

## **Pima County Clerk of the Board**

Robin Brigode

Administration Division 130 W. Congress, 5<sup>th</sup> Floor Tucson, AZ 85701 Phone: (520)724-8449 • Fax: (520) 222-0448 Document and Micrographics Mgt. Division 1640 East Benson Highway Tucson, Arizona 85714 Phone: (520) 351-8454 • Fax: (520) 351-8456

October 7, 2013

Mr. George Leonard Engle Corner Store No. 1657 P.O. Box 690007 San Antonio, TX 78269-0007

RE:

Application for Agent Change/Acquisition of Control/Restructure

License No.: 10103508 Corner Store No. 1657

Dear Mr. Engle:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, November 5, 2013, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building Board of Supervisors Hearing Room 130 West Congress, 1st Floor Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely.

Robin Brigode Clerk of the Board



## **Pima County Clerk of the Board**

**Robin Brigode** 

Administration Division 130 W. Congress, 5<sup>th</sup> Floor Tucson, AZ 85701 Phone: (520)724-8449 • Fax: (520) 222-0448 Document and Micrographics Mgt. Division 1640 East Benson Highway Tucson, Arizona 85714 Phone: (520) 351-8454 • Fax: (520) 351-8456

CT 0413MOLOBPO CLKCE ED

| т | 7 | ٦. |  |
|---|---|----|--|

Pima County Sheriff's Department

Investigative Support Unit

FROM:

Katrina Martinez

Administrative Support Specialist

DATE:

September 19, 2013

RE:

Sheriff's Report - Application for Agent Change/Acquisition of Control/

Restructure

Attached is the application of:

George Leonard Engle d.b.a. Corner Store No. 1657 4685 E. Valencia Road Tucson, AZ 85706

| Pima County Liquor Li | cense No. <u>13-07-0044</u> |
|-----------------------|-----------------------------|
|-----------------------|-----------------------------|

| SE                        | łFR | IFF | -'S | RFF     | POR                 | T |
|---------------------------|-----|-----|-----|---------|---------------------|---|
| $\mathbf{O}_{\mathbf{I}}$ |     |     | _   | , , _ , | $\sim$ 1 $^{\circ}$ |   |

Is there any reason this application should not be recommended for approval?

No Reusen For disappound

Investigative Support Unit Supervisor

DATE:

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL Light and 151

800 W Washington 5th Floor Phoenix AZ 85007-2934 www.ażliquor.gov (602) 542-5141

13-07-0044

#### APPLICATION FOR AGENT CHANGE ACQUISITION OF CONTROL - RESTRUCTURE

| Cc  | Agent Chan Implete Sections 1,2,3, See Note 1 on back)   | 3- I      | Acquisitic                  |           |  | Complete S                            | Restructur<br>ections 1,2,(3,4<br>e Note 2 on bac | if changing Agent) ,5,6            |
|---|--|-----------|-----------------------------|-----------|--|---------------------------------------|---|------------------------------------|
| SECTION 1   | (COMPLETE THIS   | SECTION   | FOR AGENT C                 | HANGE. A  | ACQUISITION OF                                     | <del></del>                           |   |                                    |
|   | •  |           |                             |           | GENT OR CORPO                                      |                                       |   | CONTROLLING MEMBER)                |
| 2. ⊠ Corporatio   | Last   | I/A:      | First<br>rizona Stations,   |           |  | Middle                                | Corp. File  | Liquor License #<br>#: F-0754568-8 |
| 3. Business Na  | (Exactly as it appears on Articles of Inc. or Articles of Org.)  3. Business Name: Corner Store #/657  4. Business Address: 4685 fast Valencia (Exactly as it appears on license)  7. Ma 85706 |           |                             |           |  |                                       |   |                                    |
| 4. Business Add   | dress: 46 85<br>(Do not use P.O.   |           |                             |           | it appears on licens  Two or-  City                |                                       | MA<br>DUNTY                                       | 85706<br>Zip                       |
| 5. Is the busines   | ss located within t  |           | •                           | the above | e city or town?                                    | □Yes                                  | No  | ·                                  |
| 6. Mailing Addre  | ess: PO Box 6900   | 07        |                             |           | San Antonio  |                                       | TX  | 78269-0007                         |
| 7. Business Pho   | one: (480 ) <sup>50</sup>  | 3 2343    |                             | F         | Cょ/( <sup>City</sup><br>R <del>esidence</del> Phor | ne: ( <b>60</b> 2)                    | State   | Zip<br><b>6570</b>                 |
| <ul> <li>8. Does this transaction involve the sale of any portion of the corporate stock? XYES NO N/A If yes, submit a certified copy of minutes.</li> <li>9. Has there been any change of officers? XYES NO N/A If yes, submit a certified copy of minutes.</li> </ul>   |  |           |                             |           |  |                                       |   |                                    |
| SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)  Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card. |  |           |                             |           |  |                                       |   |                                    |
| List individua     Last   | owner or partner<br>First  |           | rectors, officers<br>Iiddle | in corp., |  | e Address                             |   | City State Zip                     |
| see attached list   |  | IVI       | lidule                      | 11110     | Residenc   | e Address                             |   | Oily State Zip                     |
|   |  |           |                             |           |  | · · · · · · · · · · · · · · · · · · · |   |                                    |
| <u> </u>  |  |           | (ATTACH ADDIT               | IONAL SHI | EET(S) IF NECESS                                   | ARY)                                  |   |                                    |
| 2. List stockhold   | lers or controlling  | members   | s owning 10% o              | r more of | FCorp/LLC:   | •                                     |   |                                    |
| Last  | First  | M         | iddle                       | % Owned   | Residenc   | e Address                             |   | City State Zip                     |
| Valero Energy C   | rporation - public   | ly held   |                             | 20        |  |                                       |   |                                    |
| remainder is pub  | oliciy held - no othe  | er person | owns 10%                    | /         |  | SEE                                   | AH  | Ach                                |
| see attached ow   | nership diagram  |           |                             |           |  |                                       |   |                                    |
|   |  |           |                             |           |  |                                       |   |                                    |
| 1/7/2013  |  | Disable   |                             |           | ET(S) IF NECESSA<br>mmodations please ca           |                                       | ent Date Rec                                      | reived 9 13 13                     |

### fka Diamond Shamrock Arizona, Inc. Kimberly Bowers Director / President Douglas Miller Director / VP Cynthia Hill Secretary CST SERVICES, LLC fka Valero Retail Holdings, Inc 100% Kimberly Bowers Director / President Douglas Miller Director / VP Cynthia Hill Secretary CST USA, INC. 100% **MEMBER** Kimberly Bowers Director / President Cynthia Hill Secretary CST BRANDS, INC 100% Kimberly Bowers Director / President Cynthia Hill Secretary 80% PUBLICLY HELD **VALERO ENERGY CORPORATION** 20% Gary Arthur Jay Browning VP

CST ARIZONA STATIONS, INC.

100% Publicly Held

|  | ty, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER tional sheets as necessary in order to disclose real people.   |
|--|--|
| As an Agent, will you be physically present and opera  | ating the licensed premises? 💢 YES 🗌 NO  |
|  | attendance of a Department approved Liquor Law Training Course for Agent can be submitted. If "no" a manager with approved   |
| · · · · · · · · · · · · · · · · · · ·  | R AGENT CHANGE)<br>ENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:  |
| 1. License Number: 10 10 35 0 8  | Date of last renewal: 10-01-2012   |
| Current Licensee or Agent: Holeman     (Exactly as it appears on license) Last   | Timothy Lee First Middle   |
| , Douglas Michael Miller   | , hereby consent to the agent appointment named herein and   |
| the background report shows that I, the corporation, or a  | the death, resignation, or discharge of this agent. I also understand that it any officer, director, member, or stockholder have been convicted of a der the license to the Arizona Department of Liquor Licenses and Control  State of County of County of County of The foregoing instrument was acknowledged before me this  County of County |
| paid for each license/location.  | YES ☐ NO If yes, <u>SEPARATE APPLICATIONS</u> must be filed and fees   |
| Type of current ownership:  J.T.W.R.O.S.  INDIVIDU AL  PARTNERSHIP  CORPORATION  LIMITED LIABILITY CO.  TRUST  OTHER Explain | Type of new ownership:  J.T.W.R.O.S INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO TRUST OTHER Explain  |
|  | T CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE) t change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING   |
| George Leonard Engle   | , hereby declare that I am the APPLICANT filing this application.  |
| (Print full name) have read the application and the contents and all stater  | ements are true, correct and complete.   |
| X (Signature of INDIVIDUAL OR AGENT)   | State of $AZ$ County of $AZ$ County of $AZ$ The foregoing instrument was acknowledged before me this $AZ$ day of $AZ$  |
| My commission expires on: $04-17-2017$   | Day Month \  |

**NOTE 1: The fee for an agent change MUST be submitted with this application:** \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

