



Name:  
PWI HOLDINGS LLP  
PWI GP LLC

Title:  
LimitedPartner  
GeneralPartner

% Interest:  
99.00  
1.00

### **PETROLEUM WHOLESALE LP - GeneralPartner**

Name: PWI GP LLC  
Contact Name: PWI GP LLC  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: State of Incorporation: TX  
Incorporation Date:  
Correspondence Address: PO BOX 4456  
HOUSTON, TX 77210  
USA  
Phone: (999)999-9999  
Alt. Phone:  
Email:

### **PETROLEUM WHOLESALE LP - LimitedPartner PWI GP LLC - Member,Stockholder**

Name: PWI HOLDINGS LLP  
Contact Name: PWI HOLDINGS LLP  
Type: PARTNERSHIP  
AZ CC File Number: State of Incorporation:  
Incorporation Date:  
Correspondence Address: PO BOX 4456  
HOUSTON, TX 77210  
USA  
Phone: (999)999-9999  
Alt. Phone:  
Email:

### **PWI GP LLC - President**

Name: JOHN WILLIAM COOK  
Gender: Male  
Correspondence Address: PO BOX 2502  
CHANDLER, AZ 85244  
USA  
Phone: (281)681-1000  
Alt. Phone:  
Email: JCOOK@PETROLEUMWHOLESALE.COM

### **PWI HOLDINGS LLP - General Partner PWI HOLDINGS LLP - General Partner**

Name: JOHN WILLIAM COOK  
Gender: Male  
Correspondence Address: PO BOX 2502  
CHANDLER, AZ 85244  
USA  
Phone: (281)681-1000  
Alt. Phone:  
Email: JCOOK@PETROLEUMWHOLESALE.COM

**PWI HOLDINGS LLP - General Partner**  
**PWI HOLDINGS LLP - General Partner**

Name: MARCHITA ANN COOK  
Gender: Female  
Correspondence Address: PO BOX 2502  
CHANDLER, AZ 85244  
USA  
Phone: (281)681-1000  
Alt. Phone:  
Email: JCOOK@PETROLEUMWHOLESALE.COM

**MANAGERS**

Name: ANA ISABEL OCHOA  
Gender: Female  
Correspondence Address: 50179 PARKER POSTEN HIGHWAY  
#15  
EHRENBERG, AZ 85334  
USA  
Phone: (928)927-5558  
Alt. Phone: (928)923-7964  
Email:

\*\*\*\*\*

Name: DAWN MARIE WEYANDT  
Gender: Female  
Correspondence Address: 49361 EHRENBERG PARKER ROAD  
EHRENBERG, AZ 85334  
USA  
Phone: (928)927-5558  
Alt. Phone: (928)927-6568  
Email:

\*\*\*\*\*

Name: VIRGINIA ELIZABETH KNIGHT  
Gender: Female  
Correspondence Address: 222 W KINCHILLA STREET  
BOWIE, AZ 85605  
USA  
Phone: (520)845-2251  
Alt. Phone:  
Email:

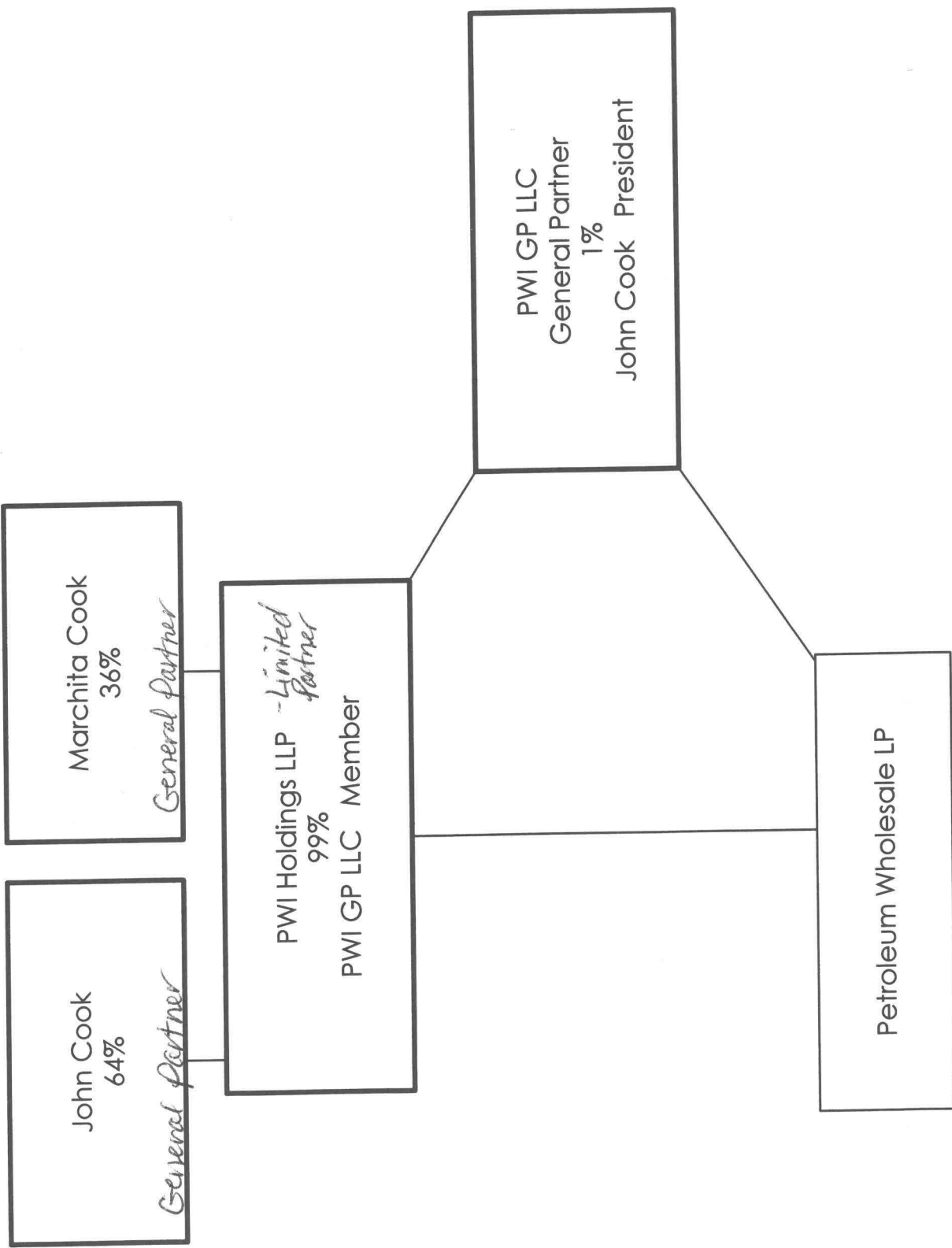
## APPLICATION INFORMATION

Application Number: 218631  
Application Type: New Application  
Created Date: 11/23/2022

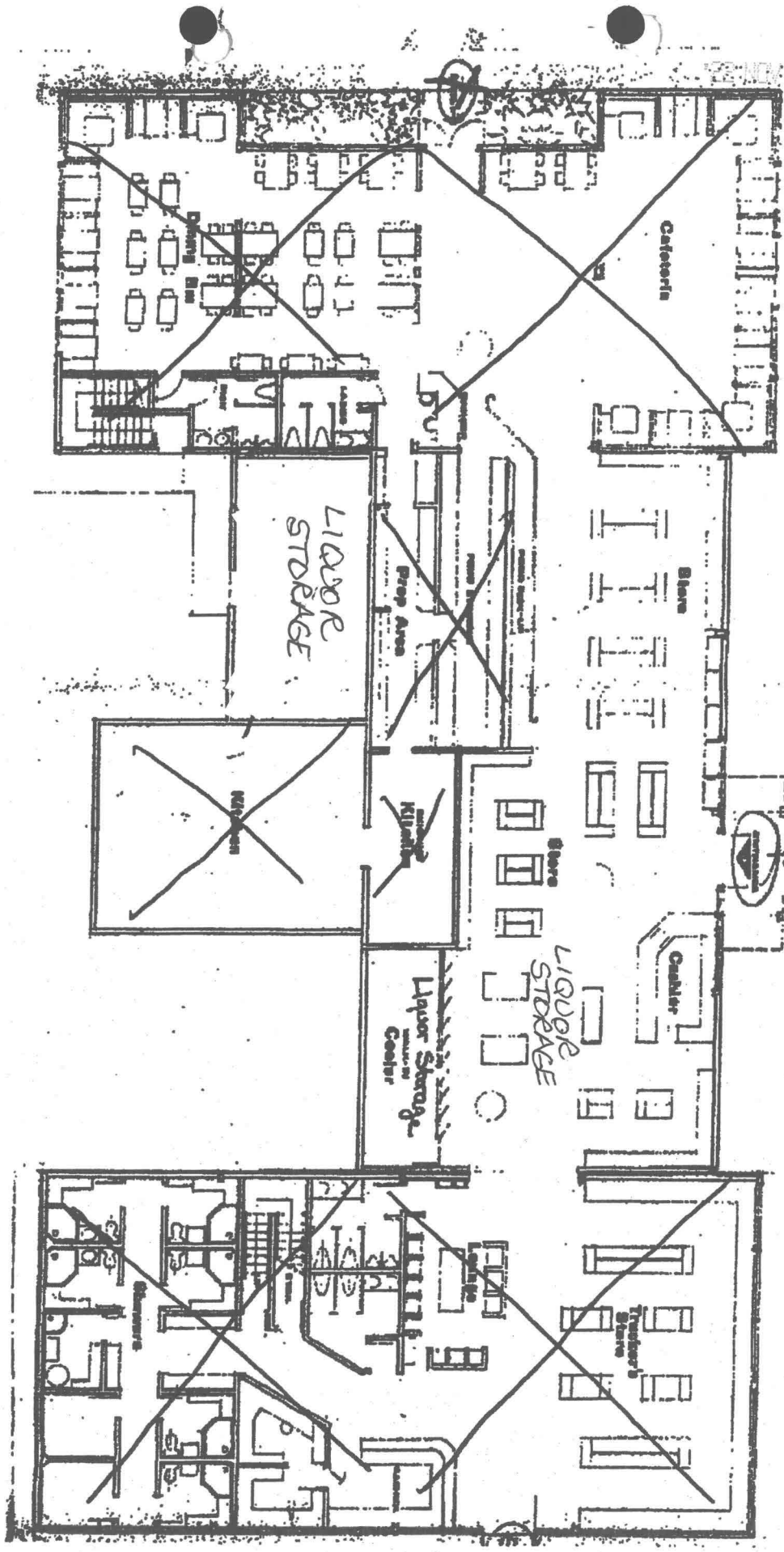
## QUESTIONS & ANSWERS

### 009 Liquor Store

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Provide name, address, and distance of nearest school.  
(If less than one (1) mile note footage)  
SAN SIMON HIGH SCHOOL 2226 W BUSINESS I 10 SAN SIMON, AZ 85632 1.05 MILES
- 3) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
PROPERTY 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?  
No  
If no, in what City, Town, County or Tribal/Indian Community is this business located?  
COCHISE COUNTY
- 6) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
ZERO
- 7) Are there walk-up or drive-through windows on the premises?  
No
- 8) Does the establishment have a patio?  
No
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No



3200 SQ FT



main entrance / exit

CSR: \_\_\_\_\_  
Amount: \_\_\_\_\_



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

**DLIC USE ONLY**  
Job #: 218631  
Date Accepted: 10-08-2022  
CSR: SF

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

Type or Print with Black Ink

FP Current  
10-07-2022

License Number: \_\_\_\_\_

**ATTENTION APPLICANT:** This is a legally binding document. 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 will be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

1. Check the Appropriate Box →

Agent  Controlling Person

2. Name: Nations Amy S. Birth Date: [REDACTED]  
Last First Middle

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Arizona

4. Place of birth: Morenci Arizona USA Height: 5' 7 Weight: 165 Eyes: Hazel Hair: Brown  
City State COUNTRY

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

6. Are you a bonafide resident of Arizona? Yes  No  If yes, what is your date of residency? August 1969

7. Daytime telephone number: 480-730-2675 Email address: liquorlicense@azlic.com

8. Premises Name: Main Street Market #605 Business Phone: 520 / 845 / 2483

9. Premises Address: 2521 W. Business 10 San Simon Arizona Cochise 85632  
Street (do not use PO Box) City State County Zip

22 NOV 23 11:41 AM 3 05

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

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip) |
|-----------------|---------------|-------------------------------|--|
| 05/99           | CURRENT       | Member-ALIC Enterprises       | 1811 S. Alma School Rd #268 Mesa, Arizona 85210                        |
|                 |               |                               |  |
|                 |               |                               |  |
|                 |               |                               |  |

(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 | Street                | City     | State   | Zip   |
|-----------------|---------------|-----------------------|----------|---------|-------|
| 05/07           | CURRENT       | 21833 S. 140th Street | Chandler | Arizona | 85286 |
|                 |               |                       |          |         |       |
|                 |               |                       |          |         |       |
|                 |               |                       |          |         |       |

(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 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 summons 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**

I, (Print Full Name) Amy S. Nations hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.  
 Signature: *Amy Nations* Date: 11/21/2022

**Question 15**

I currently have an administrative issue pending with the Arizona Secretary of States office regarding notary.

**Question 18**

I work for Arizona Liquor Industry Consultants. Because of the number of licenses we work with it is possible that some of them may have a pending action of some kind and violations.

Thank you,

  
Amy S. Nations

CSR:  
Amount:



# AGENT/CONTROLLING PERSON QUESTIONNAIRE

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

**DLLC USE ONLY**  
Job #: 218631  
Date Accepted: 12-08-2022  
CSR: SG

805-279

Type or Print with **Black Ink**

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

**ATTENTION APPLICANT:** This is a legally binding document. 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.

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QUESTIONNAIRE IS TO BE COMPLETED ACCORDINGLY AND SUBMITTED TO THE DEPARTMENT WITH A **BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.**

1. Check the Appropriate Box →

Agent  Controlling Person

2. Name: Cook Marchita Ann Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Drivers License #: [REDACTED] State Issued: Texas

4. Place of birth: Geary, Oklahoma USA Height: 5'5" Weight: 140 Eyes: BRO Hair: BRO  
City State COUNTRY

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

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

7. Daytime telephone number: 281-681-1000 Email address: jcook@petroleumwholesale.com

8. Premises Name: Main Street Market #605 Business Phone: 520 / 845 / 2483

9. Premises Address: 2521 W Business 10, San Simon, AZ, Cochise, 85632  
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 place of residence address.

| FROM Month/Year | TO Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)      |
|-----------------|---------------|-------------------------------|---|
| 8/1974          | CURRENT       | Partner                       | Petroleum Wholesale LP, 8550 Technology Forest Pl., The Woodlands, TX 77381 |
|                 |               |                               |   |
|                 |               |                               |   |
|                 |               |                               |   |

(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 | Street                                      | City | State | Zip |
|-----------------|---------------|---|------|-------|-----|
| 3/2005          | CURRENT       | 43 Silver Iris Way, The Woodlands, TX 77382 |      |       |     |
|                 |               |   |      |       |     |
|                 |               |   |      |       |     |
|                 |               |   |      |       |     |

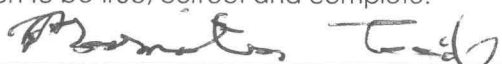
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- 12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, then answer #13 below. If NO, skip to #14. Yes  No
- 13. Have you attended a DLLC approved Basic Liquor Law Training Course 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 summons 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**

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

**Declaration:**  
 I, (Print Name) Marchita Ann Cook, declare under penalty of perjury that I am authorized by the licensee to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

  
 \_\_\_\_\_  
 Signature

|         |
|---------|
| CSR:    |
| Amount: |



## AGENT/CONTROLLING PERSON QUESTIONNAIRE

|                      |            |
|----------------------|------------|
| <b>DLLC USE ONLY</b> |            |
| Job #:               | 218631     |
| Date Accepted:       | 12-08-2020 |
| CSR:                 | SS         |

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

805-279

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1. Check the Appropriate Box →

|                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Agent | <input checked="" type="checkbox"/> Controlling Person |
|--------------------------------|--|

2. Name: Cook John William Birth Date: [REDACTED]

3. Social Security # [REDACTED] Drivers License # [REDACTED] State Issued: Texas

4. Place of birth: Clovis, New Mexico, USA Height: 6'1" Weight: 190 Eyes: BRO Hair: GREY

5. Name of current/most recent spouse: Cook Marchita Ann Birth Date: [REDACTED]

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

7. Daytime telephone number: 281-681-1000 Email address: jcook@petroleumwholesale.com

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| FROM<br>Month/Year | TO<br>Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS<br>(Street Address, City, State & Zip)  |
|--------------------|------------------|-------------------------------|--|
| 08/1974            | CURRENT          | Managing Partner              | Petroleum Wholesale LP, 8550 Technology Forest Pl, The Woodlands, TX 77381 |
|                    |                  |                               |  |
|                    |                  |                               |  |
|                    |                  |                               |  |

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

| FROM<br>Month/Year | To<br>Month/Year | Street                                      | City | State | Zip |
|--------------------|------------------|---|------|-------|-----|
| 03/2005            | CURRENT          | 43 Silver Iris Way, The Woodlands, TX 77382 |      |       |     |
|                    |                  |   |      |       |     |
|                    |                  |   |      |       |     |
|                    |                  |   |      |       |     |

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15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summons pending against you? (Do not include civil traffic tickets) A.R.S. §4-202.4-210 Yes  No
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Give complete details including dates, agencies involved and dispositions.  
**CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

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

**Declaration:**  
 I, (Print Name) John William Cook, declare under penalty of perjury that I am authorized by the licensee to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

\_\_\_\_\_  
 Signature