

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

Created 06/27/2024 @ 08:07:37 AM

Local Governing Body Report

**LICENSE**

|                      |                                                |                  |                            |
|----------------------|------------------------------------------------|------------------|----------------------------|
| Number:              |                                                | Type:            | 010 BEER AND WINE<br>STORE |
| Name:                | QUIKTRIP #403                                  |                  |                            |
| State:               | Pending                                        |                  |                            |
| Issue Date:          |                                                | Expiration Date: |                            |
| Original Issue Date: |                                                |                  |                            |
| Location:            | 17260 W YUMA ROAD<br>GOODYEAR, AZ 85338<br>USA |                  |                            |
| Mailing Address:     | PO BOX 1833<br>TEMPE, AZ 85280-1833<br>USA     |                  |                            |
| Phone:               | (480)921-2800                                  |                  |                            |
| Alt. Phone:          |                                                |                  |                            |
| Email:               | CHARLES@HUELLMANTEL.COM                        |                  |                            |

**AGENT**

|                         |                                            |
|-------------------------|--------------------------------------------|
| Name:                   | PERRY CHARLES HUELLMANTEL                  |
| Gender:                 | Male                                       |
| Correspondence Address: | PO BOX 1833<br>TEMPE, AZ 85280-1833<br>USA |
| Phone:                  | (480)921-2800                              |
| Alt. Phone:             |                                            |
| Email:                  | CHARLES@HUELLMANTEL.COM                    |

**OWNER**

|                         |                                       |                         |    |
|-------------------------|---------------------------------------|-------------------------|----|
| Name:                   | QUIKTRIP CORPORATION                  |                         |    |
| Contact Name:           | PERRY CHARLES HUELLMANTEL             |                         |    |
| Type:                   | CORPORATION                           |                         |    |
| AZ CC File Number:      | F08755030                             | State of Incorporation: | OK |
| Incorporation Date:     | 05/14/1999                            |                         |    |
| Correspondence Address: | PO BOX 1833<br>TEMPE, AZ 85280<br>USA |                         |    |
| Phone:                  | (480)921-2800                         |                         |    |
| Alt. Phone:             |                                       |                         |    |
| Email:                  | CHARLES@HUELLMANTEL.COM               |                         |    |

Officers / Stockholders

60 day - 8-26-24  
105 day - 10-10-24

|                             |                      |             |
|-----------------------------|----------------------|-------------|
| Name:                       | Title:               | % Interest: |
| CADIEUX FAMILY HOLDINGS LLC | Stockholder          | 45.00       |
| CHESTER EDOUARD CADIEUX III | CEO,Pres,Stockholder | 10.00       |

### **QUIKTRIP CORPORATION - CEO,Pres,Stockholder**

Name: CHESTER EDOUARD CADIEUX III  
 Gender: Male  
 Correspondence Address: PO BOX 1833  
 TEMPE, AZ 85280-1833  
 USA  
 Phone: (918)615-7700  
 Alt. Phone:  
 Email:

### **QUIKTRIP CORPORATION - Stockholder**

Name: CADIEUX FAMILY HOLDINGS LLC  
 Contact Name: PERRY CHARLES HUELLMANTEL  
 Type: LIMITED LIABILITY COMPANY  
 AZ CC File Number: State of Incorporation:  
 Incorporation Date:  
 Correspondence Address: PO BOX 1833  
 TEMPE, AZ 85280-1833  
 USA  
 Phone: (480)921-2800  
 Alt. Phone:  
 Email:

### **CADIEUX FAMILY HOLDINGS LLC - Managing Member**

Name: CHESTER EDOUARD CADIEUX II  
 Gender: Male  
 Correspondence Address: PO BOX 1833  
 TEMPE, AZ 85280  
 USA  
 Phone: (918)615-7700  
 Alt. Phone:  
 Email:

|                 |
|-----------------|
| <b>MANAGERS</b> |
|-----------------|

Name: JAMES CHRISTOPHER ROBINSON  
 Gender: Male  
 Correspondence Address: PO BOX 1833  
 TEMPE, AZ 85280-1833  
 USA  
 Phone: (480)446-6325  
 Alt. Phone:  
 Email: JROBINSO@QUIKTRIP.COM

\*\*\*\*\*

Name: CHRISTOPHER MICHAEL CARLSON  
Gender: Male  
Correspondence Address: PO BOX 1833  
TEMPE, AZ 85280-1833  
USA  
Phone: (480)446-6335  
Alt. Phone:  
Email: CCARLSON@QUICKTRIP.COM

## APPLICATION INFORMATION

Application Number: 296991  
Application Type: New Application  
Created Date: 05/22/2024

## QUESTIONS & ANSWERS

### 010 Beer and Wine Store

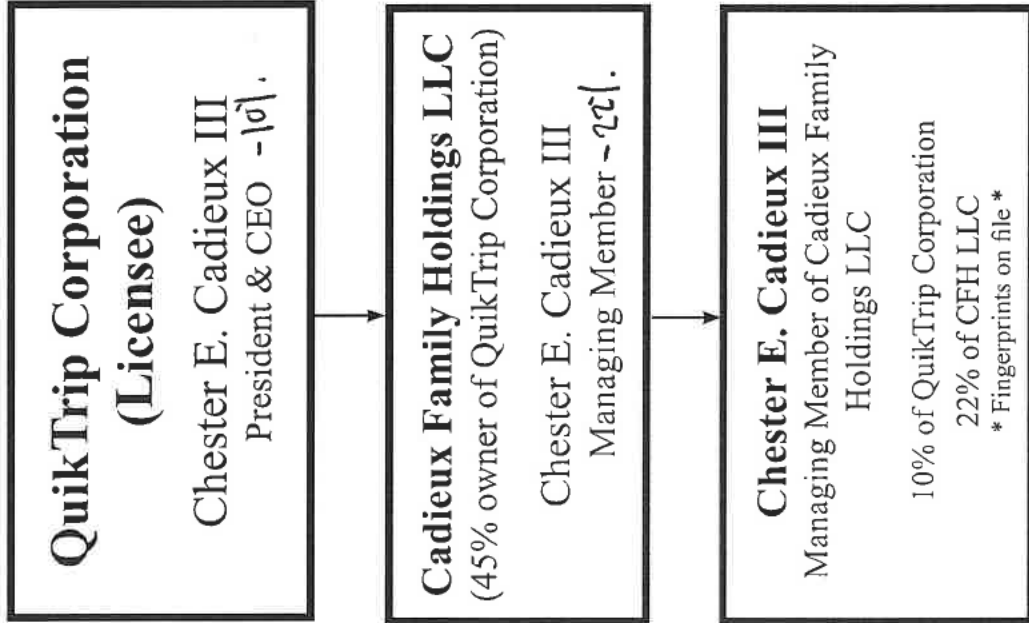
- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Provide name, address, and distance of nearest school.  
(If less than one (1) mile note footage)  
Copper Trails Elementary School  
16875 Canyon Trails Blvd.  
Goodyear, AZ 85338  
+/- 2,440 feet
- 3) Are you one of the following? Please 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?  
Yes
- 6) What is the total money borrowed for the business not including the lease?  
Please list each amount owed to lenders/individuals.  
\$0
- 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?  
Yes  
If yes, what is your estimated completion date?  
May 2025

## DOCUMENTS

| DOCUMENT TYPE            | FILE NAME                                                     | UPLOADED DATE |
|--------------------------|---------------------------------------------------------------|---------------|
| QUESTIONNAIRE            | QT - 403 - CMC Questionnaire.pdf                              | 05/22/2024    |
| QUESTIONNAIRE            | QT - 403 - CEC.pdf                                            | 05/22/2024    |
| QUESTIONNAIRE            | PCH - 403 - Questionnaire.pdf                                 | 05/22/2024    |
| ALIEN STATUS             | PCH Alien Status Form.pdf                                     | 05/22/2024    |
| ORGANIZATIONAL DOCUMENTS | QT - Liquor - Ownership Breakdown for Liquor Applications.pdf | 05/22/2024    |
| DIAGRAM/FLOOR PLAN       | QT #403 Floor Plan.pdf                                        | 05/23/2024    |
|                          | PCH - Title 4 Training Certificate 6-18-24.pdf                | 06/18/2024    |
|                          | C. Carlson - 2023 Training Certificates.pdf                   | 06/18/2024    |

Section 6, Question #2

## QUIKTRIP OWNERSHIP BREAKDOWN



\* No other person or entity has a 10% or greater interest in the liquor license



QuikTrip No. 0403  
1750 WEST WILLOW ROAD  
GOODYEAR, ARIZONA

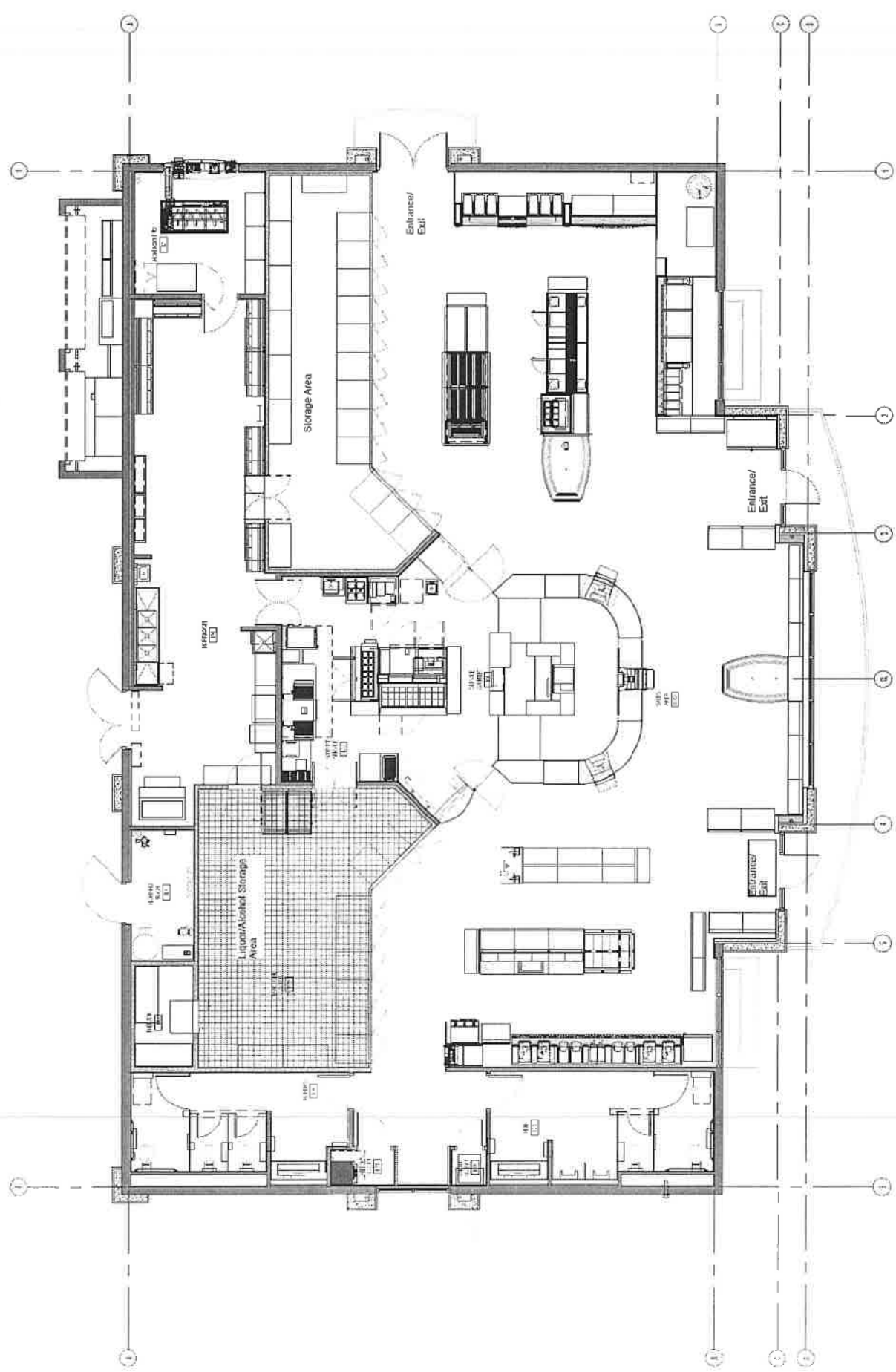
QuikTrip No. 0403



| NO. | DATE      | DESCRIPTION       |
|-----|-----------|-------------------|
| 1   | 10/1/2010 | ISSUED FOR PERMIT |
| 2   | 10/1/2010 | ISSUED FOR PERMIT |
| 3   | 10/1/2010 | ISSUED FOR PERMIT |
| 4   | 10/1/2010 | ISSUED FOR PERMIT |
| 5   | 10/1/2010 | ISSUED FOR PERMIT |
| 6   | 10/1/2010 | ISSUED FOR PERMIT |
| 7   | 10/1/2010 | ISSUED FOR PERMIT |
| 8   | 10/1/2010 | ISSUED FOR PERMIT |
| 9   | 10/1/2010 | ISSUED FOR PERMIT |
| 10  | 10/1/2010 | ISSUED FOR PERMIT |
| 11  | 10/1/2010 | ISSUED FOR PERMIT |
| 12  | 10/1/2010 | ISSUED FOR PERMIT |
| 13  | 10/1/2010 | ISSUED FOR PERMIT |
| 14  | 10/1/2010 | ISSUED FOR PERMIT |
| 15  | 10/1/2010 | ISSUED FOR PERMIT |
| 16  | 10/1/2010 | ISSUED FOR PERMIT |
| 17  | 10/1/2010 | ISSUED FOR PERMIT |
| 18  | 10/1/2010 | ISSUED FOR PERMIT |
| 19  | 10/1/2010 | ISSUED FOR PERMIT |
| 20  | 10/1/2010 | ISSUED FOR PERMIT |

A101  
SHEET NUMBER

5312sqft



A1 REFERENCE FLOOR PLAN

CSR:

Amount:

24 MAY 23 1:44 PM 200



## 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 #:

296991

Date Accepted:

CSR:

Type or Print with Black Ink

805-555

License Number: **PENDING**

**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: Huellmantel Perry Charles Birth Date: [REDACTED]

Last

First

Middle

(NOT a public record)

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

4. Place of birth: Detroit Michigan USA Height: 6'0" Weight: 200 Eyes: Blue 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 1988

7. Daytime telephone number: (480) 921-2800 Email address: charles@huellmantel.com

8. Premises Name: QuikTrip #403 Business Phone: PE ND ING

9. Premises Address: 17260 W. Yuma Rd, Goodyear, AZ Maricopa 85338

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<br>Month/Year | TO<br>Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS<br>(Street Address, City, State & Zip) |
|--------------------|------------------|-------------------------------|---------------------------------------------------------------------------|
| 04/2006            | CURRENT          | Attorney                      | Huellmantel & Affiliates - P.O. Box 1833, Tempe, AZ 85280                 |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 |
|--------------------|------------------|--------|------|-------|-----|
| 03/1995            | CURRENT          |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |

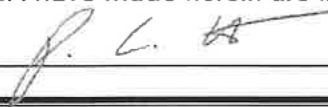
(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 and 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 ☒
- 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 ☒
15. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes ☐ No ☒
16. 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 ☒
17. 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) Perry Charles Huellmantel 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:  Date:



## ALIEN STATUS

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

Type or Print with **Black Ink**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

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

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

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

### SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) Perry Charles Huellmantel

### SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☒ Yes ☐ No - If yes, indicate place of birth:

City Detroit State Michigan COUNTRY United States of America

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

2) Name of document: Arizona Driver's License

If you answered **No**, you must complete Sections III.

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

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

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

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

### SECTION III – QUALIFIED ALIEN DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

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

Perry Charles Huellmantel

Print Name



Signature

04/14/23

Date



## FINGERPRINT VERIFICATION FORM

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

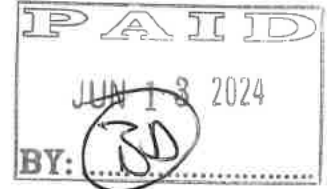
### DLLC USE ONLY

Job #:

296991

Date Accepted:

CSR:



### ATTENTION FINGERPRINT TECHNICIAN:

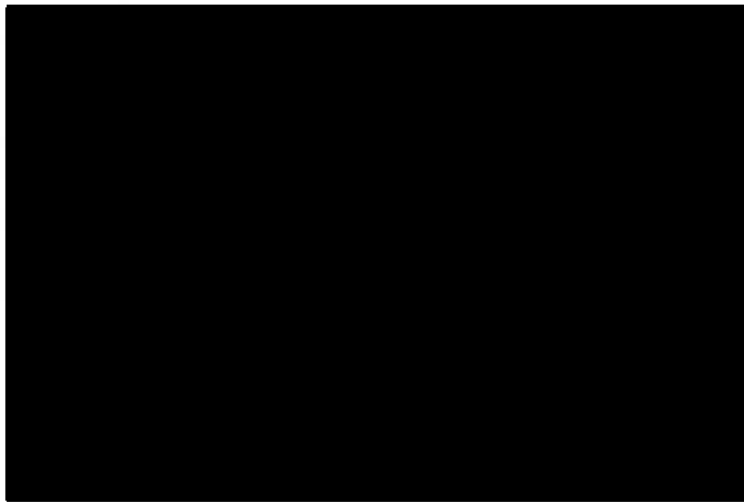
Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.  
**Do not give the applicant the fingerprint card without first sealing it inside the envelope.**
5. **Write applicants name on front of sealed envelope.**

**PRINT** the following information:

|                                                                                                                                        |                                                        |                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------|--|
| <b>Date</b><br>June 3, 2024                                                                                                            | <b>Name of Applicant:</b><br>Perry Charles Huellmantel |                                      |  |
| <b>Name of Fingerprint Technician:</b><br>William Padula                                                                               |                                                        |                                      |  |
| <b>Fingerprint technician's Signature:</b><br>      |                                                        |                                      |  |
| <b>Fingerprint technician's Agency/company Name:</b><br>Certifix/Miami Beach Notary 305                                                |                                                        | <b>Phone Number:</b><br>305-778-7489 |  |
| <b>Type of Photo ID Provided (check one):</b>                                                                                          |                                                        |                                      |  |
| <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify) |                                                        |                                      |  |

24 MAY 23 11:47 AM '90



Certificate # AZB-OFF-01209569

74 E 2011 Lic. Dept PM12-19

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

☐ On-sale  
☒ Off-sale  
☐ 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

Perry Charles Huellmantel

Full Name (please print)

[Signature]  
Signature

06/17/2024

Training Completion Date

06/17/2027

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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).

[Signature]

Instructor Signature

06/17/2024

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.

July 11, 2013

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

Perry Charles Huellmantel

Full Name (please print)

[Signature]  
Signature

06/17/2024

Training Completion Date

06/17/2027

Certificate Expiration Date  
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6504 Bridge Point Parkway, Suite 100, Austin, TX 78730

Mailing Address

(877) 881-2235

Daytime Contact Phone Number

I, Samantha Montalbano, 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).

[Signature]  
Instructor Signature

06/17/2024

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)

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CSR:

Amount:

24 MAY 28 11:41 AM # 200



## 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

Type or Print with **Black Ink**

DLIC USE ONLY

Job #:

296991

Date Accepted:

CSR:

License Number: **PENDING**

fp current

**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: Cadieux III Chester Edouard Birth Date: [REDACTED]

Last

First

Middle

(NOT a public record)

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

4. Place of birth: Tulsa Oklahoma USA Height: 5'7" Weight: 165 Eyes: Brown Hair: Brown

City

State

COUNTRY

5. Name of current/most recent spouse: [REDACTED] 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: (918) 615-7700 Email address: Choose not to disclose

8. Premises Name: QuikTrip #403 Business Phone: PE ND ING

9. Premises Address: 17260 W. Yuma Rd, Goodyear, AZ Maricopa 85338

Street (do not use PO Box)

City

State

County

Zip

24 MAY 23 11:41 AM, PM 2:00

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<br>Month/Year | TO<br>Month/Year | DESCRIBE POSITION OR BUSINESS | EMPLOYERS NAME OR NAME OF BUSINESS<br>(Street Address, City, State & Zip) |
|--------------------|------------------|-------------------------------|---------------------------------------------------------------------------|
| 05/2002            | CURRENT          | President/CEO                 | QuikTrip Corporation 4705 S. 129th E. Ave., Tulsa, OK 74134               |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |
|                    |                  |                               |                                                                           |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

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 |
|--------------------|------------------|--------|------|-------|-----|
| 06/2009            | CURRENT          |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |
|                    |                  |        |      |       |     |

(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) Chester Edouard Cadieux III 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: [Signature]

Date: 11-14-22