



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

**Local Governing Body Recommendation**  
**A.R.S. § 4-201(C)**

1. City or Town of: \_\_\_\_\_ Liquor License Application #: 10113121  
(Circle one) (Arizona application #)

2. County of: Pinal City/Town/County #: LL100516-TD

3. If licensed establishment will operate within an "entertainment district" as described in A.R.S. §4-207(D)(2),  
 \_\_\_\_\_  
(Name of entertainment district) (Date of resolution to create the entertainment district)

A boundary map of entertainment district must be attached.

4. The Board of Supervisors at a Regular meeting held on the 5<sup>th</sup> of  
(Governing body) (Regular or special) (Day)  
October, 2016 considered the application of Troy C. Devos  
(Month) (Year) (Name of applicant)

for a license to sell spirituous liquor at the premises described in application 10113121  
(Arizona liquor license application #)

for the license series #: type # 10: beer & wine store as provided by A.R.S §4-201.  
(i.e.: series #10: beer & wine store)

ORDER OF APPROVAL/DISAPPROVAL

IT IS THEREFORE ORDERED that the license APPLICATION OF Troy C. Devos  
(Name of applicant)

to sell spirituous liquor of the class and in the manner designated in the application, is hereby recommended  
 for \_\_\_\_\_  
(Approval, disapproval, or no recommendation)

TRANSMISSION OF ORDER TO STATE

IT IS FURTHER ORDERED that a certified copy of this order be immediately transmitted to the State Department  
 of Liquor, License Division, 800 W Washington, 5th Floor, Phoenix, Arizona.

Dated at Florence, AZ on 5<sup>th</sup> October, 2016  
(Location) (Day) (Month) (Year)

Sheri Cluff, Clerk  
(Printed name of city, town or county clerk) (Signature of city, town or county clerk)



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**AFFIDAVIT OF POSTING**

Date of Posting: 8/30/16 Date of Posting Removal: \_\_\_\_\_

Applicant's Name: Devos Troy Charles  
Last First Middle

Business Address: 1766 W. Hunt Hwy. Queen Creek 85142  
Street City Zip

License #: 10113121

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.

CHRISTOPHER ENCISO Code Compliance 520 866-6980  
Print Name of City/County Official Title Phone Number

[Signature] 09-20-16  
Signature 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.



P I N A L • C O U N T Y  
*wide open opportunity*

Gregory Stanley

County Manager

## MEMORANDUM

Date: September 8, 2016

To: AmberLee Taylor, Deputy Clerk of the Board

From: Himanshu Patel, Community Development Director  
Tony Guasp, Building Official (Liq16-00013)

SUBJ: **Application for Acquisition of Control, series 10, Troy C. Devos, QuikTrip #495, 1766 W. Hunt Hwy, Queen Creek, AZ 85142**

This establishment has been inspected for the minimum life safety requirements of the Pinal County Building Code Ordinance. The requirements have substantially been met. We therefore **recommend approval** of the Liquor License Application.

**COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING SAFETY DIVISION**



PINAL COUNTY  
ARIZONA

DATE: August 30, 2016  
TO: Amberlee Taylor, Deputy Clerk of the Board  
FROM: Himanshu Patel, Community Development Director   
SUBJ: Application Acquisition of Control Troy C. Devos, QuickTrip #495, 1766 W. Hunt Hwy, Queen Creek, Arizona 85142.

**LIQUOR LICENSE – CB-1**  
Type 10  
License #10113121

The zoning on this parcel will allow the sale of liquor, approval is recommended.

The license and notice were posted by a Code Compliance Officer on **August 30, 2016 and the removal date is September 19, 2016**

COMMUNITY DEVELOPMENT



# Pinal County Sheriff's Office

September 2, 2016

Board of Supervisors  
31 N Pinal Street, Bldg. A  
PO Box 827  
Florence, AZ 85132

RE: Application for Acquisition of Control, series 10, Troy C. Devos, QuikTrip #495,  
1766 W. Hunt Hwy., Queen Creek, Arizona, 85142.

Dear Board,

On behalf of Pinal County Sheriff's Office, I am writing to express our support for the  
Application as listed above.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Henry".

Steve Henry, Chief Deputy  
Pinal County, Arizona

971 Jason Lopez Circle Building C \* P.O. Box 867 \* Florence, AZ 85132  
Main (520) 866-5111 \* Fax (520) 866-5195 \* TDD (520) 868-6810



P I N A L • C O U N T Y  
*wide open opportunity*

**MEMORANDUM FROM PUBLIC HEALTH SERVICES DISTRICT**

**DATE:** August 18, 2016  
**TO:** Amberlee Taylor, Deputy Clerk of the Board  
**FROM:** Chris Reimus, Assistant Director of Public Health, Environmental Health Services Division  
**RE:** Application for Acquisition of Control, Series 10, Troy C. Devos, QuikTrip #495, 1766 W. Hunt Hwy., Queen Creek, AZ 85142

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Regarding the applicant and facility **Troy C. Devos, QuikTrip #495, 1766 W. Hunt Hwy., Queen Creek, AZ 85142**; Environmental Health Services has no objection to Board of Supervisor's consideration of licensure at this time.

Sincerely,

Christopher Reimus, R.S., DAAS  
Assistant Director of Public Health

**PUBLIC HEALTH SERVICES DISTRICT**



16 AUG 18 Lic. Lic. #10:47  
 State of Arizona  
 Department of Liquor Licenses and Control  
 800 W. Washington 5<sup>th</sup> Floor  
 Phoenix, AZ 85007  
 (602) 542-5141

DLIC USE ONLY	
Date Processed:	8-18-16
CSR:	CB
60 <sup>th</sup> Day:	10-17-16

**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

<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 10113121  
(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 #495 Email: dtippins@quiktrip.com  
(Exactly as it appears on Liquor License)

4. Business Location Address: 1766 W. Hunt Hwy. Queen Creek Pinal 85142  
(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: (480) 655-5728 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"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							
<input type="checkbox"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							
<input type="checkbox"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							

(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"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							
<input type="checkbox"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							
<input type="checkbox"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							
<input type="checkbox"/>	<b>SEE ATTACHED ORGANIZATION DOCUMENT</b>							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

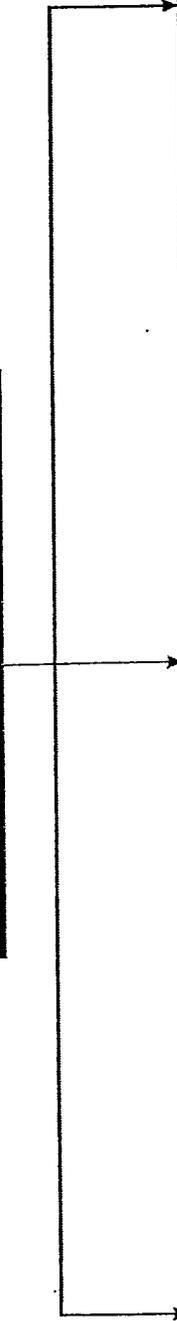
If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL  
Application for Liquor License

Section 7, Question #7

# QUIKTRIP OWNERSHIP BREAKDOWN

**QuikTrip Corporation  
(Licensee)**  
Chester E. Cadioux III  
President & CEO



**No other person or entity has a 10% or greater interest in the liquor license**

**Cadioux Family Holdings LLC**  
(45% owner of QuikTrip Corporation)  
Chester E. Cadioux III  
Managing Member

**Chester E. Cadioux III**  
(10% owner of QuikTrip Corporation)  
President & CEO  
Managing Member of CFH LLC

**Chester E. Cadioux III**  
Managing Member of  
Cadioux Family Holdings LLC  
22% of CFH LLC  
\* Fingerprints on file \*

**Privately owned**

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

