

Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
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) 791-6666

April 14, 2016

Clare Hollie Abel
Dollar General Store No. 14667
100 Mission Ridge
Goodlettsville, TN 37072

RE: Arizona Liquor License No.: 10103803
d.b.a. Dollar General Store No. 14667

Dear Ms. Abel:

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 March 21, 2016. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, May 3, 2016, 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

4/12

APR 13 16 PM 03:04 PC CLK OF RD
AFS

AFFIDAVIT OF POSTING

Date of Posting:

3/23/16

Date of Posting Removal:

4/12/16

Dollar General Store No. 14667

Applicant's Name:

Abel

Clare

Hollie

Last

First

Middle

Business Address:

12355 N. Trico Road

Marana

85653

Street

City

Zip

License #: 10103803

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.

R. GRENIER

Print Name of City/County Official

#6175

PCSD

Title

351 6000

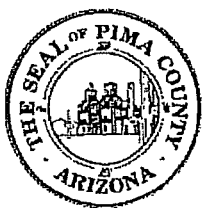
Phone Number

Signature

4/12/16

Date Signed

Return this affidavit with your recommendations (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.



Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
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) 791-6666

TO: Development Services, Zoning Division

FROM: Alina Bárcenas *ARB*
Administrative Support Specialist

DATE: March 22, 2016

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Clare Hollie Abel
d.b.a. Dollar General Store No. 14667
12355 N. Trico Road
Marana, AZ 85653

Arizona Liquor License No. 10103803
Series 10, Beer and Wine Store
New License X
Person Transfer
Location Transfer

ZONING REPORT

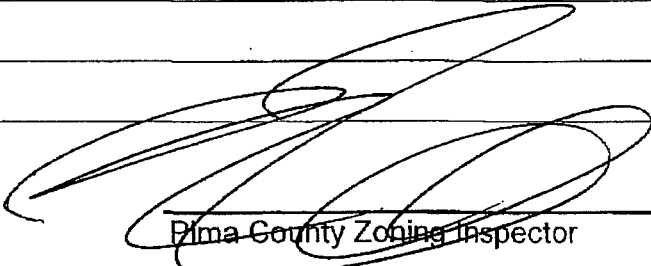
DATE: 3/23/16

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

Yes ☒

No ☐

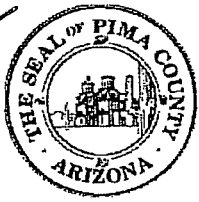
If No, please explain:


Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

APR 23 16 PM 01:09 PM CLK OF BD

ARB



Pima County Clerk of the Board

Robin Brigode

2016 CWA008

Julie Castañeda
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) 791-6666

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Alina Bárcenas *AB*
Administrative Support Specialist

DATE: March 22, 2016

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Clare Hollie Abel
d.b.a. Dollar General Store No. 14667
12355 N. Trico Road
Marana, AZ 85653

Arizona Liquor License No. 10103803
Series 10, Beer and Wine Store
New License X
Person Transfer
Location Transfer

SHERIFF'S REPORT

DATE: 03/25/16

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

NOTHING NOTES.

[Signature] #1226
Investigative Support Unit Supervisor

When complete, please return to cob_mail@pima.gov

HR 2516W0144 PC CLK OF PD

[Signature]



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007
www.azliquor.gov
(602) 542-5141

15 MAR 17 11:47:11 AM 1001

16-06-9249

Application for Liquor License
Type or Print with Black Ink

SECTION 1 This application is for a:

- ☐ Interim Permit (Complete Section 5)
☒ New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
☐ Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
☐ Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
☐ Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
☐ Government (Complete Sections 2, 3, 4, 10, 13, 16)
☐ Seasonal

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)
☐ Tribe (Complete Section 6)
☐ Other (Explain) _____

SECTION 3 Type of license

LICENSE # 10103803

1. Type of License: Series 10 (beer wine store)

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

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: ABEL CLARE HOLLIE

Last

First

Middle

P1000937

2. Owner Name: DG RETAIL LLC

(Ownership name for type of ownership checked on section 2)

B1049296

3. Business Name: DOLLAR GENERAL STORE #14667

(Exactly as it appears on the exterior of premises)

4. Business Location Address: 12355 NORTH TRICO ROAD; MARANA, AZ 85653

(Do not use PO Box)

Street

City

State

Zip Code

County

PIMA

B1056330

5. Mailing Address: 100 MISSION RIDGE, GOODLETTSVILLE, TN 37072

(All correspondence will be mailed to this address)

Street

City

State

Zip Code

6. Business Phone: 520-282-4550

Daytime Contact Phone: 602-234-9920

7. Email Address: CHABEL@BCATTORNEYS.COM

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

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No

If Yes, what City, Town or Tribal Reservation is this Business located in: N/A.

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ N/A.

Fees: \$100.00

Application

Interim Permit

Department Use Only

Site Inspection

\$266.00

Finger Prints

\$166.00

Total of All Fees

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? ☒ Yes ☐ No

Accepted by: [Signature]

Date: 3/17/16

License #

10103803

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____

2. Is the license currently in use? ☐ Yes ☐ No If no, how long has it been out of use? _____

(if over six (6) months, attach a letter requesting Interim Permit)

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
(Print Full Name) PERSON on the stated license and location.

X _____
(Signature)

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

_____ day of _____,
Day Month Year

My Commission Expires on: _____
Date

(Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

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

Individual

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|------|-------|--------|--------|-----------------|------|-------|----------|
| | | | | | | | |

Is any person other than above, going to share in profit/losses of the business? ☐ Yes ☐ No

If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City | State | Zip Code | Phone # |
|------|-------|--------|-----------------|------|-------|----------|---------|
| | | | | | | | |
| | | | | | | | |

Partnership

Name of Partnership: _____

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

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |

SECTION 6 - continued

16 MAR 17 14:11:11 AM1001

TRUST

Name of Trust: _____

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |

TRIBE

Name of Tribal Ownership: _____

| Last | First | Middle | % Owned | Mailing Address | City | State | Zip Code |
|------|-------|--------|---------|-----------------|------|-------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SECTION 7 Corporations/ Limited Liability Co

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

☐ **Corporation** Complete Questions 1, 2, 3, 4, 5, 6, and 7☒ **L.L.C.** Complete Questions 1, 2, 3, 4, 5, 6, and 71. Name of Corporation/ L.L.C: DG Retail, LLC2. Date Incorporated/Organized: 09/01/2005 State where Incorporated/Organized: Tennessee3. AZ Corporation or AZ L.L.C File No: R-1226423-6 Date authorized to do Business in AZ: 09/01/20154. Is Corp/L.L.C. Non Profit? ☐ Yes ☒ No

5. List Directors, Officers, Members in Corporation/L.L.C:

| Last | First | Middle | Title | Mailing Address | City | State | Zip Code |
|--|-------|--------|--------|---|------|-------|----------|
| See attached list of officers and directors. | | | | | | | |
| DG Promotions, Inc. | | | Member | 100 Mission Ridge, Goodlettsville, TN 37072 | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

| Last | First | Middle | %Owned | Mailing Address | City | State | Zip Code |
|--|-------|--------|--------|---|------|-------|----------|
| DG Promotions, Inc/Member | | | 100 | 100 Mission Ridge, Goodlettsville, TN 37072 | | | |
| NO individual owns 10% or more of the stock in DG Promotions, Inc. | | | | | | | |
| See attached Stock Affidavit. | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

DG RETAIL, LLC – a Tennessee limited liability company

John Garratt
Larry Gatta
James W. Thorpe

Chief Financial Officer
Senior Vice President, General Merchandise Manager
Secretary and Chief Merchandising Officer

DG RETAIL, LLC
RESOLUTIONS OF THE SOLE MEMBER
TAKEN BY WRITTEN CONSENT

SEPTEMBER 1, 2015

The undersigned, DG Promotions, Inc., a Tennessee corporation (the "Parent") and the sole member of DG Retail, LLC (the "Company"), a Tennessee limited liability company and a wholly owned subsidiary of the Parent, acting by written consent in lieu of a formal meeting, pursuant to the Tennessee Limited Liability Company Act, hereby consents to, approves and ratifies the following actions permitted to be taken on behalf of the Company:

WHEREAS, pursuant to the Operating Agreement, the Parent shall manage the affairs of the Company; and

WHEREAS, the Parent believes that it is in the best interest of the Company to appoint certain managers of the Company; and

WHEREAS, effective June 30, 2015, David M. Tehle resigned as officer of the Company and effective August 27, 2015, Steven R. Deckard and Robert R. Stephenson resigned as officers of the Company.

IT IS THEREFORE RESOLVED that the following named persons be elected to the managerial offices listed below to serve until their successors shall be elected and qualify, or until their earlier resignation or removal.

| | |
|-----------------|--|
| John Garratt | Chief Financial Officer |
| Larry Gatta | Senior Vice President, General Merchandise Manager |
| James W. Thorpe | Secretary and Chief Merchandising Officer |

IN WITNESS WHEREOF, the undersigned has executed this Written Consent of the Sole Member of Company as of this 1st day of September, 2015.

DG PROMOTIONS, INC., a Tennessee
corporation

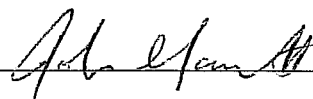


John Garratt, Chief Financial Officer

15 MAR 17 14. LIC. #1002

AFFIDAVIT

DG Promotions, Inc., a C Corporation incorporated in the State of Tennessee, is a wholly owned subsidiary of Dollar General Corporation. The stock of Dollar General Corporation is publicly traded on the New York Stock Exchange with 1,000,000,000 shares of common stock authorized and 290,934,510 shares of common stock outstanding as of November 27, 2015.

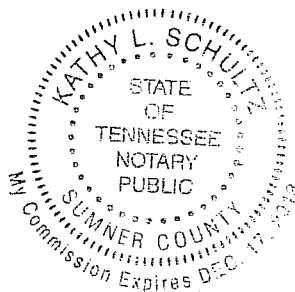



John Garratt,
Chief Financial Officer
DG Promotions, Inc.

STATE OF TN)

County of Davidson) ss.

Sworn to and subscribed before me this 12 day of Feb., 2016, by
JOHN GARRATT, who is personally known to me as the Chief Financial Officer, of DG Promotions, Inc.



SECTION 8 Club Applicants

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

1. Name of Club: _____
2. Is Club non-profit? ☐ Yes ☐ No
3. List all controlling members (minimum of four (4) required)

| Last | First | Middle | Mailing Address | City | State | Zip Code |
|------|-------|--------|-----------------|------|-------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(Attach additional sheet if necessary)

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

1. Current Licensee's Name: _____
(Exactly as it appear on the license) Last First Middle
2. Assignee's Name: _____
 Last First Middle
3. License Type: _____ License Number: _____

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.

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

1. Government Entity: _____
2. Person/Designee: _____
 First Last Middle () Day time Contact Phone #

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

SECTION 11 Location to Location Transfer: Series 6 Bar, Series 7 Beer & Wine Series 9 Liquor Stores only)

1. Current Business: Name: _____
 Address: _____
 (Exactly as it appears on license)
2. New Business: Name: _____
 Address: _____
3. License Type: _____ License Number: _____

SECTION 12 Person to Person Transfer

16 MAR 17 149. Lic. #1002

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? ☐ Yes ☐ No

8. Does the applicant intend to operate the business while this application is pending? ☐ Yes ☐ No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the 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, (Print Full Name) _____, declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____.
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a **Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.**

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:

a) Restaurant license (§ 4-205.02)

b) Hotel/motel license (§ 4-205.01)

c) Government license (§ 4-205.03)

d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest School: 11,778 ft
(if less than one (1) mile note footage)

Address: 16651 W. Calle Carmela *Mesa AZ 85203*

Name of School: Road Runner Elementary

2. Distance to nearest Church: 24,100 ft
(if less than one (1) mile note footage)

Address: 16400 W. Avra Valley Rd *Mesa AZ 85203*

Name of Church: Avra Valley Community Church

SECTION 14 Business Financials

1. I am the: ☒ Lessee ☐ Sub-lessee ☐ Owner ☐ Purchaser ☐ Management Company

2. If the premise is leased give lessors: Name: Falesca Properties, Inc.

Address: 8777 North Gainey Center Drive, Suite 191,
Scottsdale, AZ 85258 Zip

3. Monthly Rent/ Lease Rate: \$ 9,140.48

4. What is the remaining length of the lease? 13 yrs 11 months

5. What is the penalty if the lease is not fulfilled? \$ 0 or other:
(Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$
Please List Lenders/People you owe money to for business.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|-------------|-------------|-----------------|------|-------|-----|
| | | <i>None</i> | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?

Discount General Merchandise Retailer

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? ☐ Yes ☒ No If yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? ☐ Yes ☒ No

10. Is the premises currently license with a liquor license? ☐ Yes ☒ No

If yes, give license number and licensee's name:

License #: Individual Owner /Agent Name:
(Exactly as it appears on license)

2007MAY 17 10:47 AM

SECTION 15 Restaurant or hotel/motel license applicants

15 MAR 17 11:47:11 AM 1002

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? ☐ Yes ☐ No
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 provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this ☐ Restaurant ☐ Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. 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.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- ☒ Entrances/Exits ☒ Liquor storage areas **Patio:** ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? ☐ Yes ☒ No
If yes, what is your estimated completion date? _____

Month/Day/Year

2. 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. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. 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 the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

(Applicant's Initials)

SECTION 16 Diagram of Premises – continued

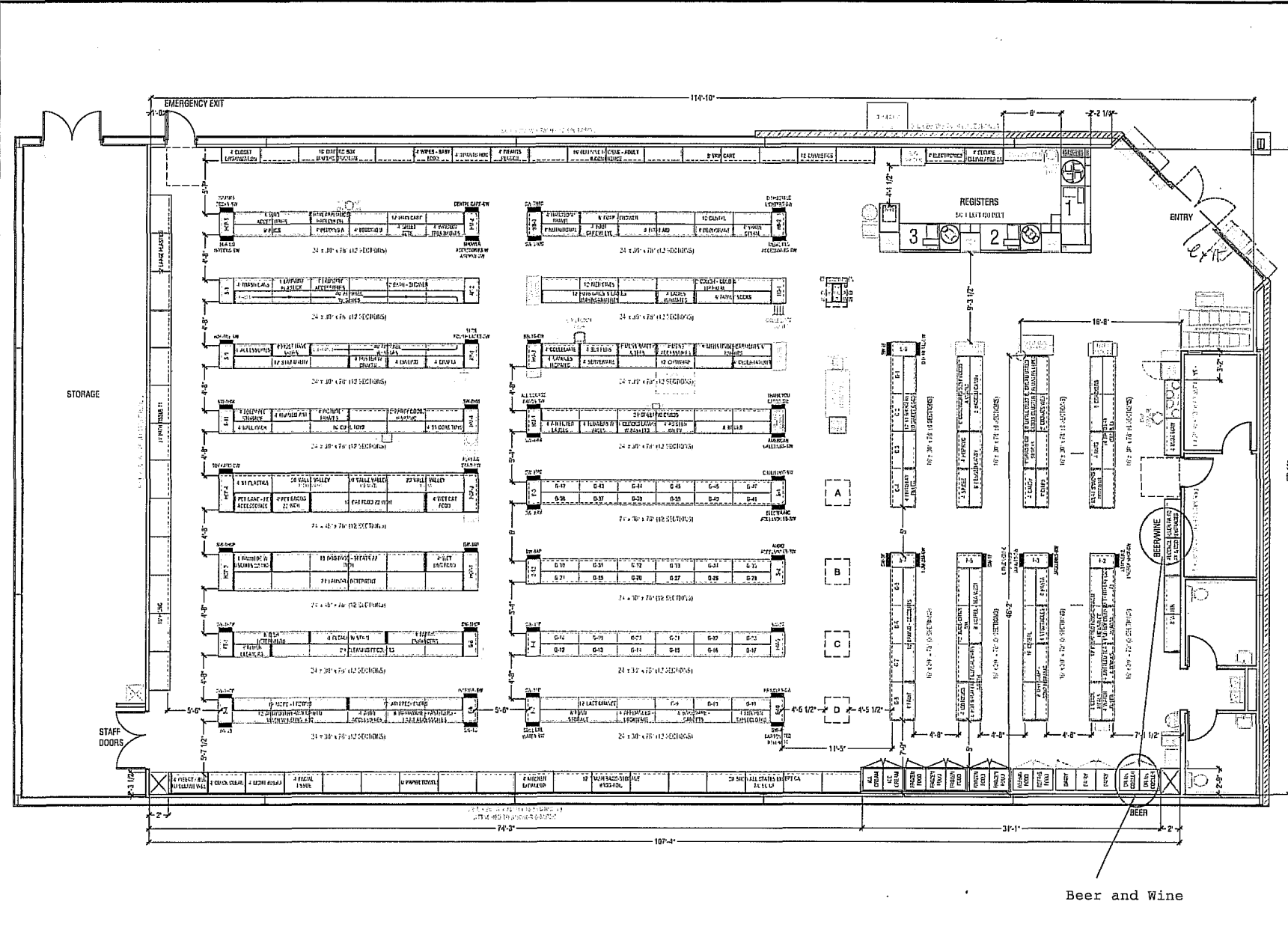
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

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

DIAGRAM OF PREMISES

| | |
|--------------------|-------|
| Total Sq. Footage: | 8,447 |
| Public: | 7,380 |
| Non-Public | 1,067 |

Diagram attached.



DOLLAR GENERAL

PRELIMINARY:

DATE: BY:

(1)

(2)

DRAWING HISTORY

DATE: 05/29/14 BY: DQC

DATE: BY:

(1) 06/09/14 DQC

(2) 06/24/14 DQC

(3)

(4)

(5)

(6)

(7)

(8)

(9)

PROJECT TYPE:

PLAN TYPE:

LAYOUT TYPE:

SHRINK TYPE:

EXPIRATION DATE:

07/21/14

SALES FLOOR SQ FT:

7,380

TOTAL SQ FT:

9,094

CERILING HEIGHT:

10'-0"

LIGHTS:

N/A

SEASONAL LF:

188

SALES:

STORE NO.:

14667

ADDRESS:

15841 W. EL TIRO RD.

CITY:

MARANA

STATE:

AZ

ZIP:

85653

DIVISION:

0006

REGION:

0071

DISTRICT:

0648

STORE PLANNING HOTLINE

16 MAR 17 1994 14667

SECTION 17 SIGNATURE BLOCK

Clare Hollie Abel

(Print Full Name)

I, Clare Hollie Abel, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1.
I have read this application and verify all statements to be true, correct and complete.

x Clare H. Abel
(Signature)

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

26th of FEBRUARY, 2016

Day Month Year

Beth Briggs

Signature of NOTARY PUBLIC



My commission expires on: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

15 FEB 17 14:15 PM 1002