whittington, hereby declare that I am the Owner/Agent filing this application. I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

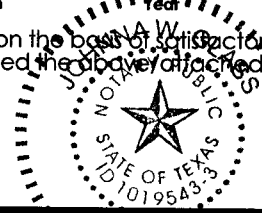
SIGNATURE: 

NOTARY

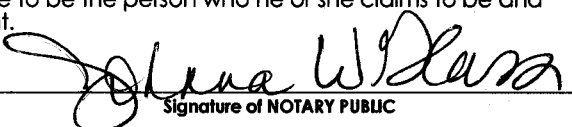
State of ~~Arizona~~ TEXAS)
County of Bexar)

On this 11th Day of July, 2017, before me personally appeared Derek Lawson Whittington
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above attached document.



(Affix Seal Above)


 Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



Arizona Department of Liquor Licenses and Control
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www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 09020052
(If the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager, with instructions to complete questions.

2. Name: Wilkerson Alan Ray Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Tulsa OK USA Height: 5'9" Weight: 165 Eyes: HAZEL Hair: GRAY
City State COUNTRY (not county)

5. Name of current/most recent spouse: Wilkerson Daphne Elledge Elledge Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 04/07, CURRENT, Executive, Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
12/13	CURRENT	Own	14 Stone Hill Court	San Antonio	TX	78258
10/11	12/13	Own	30039 Quail Run Drive	Agoura Hills	CA	91301

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? Yes No
(Must provide the DLLC-approved certificate of completion issued by a course provider.)
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Alan Ray Wilkerson, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

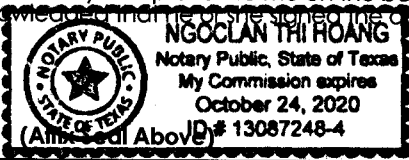
SIGNATURE: Alan R. Wilkerson

NOTARY

State of ~~Arizona~~ Texas)
County of Bexar)

On this 29 Day of June, 20 17 before me personally appeared Alan Ray Wilkerson
(Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



[Signature]
Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

QUESTIONNAIRE
 A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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.

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Liquor License#: 09020052
(If the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

2. Name: Yoder Matthew Levi Birth Date: _____
Last First Middle (NOT a public record)

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

4. Place of birth: Martinsburg WV USA Height: 5'11" Weight: 190 Eyes: GRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Yoder Candice Soza Soza Birth Date: _____
Last First Middle Malden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: 02/12
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

10. 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)
12/07	CURRENT	Executive	Western Refining, 1250 W. Washington St., Tempe, AZ 85281
10/01	12/07	Manager	ConocoPhillips, 600 N. Dairy Ashford Rd., Houston, TX 77079

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
02/12	CURRENT	Own	11627 S. Blackfoot Drive	Phoenix	AZ	85044
02/10	02/12	Own	6117 Los Fuentes Drive	El Paso	TX	79912

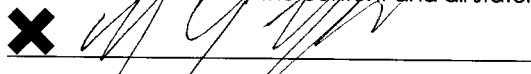
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Matthew Levi Yoder, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

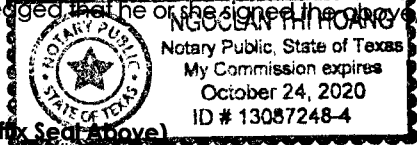
SIGNATURE: 

NOTARY

State of ~~Arizona~~ Texas)
 County of Bexar)

On this 29 Day of June, 20 17 before me personally appeared Matthew Levi Yoder
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.




 Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
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(602) 542-5141

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

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Liquor License#: 09020052
(if the location is currently licensed)

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Manager. Controlling Person is checked.

2. Name: Meltzer Brooks Alan Birth Date:
Last First Middle (NOT a public record)

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

4. Place of birth: Galveston TX USA Height: 6'1" Weight: 175 Eyes: BRN Hair: BRN
City State COUNTRY (not county)

5. Name of current/most recent spouse: Meltzer Joy Newberry Newberry Birth Date:
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose.

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 05/07, CURRENT, Executive, Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
07/06	CURRENT	Own	13 Camden Oaks	San Antonio	TX	78248

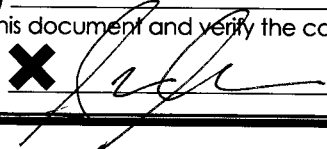
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years? (Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
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15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) Brooks Alan Meltzer, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

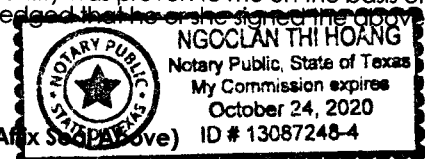
SIGNATURE: 

NOTARY

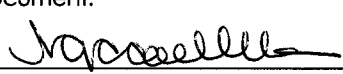
State of ~~Arizona~~ Texas)
County of Bexar)

On this 29 Day of June, 20 17 before me personally appeared Brooks Alan Meltzer
(Day Month Year) (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.



(Affix Seal Above)


 Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____, hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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QUESTIONNAIRE
 A.R.S. §4-202, 4-210
Type or Print with Black Ink

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

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for 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 IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A FINGERPRINT CARD. FINGERPRINTS ON FBI APPROVED CARDS ARE ACCEPTED FROM THE DEPARTMENT OF LIQUOR, LAW ENFORCEMENT AGENCIES, OR A BONA FIDE FINGERPRINT SERVICE. FINGERPRINT FEES WILL VARY. IN ADDITION TO THE FINGERPRINT FEE OF \$13 CHARGED BY THE DEPARTMENT OF LIQUOR, A \$22.00 ARIZONA DEPARTMENT OF PUBLIC SAFETY BACKGROUND CHECK FEE PER FINGERPRINT CARD WILL ALSO BE CHARGED.

Liquor License#: 09020052
(If the location is currently licensed)

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person (complete all questions)	<input type="checkbox"/> Agent <input type="checkbox"/> Manager (complete all questions except #12)
---	---

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

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

4. Place of birth: Houston TX USA Height: 5'10" Weight: 190 Eyes: GRN Hair: GRAY
City State COUNTRY (not county)

5. Name of current/most recent spouse: Sherburne Margaret Jean Baron Birth Date: _____
Last First Middle Maiden (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: N/A
A.R.S. §4-202(A) and (C)

7. Daytime telephone number: 210-626-6000 E-mail address: Choose not to disclose

8. Business Name: Giant Store #656 Business Phone: 520 / 378 / 6981

9. Business Location Address: 5217 S. HWY 92, Sierra Vista, AZ, Cochise 85635
Street (do not use PO Box) City State County Zip

10. 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)
02/94	CURRENT	Executive	Tesoro Companies, Inc., 19100 Ridgewood Parkway, San Antonio, TX 78259

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Indicate your residence address for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address	City	State	Zip
08/01	CURRENT	Own	706 Lost Canyon	San Antonio	TX	78258

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?
(Must provide the DLLC-approved certificate of completion issued by a course provider.) Yes No
14. 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, include only those that are alcohol and/or drug related.) A.R.S. §4-202 Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses pending against you? Include only criminal traffic tickets and complaints. A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you, the subject of which involved fraud or misrepresentation. Yes No
17. Have you had a liquor application or license rejected, denied, revoked, suspended or fined in Arizona in? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 17 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO THIS APPLICATION MAY NOT BE ACCEPTED

Signature Block

I, (Print Name) John Raymond Sherburne, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

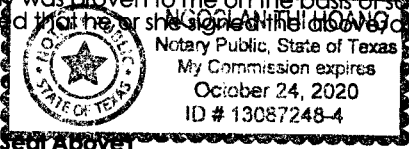
SIGNATURE: 

NOTARY

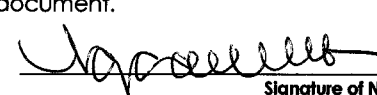
State of ~~Arizona~~ TEXAS)
County of Bexar)

On this 6 Day of July, 20 17 before me personally appeared John Raymond Sherburne
Day Month Year (Print Name of Document Signer)

whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above attached document.



(Affix Seal Above)



Signature of NOTARY PUBLIC

SIGNATURE FOR CONTROLLING PERSON OR AGENT APPROVING A MANAGER'S APPLICATION

I, (Print Full Name) _____ hereby authorize the person named on this questionnaire to act as manager for the named liquor license.

SIGNATURE: _____



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

AFFIDAVIT OF POSTING

Date of Posting: 9/21/17 Date of Posting Removal: 10/12/17

Applicant's Name: Spruise Robert
Last First Middle

Business Address: 5217 S Hwy 92 Sierra Vista 85635
Street City Zip

License #: 09020052

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

CHRIS SAYLOR CORD 520-432-9300
Print Name of City/County Official Title Phone Number

Chris Saylor 10-12-17
Signature Date Signed

Return this affidavit with your recommendations (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents. If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For Internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5217 S Hwy 92
Business Name: Giant Store #656 City/Zip: 85635
Liquor License #: 09020052 Parcel #: 107-67-004B
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: The proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:	Approval <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>
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OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N Zoning: General Business (GB)
Use permitted by P&Z? Y N Permit#: 3607
Date Permit Issued: 3/18/80 Use Permitted: Convenience Store Addition
If use not permitted, is it LNC? Y N Year LNC Established: N/A

- The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator
Signature: Dora V Flores Date: September 26, 2017
Contact phone: 520.432.9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5217 S Hwy 92
Business Name: Giant Store #656 City/Zip: 85635
Liquor License #: 09020052 Parcel #: 107-67-004B
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT


We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.

The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Michael McGee Title: Interim EH Director
Signature:  Date: 9/22/17
Contact phone: 586-8206 Email: mcmcgee@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5217 S Hwy 92
Business Name: Giant Store #656 City/Zip: 85635
Liquor License #: 09020052 Parcel #: 107-67-004B
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

Yes No
XXX

If not, please attach pertinent documentation.

Comments:

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 9/22/2017
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 9/28/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Coleman Sprouse Address: 5217 S Hwy 92
Business Name: Giant Store #656 City/Zip: 85635
Liquor License #: 09020052 Parcel #: 107-67-004B
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): See Application

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: The Cochise County Sheriff's Office has responded to the above location 46 times in the last 5 years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>	No Recommendation <input checked="" type="checkbox"/>
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Name: Richard Morales

Title: Lieutenant, Patrol

Signature: 

Date: 09-29-17

Contact phone: (520)586-8152

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

9/28/17

Community Development

Regular Board of Supervisors Meeting

Meeting Date: 10/24/2017

Proposed Planning and Zoning Name Change

Submitted By: Paul Esparza, Community Development

Department: Community Development **Division:** Planning & Zoning

Presentation: No A/V Presentation **Recommendation:** Approve

Document Signatures: BOS Signature NOT Required **# of ORIGINALS Submitted for Signature:** 0

NAME of PRESENTER: Ed Gilligan **TITLE of PRESENTER:** County Administrator

Docket Number (If applicable):

Mandated Function?: Not Mandated

Source of Mandate or Basis for Support?:

Information

Agenda Item Text:

Approve changing the name of the Planning and Zoning Department to the Development Services Department.

Background:

The Planning and Zoning Department is known by many names. In some instances, we are called a Division and in some we are a Department. Sometimes we are called Planning and Zoning and sometimes Planning, Zoning and Building Safety. We decided that we would like to have one name that describes all of our functions, without having to call out each one individually.

Department's Next Steps (if approved):

Staff will enter a transition period so that residents will always know how to access our services.

Impact of NOT Approving/Alternatives:

Our name will continue not to cover all of our functions.

To BOS Staff: Document Disposition/Follow-Up:

None

Attachments

Name Change Memo



COCHISE COUNTY

COMMUNITY DEVELOPMENT

"Public Programs...Personal Service"

TO: Board of Supervisors
FROM: Jerry Stabley, Planning Director
SUBJECT: Proposed Planning and Zoning Name Change
DATE: October 9, 2017

I. NATURE OF REQUEST

Change the name of the Planning and Zoning Department to the Development Services Department. This change will help to bring together the various work groups in the Department under one name that pertains to them all.

II: BACKGROUND

The Planning and Zoning Department is known by many names. In some instances, we are called a Division and in some we are a Department. Sometimes we are called Planning and Zoning and sometimes Planning, Zoning and Building Safety. We decided that we would like to have one name that describes all of our functions, without having to call out each one individually.

This request is to change the name of our department to: Development Services Department. This change reflects our renewed commitment to providing excellent service throughout the development process. From Comprehensive Plan amendments, through rezonings all the way to issuing building permits, we are dedicated to treating all of our clients to fast and effective service.

We will remain a part of Community Development. CD is a group of Departments, not a Department itself.

III: COSTS

The cost of name changes is greatly reduced in these days of electronic forms and letter heads. We will be changing our business cards, but they are produced in house at minimal cost. There are some forms with carbon copies that bear our current name. We will use up these forms and order new when we run out.

IV: RECOMMENDATION

Staff is requesting that the Board of Supervisors approve changing the name of the Planning and Zoning Department to the Development Services Department.