

Amendment #4



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

Application for Liquor License
Type or Print with Black Ink

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)

16 REG 24 Lic. AM1049

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)
Probate/ Will Assignment/ Divorce Decree
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

1. Type of License: Beer/Wine LICENSE # 10 113282

SECTION 4 Applicants

- Individual Owner/Agent's Name: KWIATKOWSKI KIM KENNETH
Owner Name: CIRCLE K STORES INC.
Business Name: CIRCLE K STORE #3486
Business Location Address: 41433 W Honeycutt Rd Maricopa AZ 85138 Pinal
Mailing Address: LICENSING DC-36, PO BOX 52085, PHOENIX, AZ 85072-2085
Business Phone: Pending Daytime Contact Phone: (602) 728-4783
Email Address: azlicense@circlek.com
Is the Business located within the incorporated limits of the above city or town? Yes No
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
Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$

Department Use Only
Fees: Application Interim Permit Site Inspection Finger Prints Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No
Accepted by: Date: License #

AMENDMENT



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- 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

1. Type of License: Beer / Wine LICENSE # 10113282

SECTION 4 Applicants

1. Individual Owner/Agent's Name: KWIATKOWSKI KIM KENNETH *P10041605*
Last First Middle

2. Owner Name: CIRCLE K STORES INC. *B1005673*
(Ownership name for type of ownership checked on section 2)

3. Business Name: CIRCLE K STORE # 3486 *B1057066*
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 41515 W Honeycutt Rd Maricopa AZ 85138 Pinal
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: LICENSING DC-36, PO BOX 52085, PHOENIX, AZ 85072-2085
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Pending Daytime Contact Phone: (602) 728-4783

7. Email Address: azlicense@circlek.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: _____

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

Fees: <u>100.00</u>	Department Use Only			<u>100.00</u>
Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Accepted by: <u>SG</u>	Date: <u>7/20/16</u>	License # <u>10113282</u>		

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? _____

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

I, _____ <small>(Print Full Name)</small>		declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON ON the stated license and location.	
X _____ <small>(Signature of CURRENT Individual Owner/Agent)</small>	State of _____	County of _____	<small>The foregoing instrument was acknowledged before me this</small>
My commission expires on: _____ <small>Date</small>	_____ <small>Day</small>	of _____ <small>Month</small>	_____ <small>Year</small>
_____ <small>Signature of NOTARY PUBLIC</small>			

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

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	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 7

1. Name of Corporation/ L.L.C: CIRCLE K STORES INC.
 2. Date Incorporated/Organized: 06/08/1951 State where Incorporated/Organized: TEXAS
 3. AZ Corporation or AZ L.L.C File No: F-0006598-0 Date authorized to do Business in AZ: 04/08/1957
 4. 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
Haxel	Geoffrey	Charles	Pres/Secr/Dir	1130 W Warner Rd, Tempe, AZ			85284
Cunnington	Kathleen	K	Treas/VP/DIR	1130 W Warner Rd, Tempe, AZ			85284
Rodriguez	Paul	(none)	VP	1130 W Warner Rd, Tempe, AZ			85284
Kwiatkowski	Kim	Kenneth	Asst Secr	1130 W Warner Rd, Tempe, AZ			85284

(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
CIRCLE K	DELAWARE	INC.	100%	1130 W Warner Rd, Tempe, AZ			85284

(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.

Circle K Stores Inc.
 Texas 6/8/51
 Charter No. 0010697700
 FIN# 74-1149540

OFFICE	Name	BUSINESS ADDRESS	PHONE
* President and Secretary	Geoffrey C. Hazel	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Treasurer and Assistant Secretary	Kathleen K Curtright	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
* Sr Vice President	Darrell Davis	12911 Telecom Parkway, Tempe, FL 33637	(813) 910-6882
Sr Vice President	Derris Tewell	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Pia Bach Herlihan	495 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5129
Vice President	Paul Rodriguez	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	David Morgan	12911 Telecom Parkway, Tempe, FL 33637	(951) 270-5136
Vice President	Brian Bednarz	25 W Cader St, Suite 100, Pensacola, FL 32502	(902) 728-8000
Vice President	Timothy Alexander Miller	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Vice President	Dag Roger Rinde	2440 Whitehall Park Dr., #900, Charlotte, NC 28273	(704) 583-5716
Vice President	Matt McCure	2440 Whitehall Park Dr., #900, Charlotte, NC 28273	(704) 583-5716
Vice President	Waymon (Buck) Seber	12911 Telecom Parkway, Tempe, FL 33637	(951) 270-5136
Vice President	Meredith Willard Rice, Jr.	305 Gregson Dr., Cary, NC 28273	(704) 583-5712
Vice President	Rodney Stanton	2440 Whitehall Park Dr., #900, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Scott J. Stevenson	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Kim Kowalewski	1130 W Warner Rd, Tempe, AZ 85284	(602) 728-8000
Assistant Secretary	Sylvain Aubry	4204 Boul. Industriel, Laval (Quebec) Canada H7L 0E3	(450) 662-6632
Assistant Secretary	Marc Lee Flanary	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Sarah Lynn Longwell	255 E Rincon, Suite 100, Corona, CA 92879	(951) 270-5136
Assistant Secretary	Michael L Foster	2440 Whitehall Park Dr., #900, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Kyle Poyer	2440 Whitehall Park Dr., #900, Charlotte, NC 28273	(704) 583-5716
Assistant Secretary	Randy Horne	12911 Telecom Parkway, Tempe, FL 33637	(913) 910-6882
Assistant Secretary	Tim Peters	1199 S Badline Rd, #160, Coppell, TX 75019	(802) 728-8000
Assistant Secretary	Peter Utkich	12911 Telecom Parkway, Tempe, FL 33637	(913) 910-6876
Assistant Secretary	Edward Glunza	12911 Telecom Parkway, Tempe, FL 33637	(913) 910-6876
Assistant Secretary	John Little	305 Gregson Dr., Cary, NC 28273	(704) 583-5712

* Director

Business Address: 1130 W Warner Road, Bldg B, Tempe, AZ 85284 (602) 728-8000
 Domicile Address: % CSC-Lawyer Incorporating Services Company, 701 Brazos Street, Suite 1050, Austin, TX 78701

12,000,000 Shares Authorized, 1,000 Issued at \$1.00 Par. 100% owned by Circle K Delaware Inc. (FIN: 46-0520672)

Circle K Stores Inc. is qualified in:

AL, AZ, AR, CA, CO, FL, GA, ID, KS, LA, MS, MO, NV, NM, NC, OK, OR, SC, TN, TX, UT, WA

Corporate Structure:

Circle K Delaware Inc. is 100% owned by The Circle K Corporation (Geoffrey Hazel - President/Director)
 The Circle K Corporation is 100% owned by Couche-Tard US Inc. (Geoffrey Hazel - President/Director)
 Couche-Tard US Inc. is 100% owned by Mact's Convenience Stores Inc. (Geoffrey Hazel - President/Director)
 Mact's Convenience Stores Inc. is 100% owned by Couche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
 Couche-Tard Inc. is 100% owned by Depan-Escopie Couche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
 Depan-Escopie Couche-Tard Inc. is 100% owned by Alimentation Couche-Tard Inc. (Geoffrey Hazel - Sr. Vice President)
 Alimentation Couche-Tard Inc. is a publicly traded company (Geoffrey Hazel - Sr. Vice President)

SECTION 12 Person to Person Transfer

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.

NOTARY

X _____
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: _____
Date

_____ of _____ / _____
Day Month Year

Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants.

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) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18

- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 550' (If less than one (1) mile note footage) Name of School: Legacy Traditional Charter School
 Address: 17760 Regent Dr, Maricopa AZ 85138

2. Distance to nearest Church: 900' (If less than one (1) mile note footage) Name of Church: Faith Baptist Church
 Address: 19287 N Porter Rd, Maricopa AZ 85138

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: NA

Address: NA Street City State Zip

3. Monthly Rent/ Lease Rate: \$ NA

4. What is the remaining length of the lease? Yrs. NA Months _____

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

6. Total money borrowed for the Business not including lease? \$ NA 3,500,000
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip
Wells Fargo Bank	Acct-4123020786		3,500,000	333 S Grand Ave., 12th Floor, Los Angeles, CA			90071

(Attach additional sheet if necessary)

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

Retail Convenience Store

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)

SECTION 15 Restaurant or hotel/motel license applicants

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
 Walk-up windows Drive-through 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? 8/31/17

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.
5. **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.**

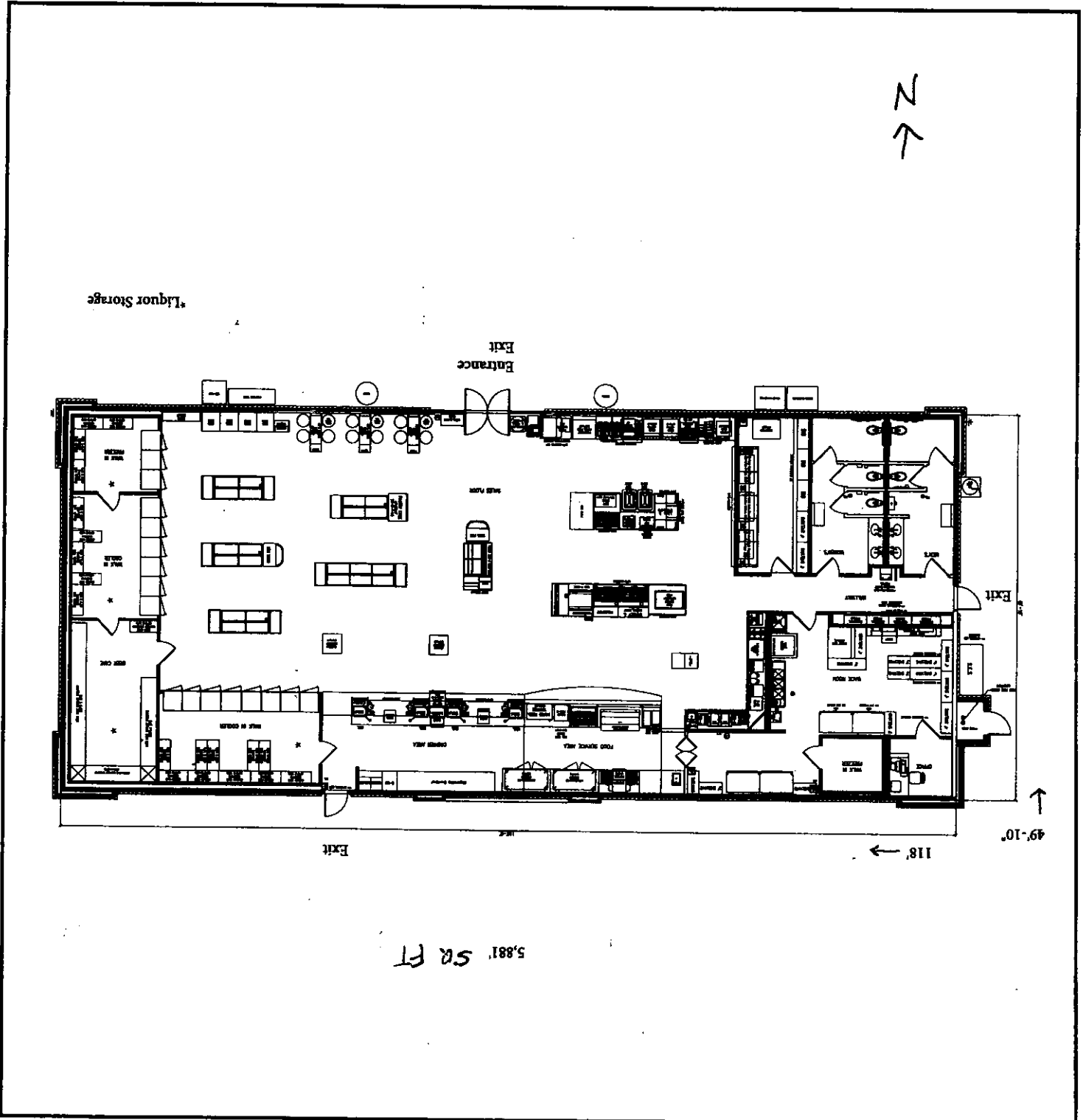
(Applicant's Initials)

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



SECTION 17 SIGNATURE BLOCK

NOTARY

Kim Kenneth Kwiatkowski

I, (Print Full Name) _____, 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 _____
(Signature of CURRENT Individual Owner/Agent)

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

My commission expires on: 6/24/19
Date

19th of July, 2016
Day Month Year

Signature of NOTARY PUBLIC

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.