

Mary Jo Furphy  
Deputy Clerk

# 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

November 20, 2013

Mr. George Leonard Engle  
Diamond Shamrock Corner Store No. 1649  
P.O. Box 690007  
San Antonio, TX 78269-0007

RE: Application for Agent Change/Acquisition of Control/Restructure  
License No.: 10103095  
Diamond Shamrock Corner Store No. 1649

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, December 3, 2013, at 9:00 a.m. or thereafter, to be held at the following location:

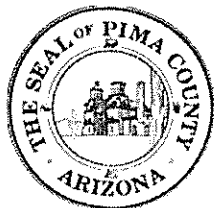
Pima County Administration Building  
Board of Supervisors Hearing Room  
130 West Congress, 1st Floor  
Tucson, Arizona 85701

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

Sincerely,

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

Robin Brigode  
Clerk of the Board



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Katrina Martinez *KM*  
Administrative Support Specialist

DATE: October 30, 2013

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

Attached is the application of:

George Leonard Engle  
d.b.a. Diamond Shamrock Corner Store No. 1649  
6175 S. Kolb Road Tucson, AZ 85706

Pima County Liquor License No. 13-09-0046

SHERIFF'S REPORT

DATE: 11/14/13

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

*There is NO Reason to disqualify this Application*

*[Signature]*  
Investigative Support Unit Supervisor

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W. Washington 5th Floor  
Phoenix, AZ 85003-2934**AMENDMENT**

13-09-0046

**APPLICATION FOR AGENT CHANGE, ACQUISITION OF CONTROL - RESTRUCTURE**Check  
Appropriate  
Box☐ Agent ChangeComplete Sections 1,2,3,4,6  
(See Note 1 on back)☐ Acquisition of Control

Complete Sections 1,2 (if changing Agent) &amp;

☐ RestructureComplete Sections 1,2,3,4 if changing Agent, 5,6  
(See Note 2 on back)**SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)**

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

Engle  
LastGeorge  
FirstLeonard  
Middle10103095  
Liquor License #2. ☐ Corporation ☐ L.L.C. ☐ N/A: \_\_\_\_\_ Corp. File #: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)3. Business Name: \_\_\_\_\_  
(Exactly as it appears on license)4. Business Address: 6175 S. Kolb Rd., \_\_\_\_\_  
(Do not use P.O. Box Number) \_\_\_\_\_  
Tucson Pima 85706  
City COUNTY Zip5. Is the business located within the incorporated limits of the above city or town? ☐ Yes ☐ No6. Mailing Address: \_\_\_\_\_  
City State Zip

7. Business Phone: ( ) \_\_\_\_\_ Residence Phone: ( ) \_\_\_\_\_

8. Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.9. Has there been any change of officers? ☐ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.**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.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received \_\_\_\_\_  
CSR \_\_\_\_\_

13 OCT 23 19K 15 PM 1:40

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

13-09-0046

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

Check  
Appropriate  
Box

☒ Agent Change

Complete Sections 1,2,3,4,6  
(See Note 1 on back)

☒ Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6  
(See Note 2 on back)

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

Engle George Leonard 10103095  
Last First Middle Liquor License #

2. ☒ Corporation ☐ L.L.C. ☐ N/A: CST Arizona Stations, Inc. Corp. File #: F-0754568-8  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Diamond Shamrock Corner store #1649

4. Business Address: 6201 South Kolb Rd Tucson Pima 85706  
(Do not use P.O. Box Number) City COUNTY Zip

5. Is the business located within the incorporated limits of the above city or town? ☐ Yes ☒ No

6. Mailing Address: PO Box 690007 San Antonio TX 78269-0007  
City State Zip

7. Business Phone: (480) 520-1086 Cell 503-2343 Residence Phone: (602) 820-6570

8. Does this transaction involve the sale of any portion of the corporate stock? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

### 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.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip
see attached list							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
Valero Energy Corporation - publicly held			20				
remainder is publicly held - no other person owns 10%				See Attach			
see attached ownership diagram							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

1/7/2013

Disabled individuals requiring special accommodations please call the Department

Date Received 9/13/13  
CSR CB

**CST ARIZONA STATIONS, INC.**  
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.**  
MEMBER 100%

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 VP  
Jay Browning VP

100% Publicly Held

13 SEP 13 14P. DEPT FM1250

## SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☒ YES ☐ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

## SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

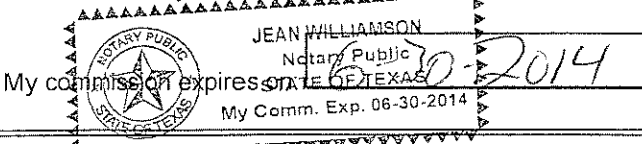
To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: 10103095 Date of last renewal: 10-01-2012
2. Current Licensee or Agent: Holeman Timothy Lee  
(Exactly as it appears on license) Last First Middle

I, Douglas Michael Miller, hereby consent to the agent appointment named herein and  
(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

X D. Miller State of Texas County of Bexar  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER) The foregoing instrument was acknowledged before me this  
15th day of August, 2013  
Day Month Year  
Jeannette  
(Signature of NOTARY PUBLIC)



## SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ 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 \_\_\_\_\_

## SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, George Leonard Engle, hereby declare that I am the APPLICANT filing this application.  
(Print full name)

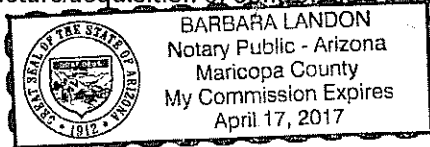
have read the application and the contents and all statements are true, correct and complete.

X G. Engle State of AZ County of Maricopa  
(Signature of INDIVIDUAL OR AGENT) The foregoing instrument was acknowledged before me this  
28 day of August, 2013  
Day Month Year  
Barbara Landon  
(Signature of NOTARY PUBLIC)

My commission expires on: 04-17-2017

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)



13 SEP 13 11:49 AM 1250