



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

**DLLC USE ONLY**

Date Processed: 9/18/17

CSR: *[Signature]*

60<sup>th</sup> 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
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**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
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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

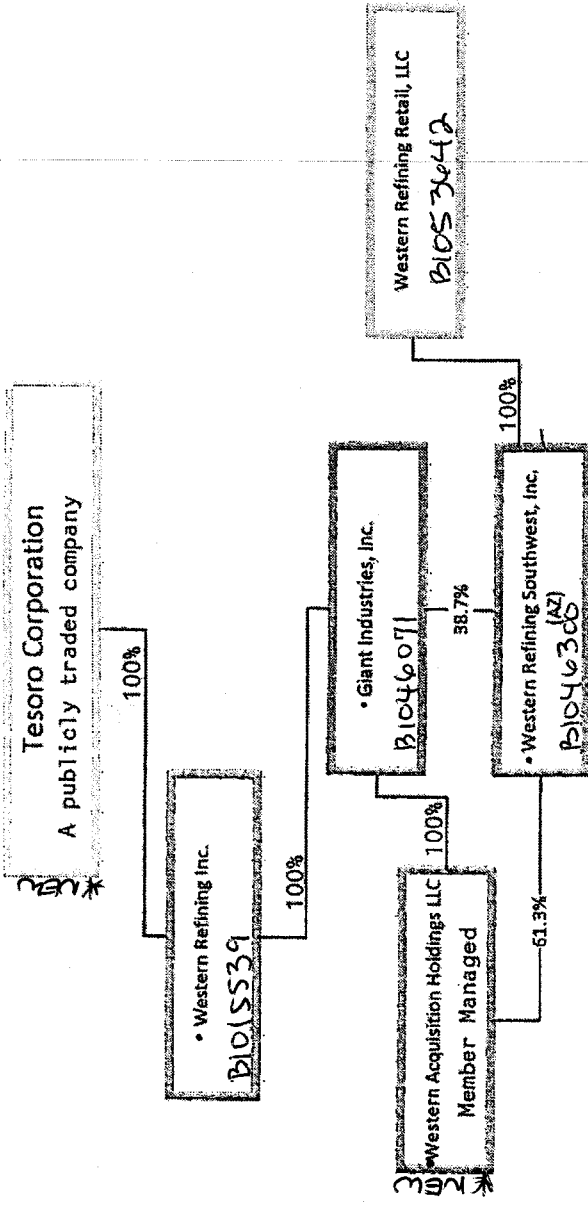
2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

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 <b>NEW</b>	President
Derek L. Whittington <b>NEW</b>	Treasurer
Alan Wilkerson <b>NEW</b>	Vice President
Robert C. Sprouse	Vice President
Matthew L. Yoder <b>NEW</b>	Senior Vice President
Brooks A. Meltzer <b>NEW</b>	Secretary
John R. Sherburne <b>NEW</b>	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.

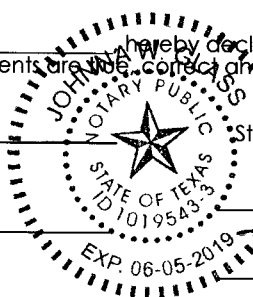
X Carina Eckard Duffy  
(Controlling Person/Existing Agent)

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 Liq. 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 →

<input checked="" type="checkbox"/> <b>Controlling Person</b> (complete all questions)	<input type="checkbox"/> <b>Agent</b> (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 #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)
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)

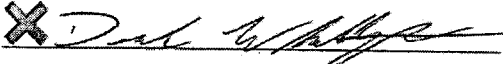
- 12. As a Controlling Person or Agent will you be physically present and operating the licensed premises?  
If you answered YES, then answer # 13 below. If NO, skip to # 14.  Yes  No
- 13. Have you attended a DLLC-approved Liquor Law Training Course within the past 3 years?  
(Must provide the DLLC-approved 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 8 034

**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.

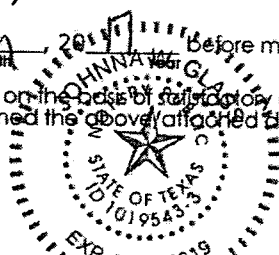
SIGNATURE: X 

**NOTARY**

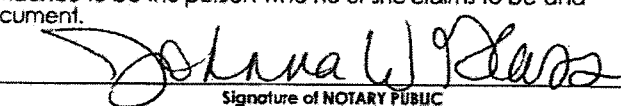
State of ~~Arizona~~ Texas }  
County of Bexar }

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.



(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: \_\_\_\_\_

# 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

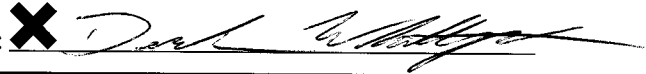
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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: 

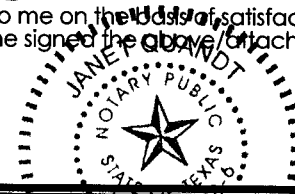
**NOTARY**

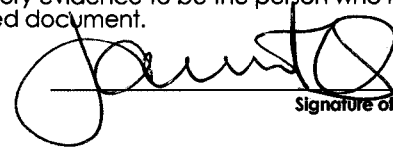
State of ~~Arizona~~ Texas )  
County of Bexar )

On this 11<sup>th</sup> 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 5<sup>th</sup> 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"/> <b>Controlling Person</b> (complete all questions)	<input type="checkbox"/> <b>Agent</b> (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**

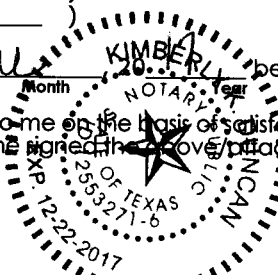
I, (Print Name) Alan Ray Wilkerson, hereby declare that I am the Owner/Agent filing this application, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge.

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)

Kimberly Duncan  
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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Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

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

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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

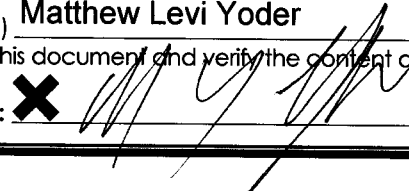
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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**

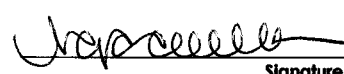
State of ~~Arizona~~ Texas )  
County of Bexar )

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

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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: 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.

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

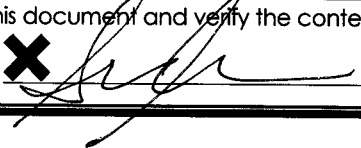
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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
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.  
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**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.

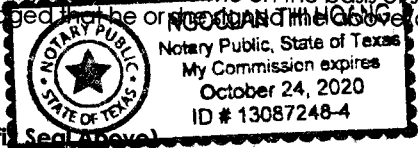
SIGNATURE: 

**NOTARY**

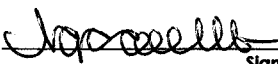
State of ~~Arizona~~ Texas )  
County of Bexar )

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
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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

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(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

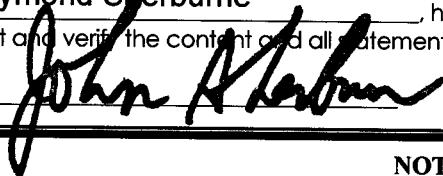
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**Signature Block**

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.

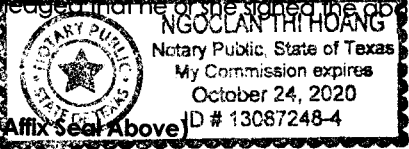
SIGNATURE: 

**NOTARY**

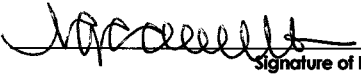
State of ~~Arizona~~ Texas )  
County of Bexar )

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

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SIGNATURE: \_\_\_\_\_