

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

Administration Division
130 W. Congress, 5th 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

December 23, 2013

Mr. Troy Charles DeVos
QuikTrip No. 1468
1116 E. Broadway Road
Tempe, AZ 85282

RE: Pima County Liquor License No.: 13-20-9166
d.b.a. QuikTrip No. 1468

Dear Mr. DeVos:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 10, Beer and Wine Store, which was received in our office on November 21, 2013. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, January 7, 2014, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

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

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode
Clerk of the Board

Enclosure

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

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

884

AFFIDAVIT OF POSTING

Date of Posting: 11/20/2013Date of Posting Removal: 12/17/2013**QuikTrip No. 1468**

Applicant Name: DeVos Troy Charles
Last First Middle

Business Address: 2680 W. Ruthrauff Road Tucson, AZ 85705
Street City Zip

License #: 13-20-9166
10103709

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

WILLIAM FISH PROCESS SERVER 351-6371
Print Name of City/County Official Title Telephone #

William Fish 12/17/2013
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

12/17/13



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TO: Development Services, Zoning Division
FROM: Katrina Martinez
Administrative Support Specialist
DATE: November 22, 2013
RE: Zoning Report - Application for Liquor License

Attached is the application of:

Troy Charles DeVos
d.b.a. QuikTrip No. 1468
2680 W. Ruthrauff Road
Tucson, AZ 85705

Pima County Liquor License No. 13-20-9166
Series 10, Beer and Wine Store
New License X
Person Transfer_
Location Transfer_

ZONING REPORT

DATE: 11/27/13

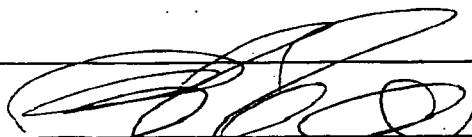
Will current zoning regulations permit the issuance of the license at this location?

Yes ✓ No _____

If No, please provide the following:

Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____


Pima County Zoning Inspector

NOV 27 13 10:10 POC CLK B BD



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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Katrina Martinez
Administrative Support Specialist

DATE: November 22, 2013

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Troy Charles DeVos
d.b.a. QuikTrip No. 1468
2680 W. Ruthrauff Road
Tucson, AZ 85705

Pima County Liquor License No. 13-20-9166
Series 10, Beer and Wine Store
New License X
Person Transfer
Location Transfer

SHERIFF'S REPORT

DATE: 12/26/13

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

There is No Reason For Disapproval

[Signature] 1226
Investigative Support Unit Supervisor

DEC 10 13 PM 12:22 PCLKCF-30

13-20-9166

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☐ INTERIM PERMIT *Complete Section 5*
- ☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 12, 13, 15, 16*
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE *Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*
- ☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☒ J.T.W.R.O.S. *Complete Section 6*
- ☐ INDIVIDUAL *Complete Section 6*
- ☐ PARTNERSHIP *Complete Section 6*
- ☒ CORPORATION *Complete Section 7*
- ☒ LIMITED LIABILITY CO. *Complete Section 7*
- ☐ CLUB *Complete Section 8*
- ☐ GOVERNMENT *Complete Section 10*
- ☐ TRUST *Complete Section 6*
- ☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

1. Type of License(s): SERIES 10

2. Total fees attached:

Department Use Only

\$ 100.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- ☒ Mr. DeVos Troy Charles
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: QuikTrip Corporation
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: QuikTrip # 1468
(Exactly as it appears on the exterior of premises)
4. Principal Street Location NEC W RUTHRAUFF RD + N. MARYVALE AVE. TUCSON PIMA 85705
(Do not use PO Box Number) City County Zip
5. Business Phone: Pending Daytime Phone: 480 446-6329 Email: dtippins@quiktrip.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 1116 E. Broadway Rd. Tempe AZ 85282
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type \$ Type \$

DEPARTMENT USE ONLY

Fees: 100.00
Application Interim Permit Site Inspection Finger Prints \$ 100.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: JB

Date: 11-06-13

Lic. #

10103709

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☒ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**

☐ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: QuikTrip Corporation
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 5/19/1958 State where Incorporated/Organized: Oklahoma
3. AZ Corporation Commission File No.: F-0875503-0 Date authorized to do business in AZ: 5/14/1999
4. AZ L.L.C. File No: N/A Date authorized to do business in AZ: N/A
5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip
SEE ATTACHED LIST							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip
Cadieux III	Chester	EDOUARD	43.9	P.O. Box 3475	Tulsa, OK	74101-3475	
Cadieux II	Chester	EDOUARD	20.9	P.O. Box 3475	Tulsa, OK	74101-3475	
OWNED BY SEVERAL PERSONS; NONE OWNS							
10% OF THE TOTAL ISSUED OUTSTANDING SHARES							

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

QuikTrip Officers

<i>Name and Title</i>	<i>Work Address</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>US Citizen</i>
Cadieux III, Chester Edouard Chairman of the Board/President/CEO	P.O. Box 3475 Tulsa OK 74101-3475	2/26/1967	Tulsa, OK	Yes
Stanford, Earnest Michael SR VP - Operations/Chief Operating Officer	P.O. Box 3475 Tulsa OK 74101-3475	12/15/1948	Armory, MS	Yes
Jeffers, Ronald Steven VP - Operations Systems & Human Resources	P.O. Box 3475 Tulsa OK 74101-3475	1/6/1956	Greenville, TN	Yes
Marchesano, James Denley VP - Store Development	P.O. Box 3475 Tulsa OK 74101-3475	2/11/1958	Des Moines, IA	Yes
O'Dell III, Marvin Charles VP - Sales	P.O. Box 3475 Tulsa OK 74101-3475	1/14/1959	Omaha, NE	Yes
Delametter, Marc Andrew VP - Accounting / Controller	P.O. Box 3475 Tulsa OK 74101-3475	2/7/1961	Grants, NM	Yes
Sullivan, Stuart Coleman VP - Finance/Chief Financial Officer	P.O. Box 3475 Tulsa OK 74101-3475	4/9/1968	Tulsa, OK	Yes
Morgan, Bruce Edward VP - Petroleum Supply & Trading	P.O. Box 3475 Tulsa OK 74101-3475	8/17/1964	Heidelberg, Germ	Yes
Fater, Stephen Richard Corporate Treasurer	P.O. Box 3475 Tulsa OK 74101-3475	9/10/1970	Houston, TX	Yes
Wells, Marshall James General Counsel/Corporate Secretary	P.O. Box 3475 Tulsa OK 74101-3475	5/27/1971	Roanoke, VA	Yes
Branham, Mark Owen Assistant Secretary	2255 Bluestone Drive St Charles MO 63303	1/31/1962	Barksdale AFB, S	Yes
Dickerson, Larry Dale Assistant Secretary	5725 Foxridge Drive Mission KS 66202	2/1/1969	Kansas City, KS	Yes
Faust, Joseph S Assistant Secretary	1120 North Industrial Blvd. Euless TX 76039	9/22/1981	Latrobe, PA	Yes
Gehrke, Thomas Christopher Assistant Secretary	3185 99th St Des Moines IA 50322	9/7/1964	Waterloo, IA	Yes
Hunt, Susan Eileen Assistant Secretary	P.O. Box 3475 Tulsa OK 74101-3475	11/28/1955	Geneve, IL	Yes
Simoens, Avery Allyson Assistant Secretary	2255 Bluestone Drive St. Charles MO 63303	6/15/1958	North English, IA	Yes
Smith, Beth Ellen Assistant Secretary	P.O. Box 3475 Tulsa OK 74101-3475	7/8/1959	Dugway, Utah	Yes
Vaughan, Kelly Assistant Secretary	3701 Arco Corporate Drive, Suite 150 Charlotte NC 28273	7/1/1964	Pittsburg, KS	Yes
Williams, Craig Donovan Assistant Secretary	5875 Peachtree Industrial Blvd., Ste. 10 Norcross GA 30092	6/19/1968	Cincinnati, OH	Yes
Zumwalt, Lora Louise Assistant Secretary	P.O. Box 3475 Tulsa OK 74101-3475	4/9/1960	Detroit, Michigan	Yes

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

- 1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: _____
Last First Middle
- 3. License Type: _____ License Number: _____ Date of Last Renewal: _____
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

- 1. Governmental Entity: _____
- 2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

- 1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
- 3. Current Business Name: _____
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street _____
City, State, Zip _____
- 5. License Type: _____ License Number: _____
- 6. If more than one license to be transfered: License Type: _____ License Number: _____
- 7. Current Mailing Address: _____
(Other than business) Street _____
City, State, Zip _____
- 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
- 9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

(Signature of NOTARY PUBLIC)

My commission expires on: _____

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)
APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

- Current Business: Name _____
 (Exactly as it appears on license) Address _____
- New Business: Name _____
 (Physical Street Location) Address _____
- License Type: _____ License Number: _____
- If more than one license to be transferred: License Type: _____ License Number: _____
- What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- Restaurant license (§ 4-205.02)
- Hotel/motel license (§ 4-205.01)
- Government license (§ 4-205.03)
- Fenced playing area of a golf course (§ 4-207 (B)(5))

- Distance to nearest school: 1,802 ft. Name of school LAGUNA ELEMENTARY SCHOOL
 Address 5001 N. SHANNON RD. TUCSON, AZ 85705
 City, State, Zip
- Distance to nearest church: 380 ft. Name of church VICTORY WORSHIP CENTER
 Address 2561 W. RUTHRAUFF RD. TUCSON, AZ 85705
 City, State, Zip
- I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)

- If the premises is leased give lessors: Name _____
 Address _____
 City, State, Zip

- Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- What is the penalty if the lease is not fulfilled? \$ _____ or other _____
 (give details - attach additional sheet if necessary)
- What is the total **business** indebtedness for this license/location excluding the lease? \$NO DEBT INCURRED FOR THIS LICENSE/LOCATION
 Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- What type of business will this license be used for (be specific)? CONVENIENCE STORE

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:
License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:
_____ and license #: _____
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? 10/29/14
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

for
applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

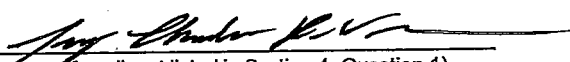
If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

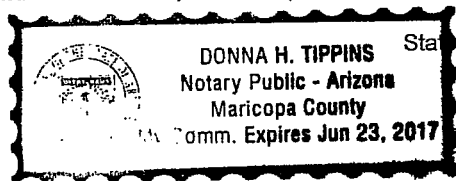
DIAGRAM ATTACHED

13 NOV 6 14 PM 3 03

SECTION 16 Signature Block

I, Troy Charles DeVos, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.


X 
(signature of applicant listed in Section 4, Question 1)



Sta of ARIZONA County of MARICOPA

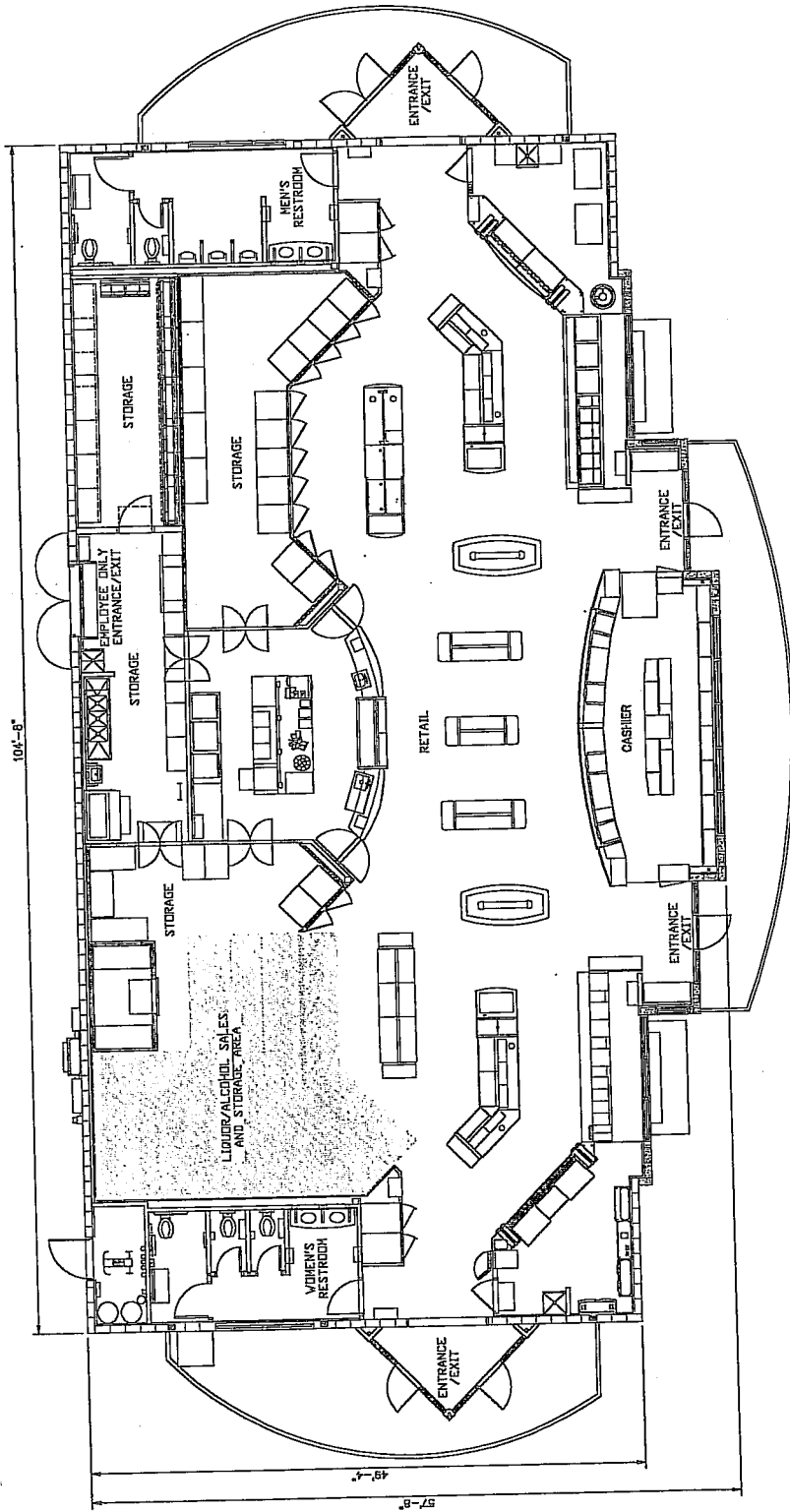
The foregoing instrument was acknowledged before me this

4 of NOVEMBER, 2013
Day Month Year


signature of NOTARY PUBLIC

My commission expires on : 06/23/2017
Day Month Year

TOTAL SQ FT = 5700



PREPARED BY: **QuikTrip**
 DATE: **10/25/10**
 SHEET: **1** OF **1**
 SCALE: **N/A**
 DRAWN BY: **N/A**
 CHECKED BY: **N/A**
 ISSUE DATE: **10/25/10**
 DESIGN: **10/25/10**

CONSTRUCTION: **10/25/10**
 CONTRACTOR: **10/25/10**
 OWNER: **10/25/10**
 PROJECT: **10/25/10**
 DRAWING: **10/25/10**
 SHEET: **1** OF **1**
 SCALE: **N/A**
 DRAWN BY: **N/A**
 CHECKED BY: **N/A**
 ISSUE DATE: **10/25/10**
 DESIGN: **10/25/10**

LIQUOR LICENSE

QuikTrip Store No. :

QuikTrip
 4700 W. 13th St.
 Tulsa, OK 74107-3000
 Phone: 918-741-0000
 Fax: 918-741-0000
 Email: info@quiktrip.com

QT
 4700 W. 13th St.
 Tulsa, OK 74107-3000
 Phone: 918-741-0000
 Fax: 918-741-0000
 Email: info@quiktrip.com

13 NOV 6 14 PM '09