

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

Created 07/09/2025 @ 11:22:38 AM

Local Governing Body Report

**LICENSE**

|                      |                                                     |                  |                            |
|----------------------|-----------------------------------------------------|------------------|----------------------------|
| Number:              |                                                     | Type:            | 010 BEER AND WINE<br>STORE |
| Name:                | MAVERIK                                             |                  |                            |
| State:               | Pending                                             |                  |                            |
| Issue Date:          |                                                     | Expiration Date: |                            |
| Original Issue Date: |                                                     |                  |                            |
| Location:            | 860 E WICKENBURG WAY<br>WICKENBURG, AZ 85390<br>USA |                  |                            |
| Mailing Address:     |                                                     |                  |                            |
| Phone:               | (602)738-1421                                       |                  |                            |
| Alt. Phone:          |                                                     |                  |                            |
| Email:               | MERECOINC@GMAIL.COM                                 |                  |                            |

**AGENT**

|                         |                                                    |
|-------------------------|----------------------------------------------------|
| Name:                   | LAUREN KAY MERRETT                                 |
| Gender:                 | Female                                             |
| Correspondence Address: | 736 S LONGMORE STREET<br>CHANDLER, AZ 85224<br>USA |
| Phone:                  | (602)738-1421                                      |
| Alt. Phone:             |                                                    |
| Email:                  | MERECOINC@GMAIL.COM                                |

**OWNER**

|                         |                                                    |                            |
|-------------------------|----------------------------------------------------|----------------------------|
| Name:                   | MAVERIK INC                                        |                            |
| Contact Name:           | LAUREN KAY MERRETT                                 |                            |
| Type:                   | CORPORATION                                        |                            |
| AZ CC File Number:      | F00144124                                          | State of Incorporation: AZ |
| Incorporation Date:     | 12/30/1970                                         |                            |
| Correspondence Address: | 736 S LONGMORE STREET<br>CHANDLER, AZ 85224<br>USA |                            |
| Phone:                  | (602)738-1421                                      |                            |
| Alt. Phone:             |                                                    |                            |
| Email:                  | MERECOINC@GMAIL.COM                                |                            |

60th 9-07

**Officers / Stockholders**

Name:

Title:

% Interest:

FJ MANAGEMENT INC  
KAREN ALISON SCHRAMM  
PAMELA GWEN WILLDEN  
CRAIG DENNIS BICKNELL  
BENITA BEATRICE RALEY  
CHARITY DAWN OLDENBURG

Stockholder  
Multi-See Case Note  
Multi- See Case Note  
Multi-See Case Note  
Multi- See Case Note  
Multi- See Case Note

100.00

### **MAVERIK INC - Multi- See Case Note**

Name: CHARITY DAWN OLDENBURG  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email: MERECOINC@GMAIL.COOM

### **MAVERIK INC - Multi- See Case Note**

Name: PAMELA GWEN WILLDEN  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

### **MAVERIK INC - Multi-See Case Note**

Name: KAREN ALISON SCHRAMM  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

### **MAVERIK INC - Stockholder**

Name: FJ MANAGEMENT INC  
Contact Name: LAUREN MERRETT  
Type: CORPORATION  
AZ CC File Number: F00326620  
Incorporation Date: 09/27/1984  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: (602)738-1421  
Alt. Phone:  
Email: MERECOINC@GMAIL.COM

State of Incorporation: UT

## **FJ MANAGEMENT INC - Trustee/Beneficiary**

Name: CRYSTAL CALL MAGGELET  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email: MERECOINC@GMAIL.COM

## **MAVERIK INC - Multi- See Case Note**

Name: BENITA BEATRICE RALEY  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

## **MAVERIK INC - Multi-See Case Note**

Name: CRAIG DENNIS BICKNELL  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

|                          |
|--------------------------|
| <h2><b>MANAGERS</b></h2> |
|--------------------------|

Name: JAMES DOUGLAS KOLB  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: STEPHANIE MARIE DADEMASCH  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: LENNA SUE WILKIE  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: SYLVIA CORONADO LANGDON  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: EILEEN JEAN JACOBSON  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: JUANITA MARIA SAIA  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: MATTHEW OLEN DAVIS  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: JEREMY BRUCE HOLEMAN  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: WILLIAM MANUEL GREEN  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: PAULA ANN SCHNEIDER  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: ROBERT ELIJAH HACK  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: MARK JOHN MORENO  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: JENNIFER LYNN SHIELDS  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: TRACY DAWN REIDHEAD  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: MASON ROBERT DIXON  
Gender: Male  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: KATRINA C BARNEY  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: DESIRE ANNA SANCHEZ  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA

Phone: [REDACTED]  
Alt. Phone: [REDACTED]  
Email: [REDACTED]

\*\*\*\*\*

Name: BLANCHE LOVELL VOSS  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email:

\*\*\*\*\*

Name: KELLY ANN BOREN  
Gender: Female  
Correspondence Address: 736 S LONGMORE STREET  
CHANDLER, AZ 85224  
USA  
Phone: [REDACTED]  
Alt. Phone:  
Email: MERECOINC@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 351361  
Application Type: New Application  
Created Date: 06/18/2025

RV

## 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)  
Gospel outreach K through 12 school  
515 W Wickenburg Way  
Wickenburg AZ 85390  
  
2400 ft
- 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 this business is a self funded
- 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?  
Sept 5, 2025

## DOCUMENTS

| DOCUMENT TYPE            | FILE NAME                                  | UPLOADED DATE |
|--------------------------|--------------------------------------------|---------------|
| ALIEN STATUS             | My alienstat_access copy (Merged) copy.pdf | 06/18/2025    |
| DIAGRAM/FLOOR PLAN       | Footprint copy.pdf                         | 06/18/2025    |
| ORGANIZATIONAL DOCUMENTS | Flowchart copy.pdf                         | 06/18/2025    |
| QUESTIONNAIRE            | All Qs (Merged) copy.pdf                   | 06/18/2025    |
|                          | Note Jul 8 2025 at 12_09_49 PM.pdf         | 07/08/2025    |