



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

August 15, 2016

Troy Charles Devos
QuikTrip No. 1483
P.O. Box 3475 Attn: Licensing Dept.
Tulsa, OK 74101-3475

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 10103656
QuikTrip No. 1483

Dear Mr. Devos:

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, September 6, 2016, 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: Alina Bárcenas *ARB*
Administrative Support Specialist

DATE: July 27, 2016

RE: Sheriff's Report - Application for Acquisition of Control

Attached is the application of:

Troy Charles Devos
d.b.a. QuikTrip No. 1483
3390 W. Ina Road
Tucson, AZ 85741

Arizona Liquor License No. 10103656

SHERIFF'S REPORT

DATE: 08/12/16

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

NOTHING NOTED

[Signature] #1226
Investigative Support Unit Supervisor

When completed, please return to cob_mail@pima.gov.

AUG 12 16 PM 04:24 PC CLK OF PD

[Signature]



16 JUL 18 2016
State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th Floor
Phoenix, AZ 85007
(602) 542-5141

DLIC USE ONLY

Date Processed:

7-16-16

CSR:

CB

60th Day:

9-16-16

APPLICATION FOR AGENT CHANGE – ACQUISITION OF CONTROL – RESTRUCTURE

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)

SECTION 1

Check the appropriate boxes

☐ Agent Change
Complete Sections 1,2,3,4,5 & 7

☒ Acquisition of Control
Complete Sections 1,2, 3 & 7

☐ Restructure
Complete Sections 1,2,3,6 & 7

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Devos Troy Charles 10103656
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
2. Owner Name: QuikTrip Corporation Corp File #: F08755030
(Exactly as it appears on Liquor License) (If applicable)
3. Business Name: QuikTrip #1483 Email: dtippins@quiktrip.com
(Exactly as it appears on Liquor License)
4. Business Location Address: 3390 W. Ina Road Tucson Pima 85741
(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. 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: _____
7. Mailing Address: QuikTrip Corporation, P.O. Box 3475 Attn: Licensing Dept. Tulsa OK 74101-3475
City State Zip
8. Business Phone: (520) 797-6963 Daytime Contact Phone (480) 446-6329
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☒ Yes ☐ No If yes, submit a certified copy of minutes.
10. Has there been any change of Controlling Persons? ☒ Yes ☐ No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	Cadieux, III	Chester	Edouard	President/CEO	P.O. Box 3475	Tulsa	Oklahoma	74101-3475
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

SEE ATTACHED ORGANIZATION DOCUMENT

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

SEE ATTACHED ORGANIZATION DOCUMENT

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.



16 JUL 18 11:47 AM 304
State of Arizona
Department of Liquor Licenses and Control
800 W. Washington 5th Floor
Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY

Date Processed:
CSR:
60 th Day:

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SECTION 1

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: Devos Troy Charles 10103656
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
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(Exactly as it appears on Liquor License) (If applicable)
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(Exactly as it appears on Liquor License)
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(Do not use P.O. Box Number) City COUNTY Zip
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1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	Cadieux, III	Chester	Edouard	President/CEO	P.O. Box 3475	Tulsa	Oklahoma	74101-3475
<input type="checkbox"/>	SEE ATTACHED ORGANIZATION DOCUMENT							
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	SEE ATTACHED ORGANIZATION DOCUMENT							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

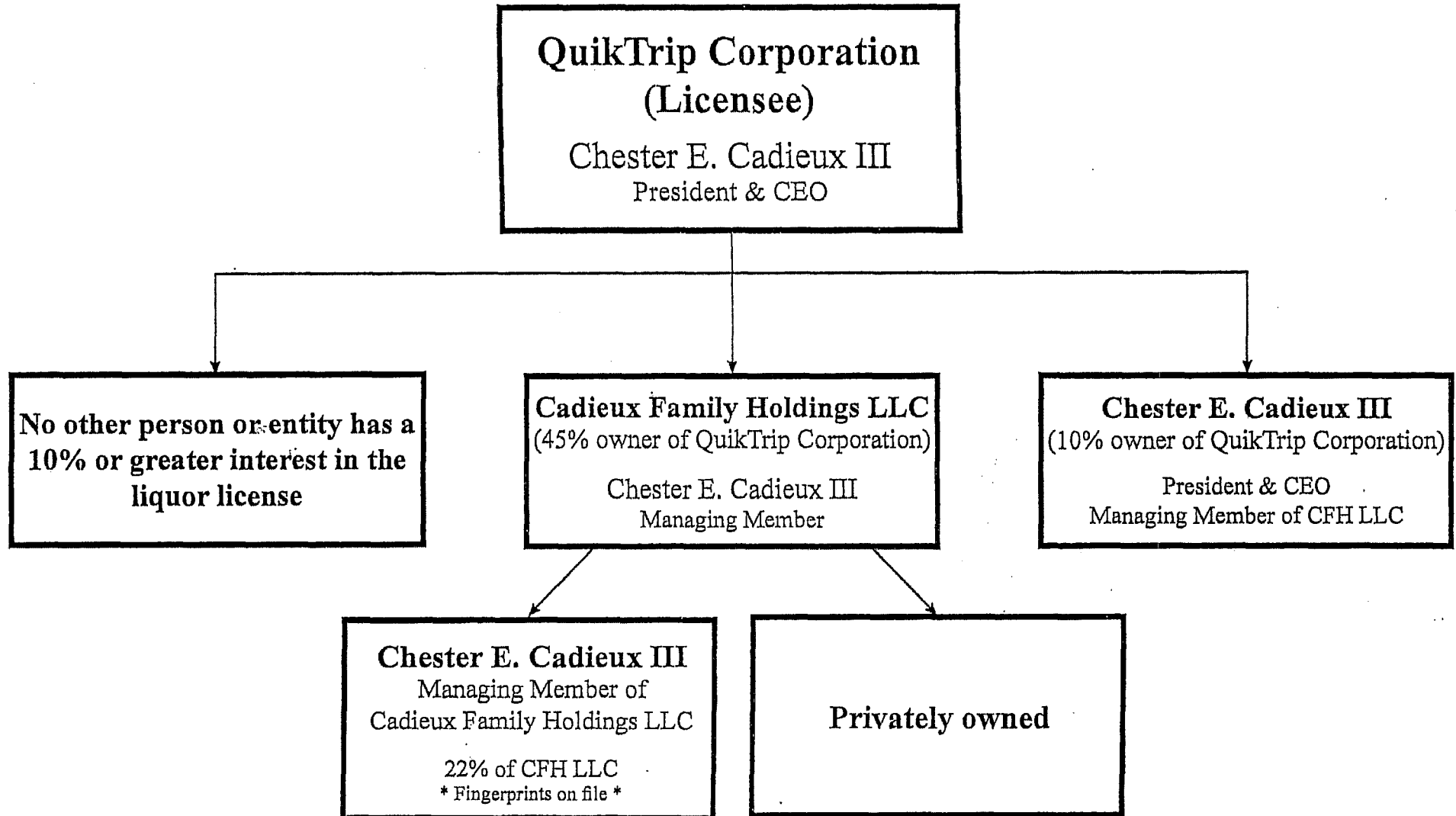
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL
Application for Liquor License

Section 7, Question #7

QUIKTRIP OWNERSHIP BREAKDOWN



SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? ☐ Yes ☐ No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☐ Yes ☐ No

If yes, Name of current Manager: _____
Last First Middle

Basic Training ☐ Yes ☐ No

Management Training ☐ Yes ☐ No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(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 # _____

2. Current Agent Name: _____
(Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____
(Controlling Person/Existing Agent)

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

My commission expires on: _____

Day of _____ Month _____ Year _____

Signature of NOTARY PUBLIC

SECTION 6

(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:

Type of new ownership:

- ☐ J.T.W.R.O.S.
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ LIMITED LIABILITY CO.
- ☐ MANAGEMENT CO.
- ☐ TRIBE
- ☐ TRUST
- ☐ OTHER (Explain) _____

- ☐ J.T.W.R.O.S.
- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ LIMITED LIABILITY CO.
- ☐ MANAGEMENT CO.
- ☐ TRIBE
- ☐ TRUST
- ☐ OTHER (Explain) _____

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Troy Charles Devos, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X _____
(Controlling Person/Existing Agent)

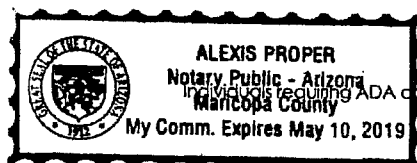
State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

My commission expires on: May 10, 2019

10 of May, 2019
Day Month Year

Alexis Proper
Signature of NOTARY PUBLIC

11/18/2015



Page 2 of 3

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