

LICENSING DC-36 PO BOX 52085  
2/26/2020 AP

**State of Arizona  
Department of Liquor Licenses and Control**

Created 02/26/2020 @ 09:50:08 AM  
Local Governing Body Report

**LICENSE**

Number:	Type:	010 BEER AND WINE STORE
Name:	CIRCLE K STORE #9540	
State:	Pending	
Issue Date:	Expiration Date:	
Original Issue Date:		
* Location:	3731 S HIGHWAY 92 SIERRA VISTA, AZ 85635 USA	
Mailing Address:	PO BOX 52085 PHOENIX, AZ 85072-2085 USA	
Phone:	(000)000-0000	
Alt. Phone:	(602)728-4783	
Email:	AZLICENSE@CIRCLEK.COM	

20 FEB 26 09:50 AM '20

**AGENT**

Name:	KIM KENNETH KWIATKOWSKI
Gender:	Male
Correspondence Address:	LICENSING DC-36 PO BOX 52085 PHOENIX, AZ 85072-2085 USA
Phone:	(602)728-4783
Alt. Phone:	
Email:	AZLICENSE@CIRCLEK.COM

**OWNER**

#97777  
Circle K store #9540  
Kwiatkowski, Kim, Kenneth

**AMENDMENT**



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

*Amendment  
 Line 9*

20 FEB 26 11:49 AM '11

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

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

2. Name: Kwiatkowski Kim Kenneth Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: Circle K Store #9540 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: 3731 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, or 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)
	CURRENT		

**AMENDMENT**

(ATTACH ADDITIONAL SHEET IF NECESSARY)

#9777



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

Amendment  
 LIQE 9

*[Handwritten signature]*

20 FEB 26 12:41 PM '11

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

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

2. Name: Cunnington (Kerr) Kathleen K Birth Date: 03 / 10 / 67  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: Circle K Store #9540 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: 3731 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, or 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)
	CURRENT		AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

#97777



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

*Amendment  
 Line 9*

\*20 FEB 26 11:41 AM '11

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

**The fees allowed by R19-1-102 will be charged for all dishonored checks.**

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

**QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.**

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

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

2. Name: Tourek Timothy Shawn Birth Date: 09 / 12 / 66  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: Circle K Store #9540 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: 3731 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, or 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)
	CURRENT		
			AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

*#97777*



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

*Amendment  
 LINE 9  
 JLL*

20180326 14:14:11.000

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box →

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

2. Name: Meza Janet Kay Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License#: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: Circle K Store #9540 Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: 3731 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, or 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)
	<b>CURRENT</b>		

**AMENDMENT**

(ATTACH ADDITIONAL SHEET IF NECESSARY)

#97777

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 02/10/2020 @ 02:34:57 PM

Local Governing Body Report

**LICENSE**

Number:		Type:	010 BEER AND WINE STORE
Name:	CIRCLE K STORE #9540		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	3721 S HIGHWAY 92 SIERRA VISTA, AZ 85635 USA		
Mailing Address:	PO BOX 52085 PHOENIX, AZ 85072-2085 USA		
Phone:	(000)000-0000		
Alt. Phone:	(602)728-4783		
Email:	AZLICENSE@CIRCLEK.COM		

**AGENT**

Name:	KIM KENNETH KWIATKOWSKI		
Gender:	Male		
Correspondence Address:	PO BOX 52085 PHOENIX, AZ 85072-2085 USA		
Phone:	(602)728-4783		
Alt. Phone:			
Email:	AZLICENSE@CIRCLEK.COM		

**OWNER**

Name:	CIRCLE K STORES INC		
Contact Name:	KIM KENNETH KWIATKOWSKI		
Type:	CORPORATION		
AZ CC File Number:	F00065980	State of Incorporation:	AZ
Incorporation Date:	04/08/1957		
Correspondence Address:	LICENSING DC-36 PO BOX 52085 PHOENIX, AZ 85072 USA		
Phone:	(602)728-4783		
Alt. Phone:			
Email:	AZLICENSE@CIRCLEK.COM		

**Officers / Stockholders**

Name:	Title:	% Interest:
CIRCLE K DELAWARE INC	Stockholder	100.00
TIMOTHY SHAWN TOUREK	Vice-President	
KATHLEEN K CUNNINGTON	VP/Treas,Director	
BRIAN PATRICK HANNASCH	Director	
GEOFFREY CHARLES HAXEL	Pres/Sec,Director	
KIM KENNETH KWIATKOWSKI	Sec	

**CIRCLE K STORES INC - Stockholder**

Name: CIRCLE K DELAWARE INC  
Contact Name: CIRCLE K DELAWARE INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36 POBOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-4783  
Alt. Phone:  
Email:

**CIRCLE K STORES INC - Vice-President**

Name: TIMOTHY SHAWN TOUREK  
Gender: Male  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-4306  
Alt. Phone:  
Email: TTOUREK@CIRCLEK.COM

**CIRCLE K STORES INC - VP/Treas,Director**

Name: KATHLEEN K CUNNINGTON  
Gender: Female  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-7137  
Alt. Phone:  
Email: KCUNNINGTON@CIRCLEK.COM

**CIRCLE K DELAWARE INC - Pres/Sec**  
**CIRCLE K STORES INC - Director**  
**COUCHE TARD INC - Pres**  
**DEPAN ESCOMPTE COUCHE TARD INC - Pres**  
**MACS CONVENIENCE STORES INC - Pres**

Name: BRIAN PATRICK HANNASCH  
Gender: Male  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
Phone: USA  
Alt. Phone: (602)728-4306  
Email:

**ALIMENTATION COUCHE TARD INC - VP**  
**CIRCLE K CORPORATION - Director,Pres**  
**CIRCLE K DELAWARE INC - Director,Pres**  
**CIRCLE K STORES INC - Pres/Sec,Director**  
**COUCHE TARD INC - VP**  
**COUCHE TARD US INC - Pres,Director**  
**DEPAN ESCOMPTE COUCHE TARD INC - VP**  
**MACS CONVENIENCE STORES INC - VP**

Name: GEOFFREY CHARLES HAXEL  
Gender: Male  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-4302  
Alt. Phone:  
Email: GHAXEL@CIRCLEK.COM

**CIRCLE K DELAWARE INC - Sec**  
**CIRCLE K STORES INC - Sec**

Name: KIM KENNETH KWIATKOWSKI  
Gender: Correspondence Male  
Address: PO BOX 52085  
PHOENIX, AZ 85072-2085  
USA  
Phone: (602)728-4783  
Alt. Phone:  
Email: AZLICENSE@CIRCLEK.COM

**CIRCLE K STORES INC - Stockholder**

Name: CIRCLE K DELAWARE INC  
Contact Name: CIRCLE K DELAWARE INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36 POBOX 52085  
PHOENIX, AZ 85072  
USA  
(602)728-4783

### **CIRCLE K STORES INC - Stockholder**

Name: CIRCLE K DELAWARE INC  
Contact Name: CIRCLE K DELAWARE INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36 POBOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-4783  
Alt. Phone:  
Email:

### **CIRCLE K CORPORATION - Stockholder**

Name: COUCHE TARD US INC  
Contact Name: COUCHE TARD US INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-4783  
Alt. Phone:  
Email:

### **MACS CONVENIENCE STORES INC - Stockholder**

Name: COUCHE TARD INC  
Contact Name: COUCHE TARD INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602) 7284783  
Alt. Phone:  
Email:

### **COUCHE TARD INC - Stockholder**

Name: DEPAN ESCOMPTE COUCHE TARD INC  
Contact Name: DEPAN ESCOMPTE COUCHE TARD INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602) 7284783  
Alt. Phone:  
Email:

**DEPAN ESCOMPTE COUCHE TARD INC -  
Stockholder**

Name: ALIMENTATION COUCHE TARD INC  
Contact Name: ALIMENTATION COUCHE TARD INC  
Type: CORPORATION  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
Phone: PHOENIX, AZ 85072  
Alt. Phone: USA  
Email: (602) 7284783

**ALIMENTATION COUCHE TARD INC-  
Stopckholder**

Name:  
Contact Name:  
Type:  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
Phone: PHOENIX, AZ 85072  
Alt. Phone: USA  
Email: (602) 7284783

**MANAGERS**

\*\*\*\*\*

Name: JANET KAY MEZA  
Gender: Female  
Correspondence Address: LICENSING DC-36  
PO BOX 52085  
PHOENIX, AZ 85072  
USA  
Phone: (602)728-7750  
Alt. Phone:  
Email: JMEZA@CIRCLEK.COM

## APPLICATION INFORMATION

Application Number: 97777  
Application Type: New Application  
Created Date: 02/10/2020

## QUESTIONS & ANSWERS

### 010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Provide name, address, and distance of nearest school and church.  
(If less than one (1) mile note footage)  
HUACHUCA ELEMENTARY - 4,150 FEET  
3228 ST ANDREWS DR, SIERRA VISTA, AZ 85650  
LIVING WORD FAMILY CHURCH - 475 FEET  
4060 E MANSANTO DR, SIERRA VISTA, AZ 85650
- 3) Are you one of the following? Please indicate below.  
Property Tennant  
Sub-tenant  
Property Owner  
Property Purchaser  
Property Management Company  
OWNER
- 4) Is there a penalty if lease is not fulfilled?  
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?  
Yes
- 6) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$3,500.00.00 - WELLS FARGO BANK ACCT-4123020789  
333 S GRAND AVE, 12TH FL, LOS ANGELES, CA 90071
- 7) Is there a drive through window on the premises?  
No
- 8) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
NONE
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
04/01/21



PROFESSIONAL SEAL

PROFESSIONAL SEAL

PROFESSIONAL SEAL

PROJECT NAME  
**CIRCLE K STORES, INC.**

CITY  
**ARIZONA**  
ADDRESS\_LINE\_1  
ADDRESS\_LINE\_2  
ADDRESS\_LINE\_3



CIRCLE K STORES INC.  
PROJECT NUMBER  
XXXXXXXX  
SHEET TITLE

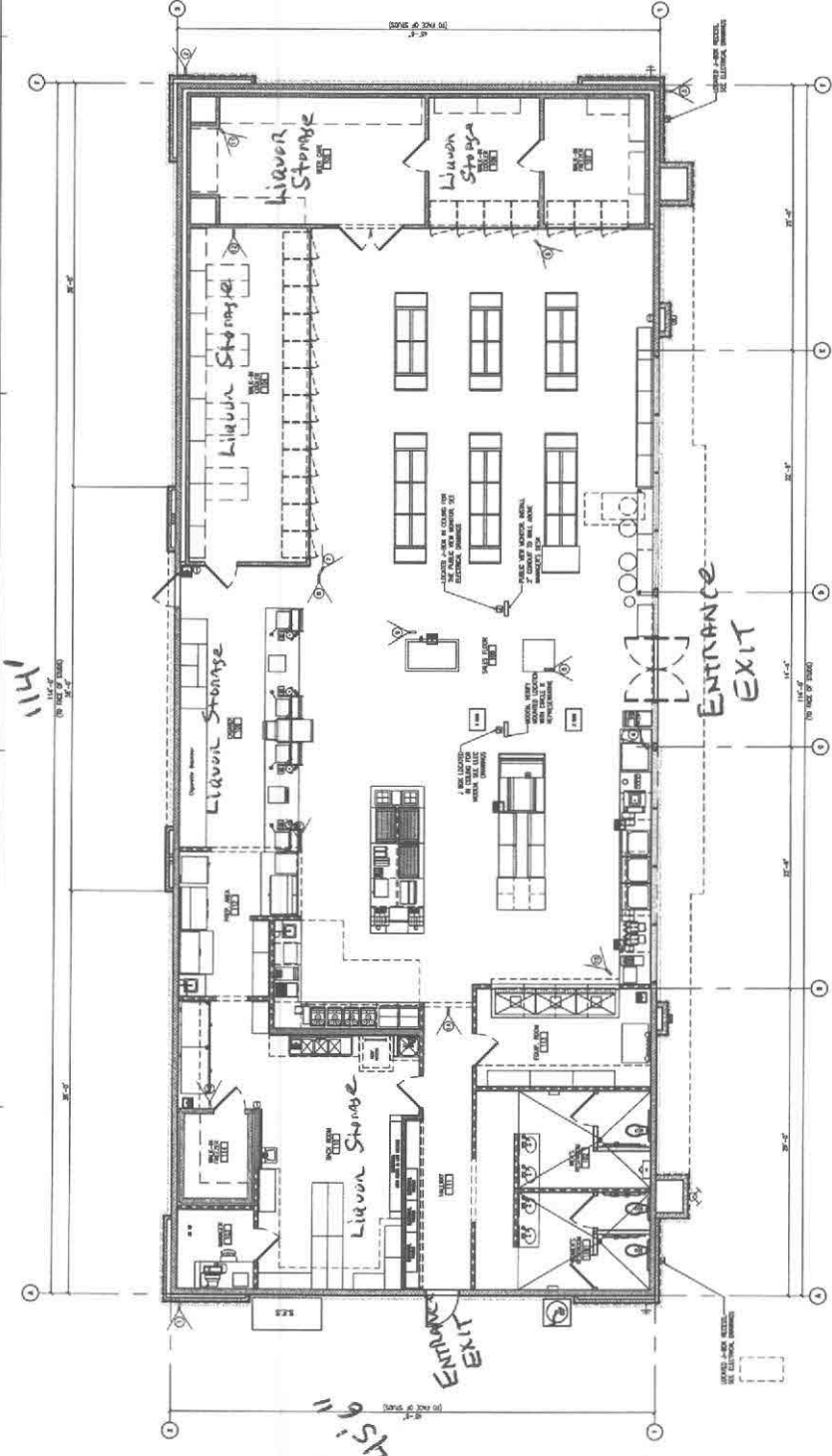
SECURITY SYSTEM PLAN

**A1.9**

- GENERAL NOTES**
1. SECURITY SYSTEM DEVICES AND PROBES AS SHOWN ON SHEET A1.9
  2. ALL DEVICES SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS
  3. THE EXACT LOCATION IS TO BE DETERMINED BY FIELD SURVEY

- NOTES**
1. THIS PLAN IS SUBJECT TO THE DESIGNER'S REVIEW
  2. ALL DEVICES SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS

5,187  
sq ft



20 FEB 10 11:47 AM '15

**Circle K Stores Inc.  
Texas 6/8/51  
Charter No. 0010697700  
FIN# 74-1149540**

20 FEB 10 14:14 PM '15

	OFFICE	Name	BUSINESS ADDRESS
AZ DOL	* President/Treasurer/Secretary/Sr VP	Kathy Cunnington	1130 W Warner Rd, Tempe, AZ 85284
	* Sr. Vice President	Darrell Davis	12911 Telecom Parkway, Tampa, FL 33637
	* Sr. Vice President	Dennis Tewell	1130 W Warner Rd, Tempe, AZ 85284
	Sr. Vice President	Timothy Alexander Miller	1130 W Warner Rd, Tempe, AZ 85284
AZ DOL	Vice President	Tim Shawn Tourek	1130 W Warner Rd, Tempe, AZ 85284
	Vice President	Trey Powell	25 W Cedar St, Suite 100, Pensacola, FL 35202
	Vice President	David G. Morgan	12911 Telecom Parkway, Tampa, FL 33637
	Vice President	Brian Bednarz	25 W Cedar St, Suite 100, Pensacola, FL 35202
	Vice President	Matt McCure	2440 Whitehall Park Dr., #800, Charlotte, NC 28273
	Vice President	Meredith Will Rice Jr.	305 Gregson Dr., Cary, NC 27511
	Vice President	Rodney Blanton	2440 Whitehall Park Dr., #800, Charlotte, NC 28273
	Vice President	Mark Tate	1199 S Beltline Rd, #160, Coppell, TX 75019
	Vice President	Mark Ostoits	2440 Whitehall Park Dr., #800, Charlotte, NC 28273
	Vice President	Luc Langevin	12911 Telecom Parkway, Tampa, FL 33637
	Assistant Secretary	Patrick Panzarella	19500 Bulverde Rd, San Antonio, TX 78259
AZ DOL	Assistant Secretary	Kim Kwiatkowski	1130 W Warner Rd, Tempe, AZ 85284
	Assistant Secretary	Christine Anagnostou	4204 Boul. Industriel, Laval (Quebec) Canada H7L 0E3
	Assistant Secretary	Sarah Lynn Longwell	255 E Rincon, Suite 100, Corona, CA 92879
	Assistant Secretary	Michael L Foster	2440 Whitehall Park Dr., #800, Charlotte, NC 28273
	Assistant Secretary	Randy Horne	25 W Cedar St, Suite 100, Pensacola, FL 35202
	Assistant Secretary	Edward Giunta	12911 Telecom Parkway, Tampa, FL 33637
	Assistant Secretary	Kimberly Andrews	5500 S Quebec St, #100, Greenwood Village, CO 80111
	Assistant Secretary	John Little	305 Gregson Dr., Cary, NC 27511
	Assistant Secretary	Aaron Brooks	305 Gregson Dr., Cary, NC 27511

\* Director

Business Address: 1130 W. Warner Road, Bldg B, Tempe, AZ 85284 (602) 728-8000

Domicile Address: % CSC-Lawyers Incorporating Service Company, 701 Brazos Street, Suite 1050, Austin, TX 78701

12,000,000 Shares Authorized, 1,000 issued at \$1.00 Par. 100% owned by Circle K Delaware Inc. (FIN: 46-0520672)

Circle K Stores Inc. is qualified in:

AL, AZ, AR, CA, CO, FL, GA, , ID, KS, LA, MS,  
MO, NV, NM, NC, OK, OR, SC, TN, TX, UT, WA

Corporate Structure:

Circle K Delaware Inc. is 100% owned by The Circle K Corporation (**Geoffrey Haxel - President/Director**)

The Circle K Corporation is 100% owned by Couche-Tard US Inc. (**Geoffrey Haxel - President/Director**)

Couche-Tard US Inc. is 100% owned by Mac's Convenience Stores Inc. (**Geoffrey Haxel - President/Director**)

Mac's Convenience Stores Inc. is 100% owned by Couche-Tard Inc. (**Geoffrey Haxel - Sr. Vice President**)

Couche-Tard Inc. is 100% owned by Depan-Escompte Couche-Tard Inc. (**Geoffrey Haxel - Sr. Vice President**)

Depan-Escompte Couche-Tard Inc. is 100% owned by Alimentation Couche-Tard Inc. (**Geoffrey Haxel - Sr. Vice President**)

Alimentation Couche-Tard Inc. is a publicly traded company (**Geoffrey Haxel - Sr. Vice President**)

20 FEB 10 11:47 AM '15



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 R19-1-102 will be charged for all dishonored checks.

804.847

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 97771

1. Check the Appropriate Box →

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

2. Name: Kwiatkowski Kim Kenneth Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Mesa AZ USA Height: 6'0" Weight: 220 Eyes: BRO Hair: GRY  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Kwiatkowski Janie Helen Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: 602-728-4783 E-mail address: kkwiatkowski@circlek.com

8. Business Name: Circle K Store #9540 Business Phone: Pending / /

9. Business Location Address: 3721 S Hwy 82 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, or 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)
04/94	CURRENT	Licensing Agent/Asst Secretary	Circle K Stores Inc. 1130 W Warner Rd, Tempe, AZ 85284

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/10	CURRENT	7853 S Michele Ln, Tempe, AZ 85284


(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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**NOTARY**

I (Print Full Name) Kim Kenneth Kwiatkowski hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.


Signature:  State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 15 Day of JAN, 2020

My Commission Expires on: 8/8/2020 Date Day Month Year



**LETICIA M. MARTINEZ**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires August 8, 2020

  
Signature of Notary

**The Licensee has authorized the person named on this questionnaire to act as manager for the above License.**

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Questionnaire Supplementary for AZ Dept of Liquor License & Control  
Entity Responses - Circle K Stores Inc**

**QUESTION 18: Entity response for Circle K Stores Inc.**

Circle K Stores Inc Interest in any other alcoholic beverage business:

Alimentation Couche-Tard Inc is a publicly traded company and has several subsidiary's which operate approximately 10,200 retail convenience markets in the United States, Canada, and Europe under the following names.

Circle K  
Kangaroo Express  
Mac's  
Couche-Tard  
Statoil  
Ingo

Most of these sites have alcohol.

Circle K Stores Inc operates approximately 3,600 stores in 27 states.


Interest is limited to employee/officer relationship.

**License applications denied** - It is the company's policy to secure alcohol licenses prior to constructing/acquiring sites. If an agency recommends denial of a license application for just cause (close to school, church, high crime area, etc), the application is usually withdrawn and the site is not purchased.

**Licenses suspended/fined** - The company trains its employees on the techniques of alcohol management. Periodically an employee of ours may incur a violation related to alcohol. Some jurisdictions will only issue a citation to the employee, therefore it is difficult to obtain knowledge of these violations. When the company is also issued a citation, the company may be fined a dollar amount or the store is required to suspend sales for a period of time. A report of citations can be created by request for those citations where the company was fined.

**Licenses revoked** - To the best of our knowledge there has been no alcohol license revoked.

Signature: \_\_\_\_\_

  
Kim Kenneth Kwiatkowski - Assistant Secretary / Agent

2019 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00				count=	1					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
19-Oct	9100071	1946	3183	Tucson	\$750.00	1	10/23/2019	AZDOL	na	na	Act of violence on premises	na
2018 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$1,000.00				count=	1					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
05-18	10076725	3490	3136	Chandler	\$1,000.00	1st	5/13/2018	AZ DPS	na	NO	Sell to minor	Seth Owens
2017 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00				count=	1					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
06-17	10071118	8596	3147	Peoria	\$750.00	1st	6/8/2017	AZ DOL	Yes	NO	Sold to minor	Joseph Aston
2016 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00				count=	1					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
01-16	10100124	1581	3187	South Tucson	\$750.00	1st	1/21/2016	AZ DOL	na	na	Sold to intoxicated person	Robert Zacarias Martinez
2015 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$0.00				count=	0					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
none	none	none	none	none	none	none	none	none	none	none	none	none
2014 AZ LIQUOR VIOLATIONS												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00				count=	1					
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
10-14	09-10040	2701582	-	Tucson	\$750.00	1st	10/15/2014	Tucson PD	na	na	Sold to intoxicated person	-



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

20 FEB 10 11:41 AM '18

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

*Ip Current 3/22/18*

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A **BLUE OR BLACK LINED** FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 97777

1. Check the Appropriate Box →

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

2. Name: Tourek Timothy Shawn Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Omaha NE US Height: 5'7" Weight: 155 Eyes: BLU Hair: BRO  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Tourek Judy (none) Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: 602-728-4306 E-mail address: Ttourek@circlek.com

8. Business Name: Circle K Store #9540 Business Phone:            /            /             
Pending

9. Business Location Address: 3721 S Hwy 82<sup>nd</sup> 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, or 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)
11/18	CURRENT	Vice President	Circle K Stores Inc. 1130 W Warner Rd, Tempe, AZ 85284
08/15	10/18	Sr Vice President	Circle K Denmark AS Borgmester Christiansenspace 50 2450 Copenhagen, Denmark, SV
07/92	07/15	Vice President	Circle K Stores Inc. 255 E Rincon St., Corona, CA 92879

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
03/19	CURRENT	14626 S Presario Trail, Phoenix, AZ 85048
11/18	03/19	9010 S Priest, #1172, Tempe, AZ 85284
07/15	10/18	Osterbrogade 44 1TV, 2100 Copenhagen, Denmark
09/12	07/15	25027 Lost Colt Ct, Menifee, CA 92584

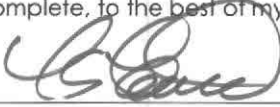
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


**NOTARY**

I (Print Full Name) Timothy Shawn Tourek hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.


Signature:  State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 15 Day of JAN, 2020

My Commission Expires on: 8/8/2020 Date Day Month Year



**LETICIA M. MARTINEZ**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires  
August 8, 2020

  
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**LETICIA M. MARTINEZ**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires  
August 8, 2020

**Questionnaire Supplementary for AZ Dept of Liquor License & Control  
Entity Responses - Circle K Stores Inc**

**QUESTION 18: Entity response for Circle K Stores Inc.**

Circle K Stores Inc Interest in any other alcoholic beverage business:

Alimentation Couche-Tard Inc is a publicly traded company and has several subsidiary's which operate approximately 10,200 retail convenience markets in the United States, Canada, and Europe under the following names.

Circle K  
Kangaroo Express  
Mac's  
Couche-Tard  
Statoil  
Ingo

Most of these sites have alcohol.

Circle K Stores Inc operates approximately 3,600 stores in 27 states.

Interest is limited to employee/officer relationship.

**License applications denied** - It is the company's policy to secure alcohol licenses prior to constructing/acquiring sites. If an agency recommends denial of a license application for just cause (close to school, church, high crime area, etc), the application is usually withdrawn and the site is not purchased.

**Licenses suspended/fined** - The company trains its employees on the techniques of alcohol management. Periodically an employee of ours may incur a violation related to alcohol. Some jurisdictions will only issue a citation to the employee, therefore it is difficult to obtain knowledge of these violations. When the company is also issued a citation, the company may be fined a dollar amount or the store is required to suspend sales for a period of time. A report of citations can be created by request for those citations where the company was fined.

**Licenses revoked** - To the best of our knowledge there has been no alcohol license revoked.

Signature: \_\_\_\_\_



Timothy Shawn Tourek - Vice President

2019 AZ LIQUOR VIOLATIONS 2019												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
19-Oct	9100071	1946	3183	Tucson	\$750.00	1	10/23/2019	AZDOL	na	na	Act of violence on premises	na
2018 AZ LIQUOR VIOLATIONS 2018												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$1,000.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
05-18	10076725	3490	3136	Chandler	\$1,000.00	1st	5/13/2018	AZ DPS	na	NO	Sell to minor	Seth Owens
2017 AZ LIQUOR VIOLATIONS 2017												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
06-17	10071118	8596	3147	Peoria	\$750.00	1st	6/8/2017	AZ DOL	Yes	NO	Sold to minor	Joseph Aston
2016 AZ LIQUOR VIOLATIONS 2016												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
01-16	10100124	1581	3187	South Tucson	\$750.00	1st	1/21/2016	AZ DOL	na	na	Sold to intoxicated person	Robert Zacarias Martinez
2015 AZ LIQUOR VIOLATIONS 2015												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$0.00		count=		0						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
none	none	none	none	none	none	none	none	none	none	none	none	none
2014 AZ LIQUOR VIOLATIONS 2014												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
10-14	09-10040	2701582	-	Tucson	\$750.00	1st	10/15/2014	Tucson PD	na	na	Sold to intoxicated person	-



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 R19-1-102 will be charged for all dishonored checks.

*For Comment 6/12/18*

20 FEB 10 14 PM 3:15

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in **black ink**. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

**QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.**

Liquor License#: 9777

1. Check the Appropriate Box →

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

2. Name: Cunnington (Kerr) Kathleen K Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Indianapolis IN USA Height: 5'9" Weight: 135 Eyes: BLU Hair: BLN  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Cunnington Jeffrey David Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona?  Yes  No If yes, what is your date of residency: May 2011

7. Daytime telephone number: 602-728-7137 E-mail address: kcunnington@circlek.com

8. Business Name: Circle K Store #9540 Business Phone:        /        /         
Pending

9. Business Location Address: 3721 S Hwy 82 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, or 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)
01/11	CURRENT	Treasurer/VP/Director	Circle K Stores Inc, 1130 W Warner Rd, Tempe, AZ 85284

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
01/17	CURRENT	3424 E Equestrian Trail, Phoenix, AZ 85044
05/11	01/17	14202 S 12th Place, Phoenix, AZ 85048

(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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

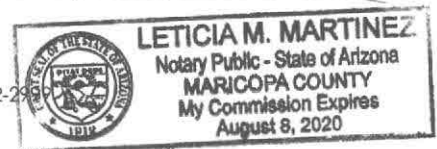
**NOTARY**

I (Print Full Name) Kathleen K Cunnington hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Kathleen K. Cunnington* State of Arizona County of Maricopa  
 The foregoing instrument was acknowledged before me this 15 Day of JAN, 2020  
 My Commission Expires on: 8/8/2020 Date Day Month Year  
*Leticia M. Martinez*  
 Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: \_\_\_\_\_ SIGNATURE: *Kathleen K. Cunnington*



**Questionnaire Supplementary for AZ Dept of Liquor License & Control  
Entity Responses - Circle K Stores Inc**

**QUESTION 18: Entity response for Circle K Stores Inc.**

Circle K Stores Inc Interest in any other alcoholic beverage business:

Alimentation Couche-Tard Inc is a publicly traded company and has several subsidiary's which operate approximately 10,200 retail convenience markets in the United States, Canada, and Europe under the following names.

Circle K  
Kangaroo Express  
Mac's  
Couche-Tard  
Statoil  
Ingo

Most of these sites have alcohol.

Circle K Stores Inc operates approximately 3,600 stores in 27 states.


Interest is limited to employee/officer relationship.

**License applications denied** - It is the company's policy to secure alcohol licenses prior to constructing/acquiring sites. If an agency recommends denial of a license application for just cause (close to school, church, high crime area, etc), the application is usually withdrawn and the site is not purchased.

**Licenses suspended/fined** - The company trains its employees on the techniques of alcohol management. Periodically an employee of ours may incur a violation related to alcohol. Some jurisdictions will only issue a citation to the employee, therefore it is difficult to obtain knowledge of these violations. When the company is also issued a citation, the company may be fined a dollar amount or the store is required to suspend sales for a period of time. A report of citations can be created by request for those citations where the company was fined.

**Licenses revoked** - To the best of our knowledge there has been no alcohol license revoked.

Signature: \_\_\_\_\_

  
Kathleen K Cunningham - Vice President / Treasurer

2019 AZ LIQUOR VIOLATIONS 2019												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
19-Oct	9100071	1946	3183	Tucson	\$750.00	1	10/23/2019	AZDOL	na	na	Act of violence on premises	na
2018 AZ LIQUOR VIOLATIONS 2018												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$1,000.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
05-18	10076725	3490	3136	Chandler	\$1,000.00	1st	5/13/2018	AZ DPS	na	NO	Sold to minor	Seth Owens
2017 AZ LIQUOR VIOLATIONS 2017												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
06-17	10071118	8596	3147	Peoria	\$750.00	1st	6/8/2017	AZ DOL	Yes	NO	Sold to minor	Joseph Aston
2016 AZ LIQUOR VIOLATIONS 2016												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	1	0	0	0	1					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
01-16	10100124	1581	3187	South Tucson	\$750.00	1st	1/21/2016	AZ DOL	na	na	Sold to intoxicated person	Robert Zacarias Martinez
2015 AZ LIQUOR VIOLATIONS 2015												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$0.00		count=		0						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
none	none	none	none	none	none	none	none	none	none	none	none	none
2014 AZ LIQUOR VIOLATIONS 2014												
Violations:		Dismissed	1st	2nd	3rd	4th	Total					
Number of:		0	0	0	0	0	0					
		\$750.00		count=		1						
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
10-14	09-10040	2701582	-	Tucson	\$750.00	1st	10/15/2014	Tucson PD	na	na	Sold to intoxicated person	-



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

\*20 FEB 10 04:14 PM '15

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

The fees allowed by R19-1-102 will be charged for all dishonored checks.

*For Current 3/9/18*

**ATTENTION APPLICANT:** This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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

**QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.**

Liquor License#: 97777

1. Check the Appropriate Box →

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

2. Name: Meza Janet Kay Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Glenellen AK USA Height: 5'8" Weight: 185 Eyes: BRO Hair: BRO  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Meza Hernando (none) Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

7. Daytime telephone number: 602-728-7750 E-mail address: jmeza@circlek.com

8. Business Name: Circle K Store #9540 Business Phone: Pending / /

9. Business Location Address: 3721 S Hwy 82 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, or 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)
08/98	CURRENT	Convenience Store	Circle K Stores Inc. 1130 W Warner Rd, Tempe, AZ 85284

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
10/91	CURRENT	10411 E Rushlight Dr, Tucson, AZ 85748

(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 Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years?  Yes  No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) 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 or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D)  Yes  No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

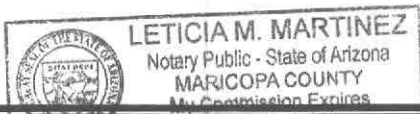
**NOTARY**

I (Print Full Name) Janet Kay Meza hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Janet K Meza* State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this 15 Day of JAN, 2020

My Commission Expires on: 8/8/2020 Date Day Month Year

 *Leticia M. Martinez*  
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: Kim Kenneth Kwiatkowski SIGNATURE: *[Signature]*

**Questionnaire Supplementary for AZ Dept of Liquor License & Control  
Entity Responses - Circle K Stores Inc**

**QUESTION 18: Entity response for Circle K Stores Inc.**

Circle K Stores Inc Interest in any other alcoholic beverage business:

Alimentation Couche-Tard Inc is a publicly traded company and has several subsidiary's which operate approximately 10,200 retail convenience markets in the United States, Canada, and Europe under the following names.

Circle K  
Kangaroo Express  
Mac's  
Couche-Tard  
Statoil  
Ingo

Most of these sites have alcohol.

Circle K Stores Inc operates approximately 3,600 stores in 27 states.

Interest is limited to employee/manager relationship.

**License applications denied** - It is the company's policy to secure alcohol licenses prior to constructing/acquiring sites. If an agency recommends denial of a license application for just cause (close to school, church, high crime area, etc), the application is usually withdrawn and the site is not purchased.

**Licenses suspended/fined** - The company trains its employees on the techniques of alcohol management. Periodically an employee of ours may incur a violation related to alcohol. Some jurisdictions will only issue a citation to the employee, therefore it is difficult to obtain knowledge of these violations. When the company is also issued a citation, the company may be fined a dollar amount or the store is required to suspend sales for a period of time. A report of citations can be created by request for those citations where the company was fined.

**Licenses revoked** - To the best of our knowledge there has been no alcohol license revoked.

NAME: \_\_\_\_\_

  
Janet Kay Meza

2019 AZ LIQUOR VIOLATIONS 2019												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	0	0	0	0	0				
			\$750.00	count=				1				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
19-Oct	9100071	1946	3183	Tucson	\$750.00	1	10/23/2019	AZDOL	na	na	Act of violence on premises	na
2018 AZ LIQUOR VIOLATIONS 2018												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	1	0	0	0	1				
			\$1,000.00	count=				1				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
05-18	10076725	3490	3136	Chandler	\$1,000.00	1st	5/13/2018	AZ DPS	na	NO	Sell to minor	Seth Owens
2017 AZ LIQUOR VIOLATIONS 2017												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	1	0	0	0	1				
			\$750.00	count=				1				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
06-17	10071118	8596	3147	Peoria	\$750.00	1st	6/8/2017	AZ DOL	Yes	NO	Sold to minor	Joseph Aston
2016 AZ LIQUOR VIOLATIONS 2016												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	1	0	0	0	1				
			\$750.00	count=				1				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
01-16	10100124	1581	3187	South Tucson	\$750.00	1st	1/21/2016	AZ DOL	na	na	Sold to intoxicated person	Robert Zacarias Martinez
2015 AZ LIQUOR VIOLATIONS 2015												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	0	0	0	0	0				
			\$0.00	count=				0				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
none	none	none	none	none	none	none	none	none	none	none	none	none
2014 AZ LIQUOR VIOLATIONS 2014												
		Violations:	Dismissed	1st	2nd	3rd	4th	Total				
		Number of:	0	0	0	0	0	0				
			\$750.00	count=				1				
MTH	LICENSE-NO.	STORE	ZONE	CITY	AMT	1st,2nd...4th	V-DATE	AGENCY	CUB	ASK-ID	VIOLATION	EMPLOYEE
10-14	09-10040	2701582	-	Tucson	\$750.00	1st	10/15/2014	Tucson PD	na	na	Sold to intoxicated person	-

Certificate # \_\_\_\_\_

# Certificate of Completion For Title 4 **BASIC** Liquor Law Training

<input type="checkbox"/>	On-sale
<input checked="" type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

### Student Information

**Janet K Meza**

Full Name (please print)

*Janet K Meza*

Signature

**01/06/20**

Training Completion Date

**01/06/23**

Certificate Expiration Date

(three years from completion date)

### Training Provider Information

**Circle K Stores, Inc.**

Company Name

**1130 W Warner Bldg. #B Tempe AZ 85284**

Mailing Address

**(602) 728-8000**

Daytime Contact Phone Number

**Scott Arnold**

I, \_\_\_\_\_, certify that the above named individual did successfully complete  
Instructor Name (please print)

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

*Scott Arnold*

Instructor Signature

**06 / 01 / 2020**

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

20 FEB 10 09:15 AM '15

Certificate # \_\_\_\_\_

Certificate of Completion  
For  
Title 4 **MANAGEMENT** Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

**Janet K Meza**

Full Name (please print)

*Janet K Meza*

Signature

01/06/20

Training Completion Date

01/06/23

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

**Circle k Stores, Inc.**

Company Name

1120 W Warner Bldg A Tempe, AZ 85284

Mailing Address

( 602 ) 728-8000

Daytime Contact Phone Number

I, Scott Arnold, certify that the above named individual did successfully complete  
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

*Scott Arnold*  
Instructor Signature

06 / 01 / 2020  
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below  
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)  
Conveyance (series 8)  
Restaurant (series 12)

Government (series 5)  
Liquor Store (series 9)  
In-state Farm Winery (series 13)

Bar (series 6)  
Private Club (series 14)

Beer & Wine Bar (series 7)  
Hotel/Motel w/restaurant (series 11)  
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.