

RESOLUTION 2020-066

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, COCHISE COUNTY, ARIZONA; REAFFIRMING SETTLED POLICY BY RECOMMENDING APPROVAL FOR AN INTERIM PERMIT, NEW LICENSE, PARTNERSHIP-TYPE OF OWNERSHIP FOR A SERIES 10 LIQUOR LICENSE JOEY JEROME DANIELSON ON BEHALF OF GPM SOUTHEAST LLC DBA FAST MARKET #4609, TO THE STATE DEPARTMENT OF LIQUOR LICENSES AND CONTROL; AND AUTHORIZING AND DIRECTING THE CITY MANAGER, CITY CLERK, CITY ATTORNEY OR THEIR DULY AUTHORIZED OFFICERS AND AGENTS TO TAKE ALL STEPS NECESSARY TO CARRY OUT THE PURPOSES AND INTENT OF THIS RESOLUTION.

WHEREAS, an application for an interim permit, new license, partnership-type of ownership for a Series 10 Liquor License Joey Jerome Danielson on behalf of GPM Southeast LLC dba Fast Market #4609 has been filed with the Arizona Department of Liquor Licenses and Control; and

WHEREAS, Arizona Revised Statutes §4-112 requires local municipalities to grant approval or disapproval of all liquor licenses being applied for within their jurisdiction; and

WHEREAS, the application has been posted on the premises of the business for twenty (20) days as required by State law; and

WHEREAS, it is the settled policy of the City Council that liquor licenses be recommended for approval if no objections are raised.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, AS FOLLOWS:

SECTION 1

The City Council reaffirms its settled policy on liquor licenses within City limits.

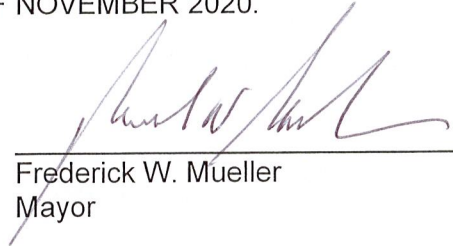
SECTION 2

The City Council of the City of Sierra Vista recommends approval of the application for an interim permit, new license, partnership-type of ownership for a Series 10 Liquor License Joey Jerome Danielson on behalf of GPM Southeast LLC dba Fast Market #4609, to the State Department of Liquor Licenses and Control.

SECTION 3

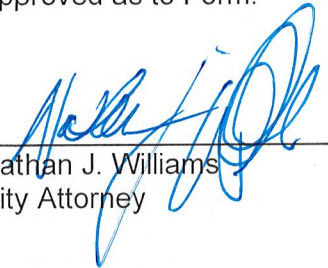
The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 12th DAY OF NOVEMBER 2020.




Frederick W. Mueller
Mayor

Approved as to Form:



Nathan J. Williams
City Attorney

Attest:



Jill Adams
City Clerk

Prepared By:
Jill Adams, City Clerk

State of Arizona
Department of Liquor Licenses and Control

Created 10/06/2020 @ 03:55:52 PM

Local Governing Body Report

LICENSE

Number:		Type:	010 BEER AND WINE STORE
Name:	FAST MARKET #4609		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	3999 E FRY BOULEVARD SIERRA VISTA, AZ 85635 USA		
Mailing Address:	8565 MAGELLAN PARK #400 ATTN LICENSING DEPARTMENT RICHMOND, VA 23227 USA		
Phone:	(520)458-0300		
Alt. Phone:	(804)730-1568		
Email:	LICENSING@GPMINVESTMENTS.COM		

AGENT

Name:	JOEY JEROME DANIELSON
Gender:	Male
Correspondence Address:	8565 MAGELLAN PARK #400 ATTN LICENSING DEPARTMENT RICHMOND, VA 23227 USA
Phone:	(804)730-1568
Alt. Phone:	
Email:	LICENSING@GPMINVESTMENTS.COM

OWNER

Name: GPM SOUTHEAST LLC
Contact Name: JOEY JEROME DANIELSON
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: 23057626 State of Incorporation: DE
Incorporation Date: 02/10/2013
Correspondence Address: 8565 MAGELLAN PARK
#400 ATTN LICENSING DEPARTMENT
RICHMOND, VA 23227
USA
Phone: (804)730-1568
Alt. Phone:
Email: LICENSE@GPMINVESTMENTS.COM

Officers / Stockholders

Name:	Title:	% Interest:
GPM INVSETMENTS LLC	MEMBER	100.00
AERIE KOTLER	CEO	
EYAL NUCHAMOVITZ	EVP	
DONALD POLK BASSELL	CFO	

GPM SOUTHEAST LLC - MEMBER

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RICHMOND, VA 23227
USA
Phone: (804)730-1563
Alt. Phone:
Email: LICENSING@GPMINVESTMENTS.COM

GPM SOUTHEAST LLC - CFO

Name: DONALD POLK BASSELL
Gender: Male
Correspondence Address: 8565 MAGELLAN PARK
#400 ATTN LICENSING DEPARTMENT
RICHMOND, VA 23227
USA
Phone: (804)730-1568
Alt. Phone:
Email: DBASSELL@GPMINVESTMENTS.COM

ARKO HOLDINGS LTD (ISRAEL) - Shareholder
GPM SOUTHEAST LLC - CEO

Name: AERIE KOTLER
Gender: Male
Correspondence Address: 8565 MAGELLAN PARK
#400 ATTN LICENSING DEPARTMENT
RICHMOND, VA 23227
USA
Phone: (804)830-1568
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Email: AK@GPMINVESTMENTS.COM

GPM SOUTHEAST LLC - EVP

Name: EYAL NUCHAMOVITZ
Gender: Male
Correspondence Address: 8565 MAGELLAN PARK
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USA
Phone: (404)644-1066
Alt. Phone:
Email: EN@GPMINVESTMENTS.COM

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RICHMOND, VA 23227
USA
Phone: (804)731-1568
Alt. Phone:
Email: LICENSING@GPMINVESTMENTS.COM

GPM INVSETMENTS LLC - MEMBER

Name: ARKO CONVENIENCE STORES LLC
Contact Name: JOEY JEROME DANIELSON
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
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ARKO HOLDINGS LTD (ISRAEL) - Shareholder

Name: MORRIS WILLNER
Gender: Male
Correspondence Address: 8565 MAGELLAN PARK
#400 ATTN LICENSING DEPARTMENT
RICHMOND, VA 23227
USA
Phone: (804)730-1568
Alt. Phone:
Email: MWILLNER@GPMINVESTMENTS.COM

GPM OWNER LLC - Member

Name: ANTHONY ALEXANDER YOSELOFF
Gender: Male
Correspondence Address: 8565 MAGELLAN PARK
#400 ATTN LICENSING DEPARTMENT
RICHMOND, VA 23227
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Phone: (212)446-4000
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Email: AYOSELOFF@DKP.COM

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APPLICATION INFORMATION

Application Number: 122530
Application Type: New Application
Created Date: 10/06/2020

AR

QUESTIONS & ANSWERS

010 Beer and Wine Store

- 1) Are you applying for an Interim Permit (INP)?
Yes
A Document of type INTERIM PERMIT (INP) NOTARY PAGE is required.
- 2) Provide name, address, and distance of nearest school and church.
(If less than one (1) mile note footage)
BUENA HS - 1.6 MILES
5225 E BUEANA, SIERRA VISTA, AZ 85635
FIRST CHRISTIAN CHURCH - M0.6 MILES 3,168ft AR
55 KINGS WAY, SIERRA VISTA, AZ 85635
- 3) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
PURCHASER
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Is the Business located within the incorporated limits of the city or town of which it is located?
Yes
- 6) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
NONE
- 7) Is there a drive through window on the premises?
No
- 8) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
NONE
- 9) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

State of Arizona
Department of Liquor Licenses and Control

Created 10/06/2020 @ 03:55:33 PM

Local Governing Body Report

LICENSE

Number:	INP020012285	Type:	INP INTERIM PERMIT
Name:	FAST MARKET #4609		
State:	Active		
Issue Date:	10/06/2020	Expiration Date:	01/19/2021
Original Issue Date:	10/06/2020		
Location:	3999 E FRY BOULEVARD SIERRA VISTA, AZ 85635 USA		
Mailing Address:	8565 MAGELLAN PARK #400 ATTN LICENSING DEPARTMENT RICHMOND, VA 23227 USA		
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Contact Name: JOEY JEROME DANIELSON
Type: CORPORATION
AZ CC File Number: State of Incorporation:
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Phone: (804)730-1563
Alt. Phone:
Email: LICENSING@GPMINVESTMENTS.COM

APPLICATION INFORMATION

Application Number: 122532
Application Type: New Application
Created Date: 10/06/2020

AP

QUESTIONS & ANSWERS

INP Interim Permit

- 1) Enter License Number currently at location
10023176
- 2) Is the license currently in use?
Yes
- 3) Will you please submit section 5, page 6, of the license application when you reach the upload page?
No

Financial Narrative / Loans

There is no loan specific to any locations.

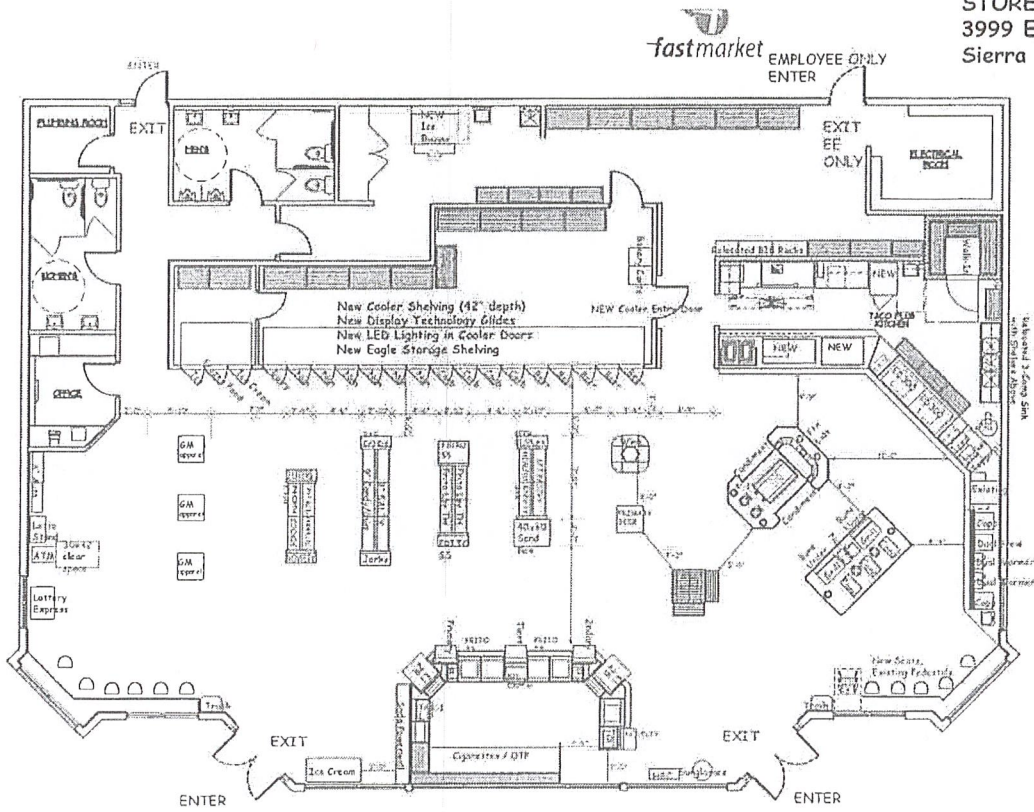
GPM Investments, LLC and its subsidiaries including GPM Southeast, LLC ("GPM") have various financing in place to fund its operations, but none are tied specifically to alcohol sales or a specific location. As of December 2019, GPM operated or supplied fuel to over 1,400 locations and had annual revenue of approximately \$4.3 billion. Following the acquisition of the business of Empire Petroleum Partners, LLC, of which this location is a part of, GPM will operate or supply fuel to approximately 3,000 locations and anticipates annual revenue of approximately \$6.8 billion. GPM will be acquiring only 11 stores in Colorado with alcohol licenses so this will be a small portion of our operations.

In particular, GPM currently has a working capital line of credit with PNC Bank, N.A. currently in the amount of up to \$110 million which is anticipated to be increased to up to \$150 million in connection with the addition of the over 1,500 Empire locations.

GPM also currently has a term loan from PNC Bank, N.A. and funding from its affiliates Arko Holdings, Ltd. and GPM Member, LLC. All of that financing is being refinanced by a loan from Ares Capital Corporation of \$162 million, which credit agreement is anticipated to be entered into in early February 2020. Additionally, the Ares Credit Agreement will allow GPM to borrow up to an additional \$185 million in delayed draw term loans to be used for acquisitions, remodeling stores, and other corporate purposes.

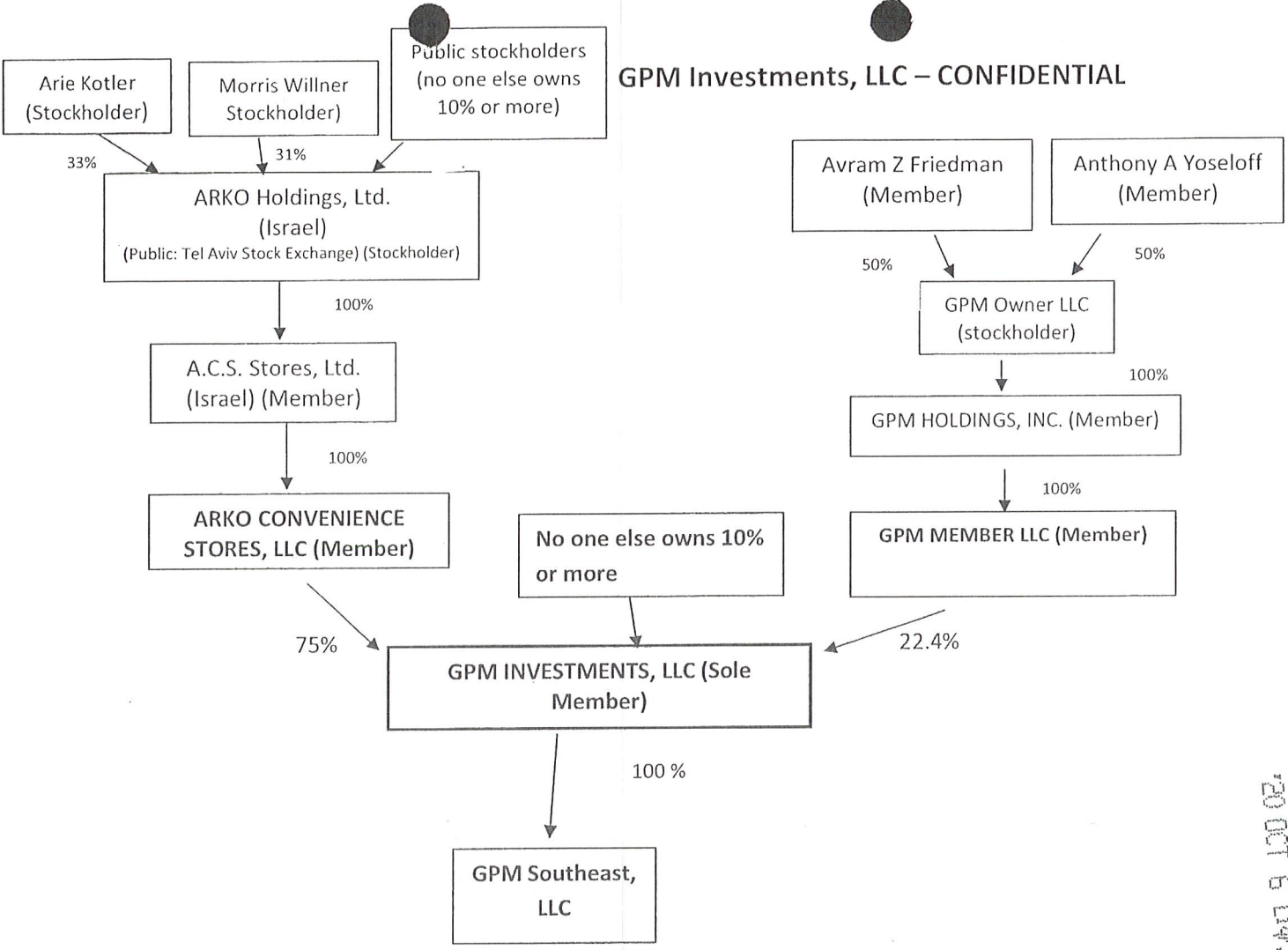
We have enclosed audited consolidated financial statements of GPM to demonstrate our financial wherewithal.

STORE 4609 5,950SF
3999 E FRY,
Sierra Vista, AZ



20 OCT 8 14:14 PM '02

GPM Investments, LLC – CONFIDENTIAL



20 OCT 6 11:41 AM '22



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

20 OCT 6 1:49 PM 3:12

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-932

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager. Agent is checked.

2. Name: Danielson Joey Jerome Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: AZ

4. Place of birth: Duluth MN USA Height: 69 Weight: 215 Eyes: Hazel Hair: Gray

5. Name of current/most recent spouse: Danielson Denise Eileen Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? [X] Yes [] No If yes, what is your date of residency: 01/01/2006

7. Daytime telephone number: (480) 519 - 5971 E-mail address: jdanielson@empirepetroleum.com

8. Business Name: Fast Market #4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd. Sierra Vista AZ Cochise 85635

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 07/2006, CURRENT, District Manager, Empire Petroleum, 8350 N Central Expy, Ste M 2185, Dallas, TX 75206.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
05/2014	CURRENT	2405 N Palomino Ct, Chandler, AZ 85224

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

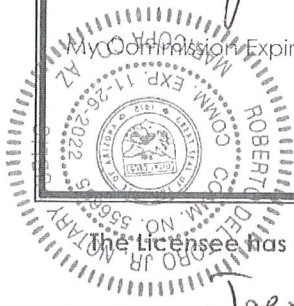
NOTARY

I (Print Full Name) Joey Jerome Danielson hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]
My Commission Expires on: 11-26-2022
Date

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
26th Day of February, 2020
Day Month Year

[Signature]
Signature of Notary



The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: Joey J. Danielson SIGNATURE: [Signature]



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

INDIVIDUAL OWNER/AGENT NAME (Print or type) Joey Jerome Danielson

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States?

Yes

No

If Yes, indicate place of birth:

City Duluth State (or equivalent) MN Country or Territory USA

If you answered Yes, 1) Attach a legible copy of a document from the attached list.

2) Name of document: Drivers License
Go to Section IV.

If you answered No, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101 (a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

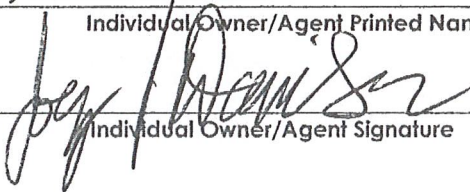
SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Joey Jerome Danielson

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

02/07/2020

Today's Date

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

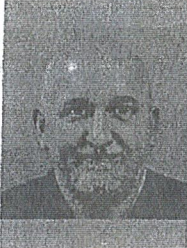
You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

CLASS: D-Operator
 ENDORSEMENTS: Motorcycle
 RESTRICTIONS: None
 Rev 02/18/2014
 You Must Report a Change of Address Within 10 Days
 160-03A-20098703180331

Arizona DRIVER LICENSE USA



CLASS D
 END AR
 REST NONE
 DANIELSON
 JOE J
 2405 N PALOMINO CT
 CHANDLER, AZ 85224-2188
 EXP 09/01/2024 ISS 02/12/2018
 SEX M EYES HAZ
 HGT 5-10 HAIR BAL
 WGT 200 lb
 DONOR ♥
 DD 4016MV610D102739

Joe J. Danielson

10748119

Certificate of Completion

For

Title 4 BASIC Liquor Law Training

<input type="checkbox"/>	On-sale
<input checked="" type="checkbox"/>	Off-sale
<input type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant. The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the Base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Full Name (please print) **Joey Danielson**

Signature *Joey Danielson*

Training Completion Date **09/04/2017**

Certificate Expiration Date **09/04/2020**

(three years from completion date)

Training Provider Information

ABC - Arizona Business Council for Alcohol Education

Company Name

8155 North 24th Avenue, Suite A, Phoenix, Arizona 85021

Mailing Address

(602) 285-1396

Daytime Contact Phone Number

I, **Jesus Altamirano**, certify that the above named individual did successfully complete

Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code [A.A.C.]R19-1-103

using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Instructor Signature *Jesus Altamirano*

Day Month Year **09 04 2017**

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below

2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

- In-state Microbrewery (series 3)
- Conveyance (series 8)
- Restaurant (series 12)
- Government (series 5)
- Liquor Store (series 9)
- In-state Farm Winery (series 13)
- Private Club (series 14)
- Hotel/Motel/Restaurant (series 11)
- Beer & Wine Store (series 10)
- Beer (series 6)
- Private Club (series 14)
- Hotel/Motel/Restaurant (series 11)
- Beer & Wine Bar (series 7)
- Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

July 11, 2013

2017 JUN 9 10:02

20 FEB 21 PM 12:22 AZD/LLC

Certificate # AZM00683

Certificate of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

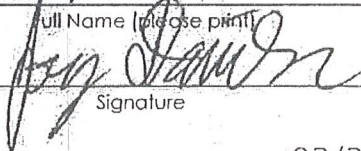
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Joey Danielson

Full Name (please print)



Signature

02/26/2020

Training Completion Date

02/26/2023

Certificate Expiration Date
(three years from completion date)

Training Provider Information

360training.com Inc.

Company Name

6801 N Capital of Texas Hwy, Bldg I, Suite 250, Austin, TX 78731

Mailing Address

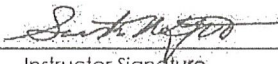
(877) 881-2235

Daytime Contact Phone Number

20 OCT 6 11:41:14 AM '22

I, Samantha Montalbano, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

02/26/2020

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.



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

*20 OCT 6 1:49:14 PM 3:02

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-932

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes: [X] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: Last: Kotler, First: Arie, Middle: Birth Date: (NOT a public record)

3. Social Security #: Driver License #: State: Florida

4. Place of birth: City: Rehovot, State: Israel, COUNTRY (not county), Height: 5'9", Weight: 160, Eyes: Brown, Hair: Brown

5. Name of current/most recent spouse: Last: Goldhar, First: Kotler, Middle: Gily, Birth Date: (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [X] No If yes, what is your date of residency:

7. Daytime telephone number: (804) 730 1568 x 1171 E-mail address: AK@gpminvestments.com

8. Business Name: Fast Market #4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd. Sierra Vista AZ Cochise 85635
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include 08/2011 (CURRENT) as President, Manager and CEO at GPM Investments, and 11/2005 as CEO & Chairman at Arko Holdings.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
04/2014	CURRENT	508 N. Island Drive, Golden Beach, FL 33160

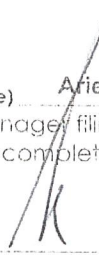
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No **Statement is Attached**

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

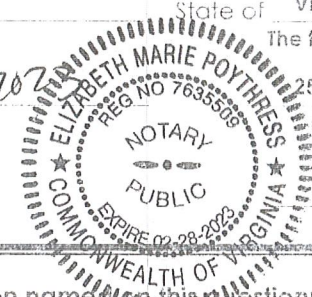
NOTARY


I (Print Full Name) Arie Kotler hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: 

State of Virginia County of Henrico
The foregoing instrument was acknowledged before me this

My Commission Expires on: 2/28/2020 Date 25 Day of February 2020 Month Year




Signature of Notary

The Licensee has authorized the person named in this questionnaire to act as manager for the above License.

PRINT NAME: Arie Kotler, CEO SIGNATURE: _____

Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement

GPM Investments, LLC and its affiliates (“GPM”) operate over 1,250 convenience stores in 22 states. GPM regularly trains its employees on age-restricted sales, requires employees to sign acknowledgment forms regarding such laws on a regular basis, and in many stores has software that prevents sales of age-restricted items without scanning a driver’s license. GPM has a zero-tolerance policy regarding underage sales of alcohol and tobacco. Employees who violate these rules are immediately terminated and the store employees lose bonus-eligibility.

Notwithstanding the foregoing, on an occasional basis, store employees violate GPM policies and fail to card a purchaser or bypass our systems and perform an underage sale. Such employees are terminated and our age restricted policies are reinforced, however occasional fines have been assessed against GPM in such instances. In many cases, fines have been reduced due to GPM’s policies and procedures.

In the past ten years, GPM is aware of no tobacco-related suspensions.

There has been one mandatory lottery terminal deactivation, at Scotchman #3223 related to an Inventory Accountability Violation in February 2018.

There have been only three alcohol-related suspensions in the past ten years, all three with regard to GPM Southeast, LLC, a subsidiary of GPM Investments, LLC. In each of these cases, the suspensions were for fewer days than the normal minimum suspensions as a result of the applicable authority recognizing GPM’s strong emphasis on its polices on age-restricted sales and its zero-tolerance policy:

- 1) Li'l Cricket store # 3847 located at 2538-A Two Notch Road, Columbia, SC, 29204.
20 day suspension beginning 3/21/2016.
Reason: 3 sales to minor violations. In all 3 cases, the offending employee was terminated under our zero-tolerance policy. Additionally, the manager received a performance plan after the first violation, a final warning after the second violation and was terminated due to the third violation. GPM’s store employees are trained regarding age-restricted sales on a regular basis, are tested on age-restricted sales and are required to acknowledge the age-restricted policies on a regular basis. Additionally, GPM’s managers are required to review video and register tapes on a regular basis to ensure that IDs are being checked and correct dates are being inputted—the failure of this manager to do so led to such manager’s termination.)
- 2) Scotchman store # 3182 located at 5200 Wrightsville Ave., Wilmington, NC 28403.
3 day suspension beginning 06/03/2016, and a fine in the amount of \$3,000.
Reason: 2 sales to minor violations in a 3-year period. (The first violation was in September 2013 and the second violation was in February 2016).
- 3) Scotchman store #3182 located at 5200 Wrightsville Ave., Wilmington, NC 28403. 3 day suspension beginning 09/07/2018, and a fine in the amount of #3,000.00
Reason: 2 sales to minor violations in a 3-year period. (The first violation was in February 2016 and the second violation was in February 2018).

In all instances, the offending employee was terminated under our zero-tolerance policy. GPM’s store employees are trained regarding age-restricted sales on a regular basis, are tested on age-restricted sales and are required to acknowledge the age-restricted policies on a regular basis. Additionally, GPM’s managers are required to review video and register tapes on a regular basis

20 OCT 5 14:16:44 M 9'27

AMENDMENT

Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement

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Notwithstanding the foregoing, on an occasional basis, store employees violate GPM policies and fail to card a purchaser or bypass our systems and perform an underage sale. Such employees are terminated and our age restricted policies are reinforced, however occasional fines have been assessed against GPM in such instances. In many cases, fines have been reduced due to GPM’s policies and procedures.

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to ensure that IDs are being checked and correct dates are being inputted. In the March 2018 incident, the employee was a new employee who had been recently trained on our policies.



Arie Kotler, CEO

20 OCT 5 14P. 14. AM 9/27

AMENDMENT

to ensure that IDs are being checked and correct dates are being inputted. In the March 2018 incident, the employee was a new employee who had been recently trained on our policies.



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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-932

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes: [X] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: Nuchamovitz Eyal Birth Date: [Redacted]
Last First Middle (NOT a public record)

3. Social Security #: [Redacted] Driver License #: [Redacted] State: Florida

4. Place of birth: Rehovot Israel Height: 5'9" Weight: 175 Eyes: Brown Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Nuchamovitz Dana Birth Date: [Redacted]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [X] No If yes, what is your date of residency: _____

7. Daytime telephone number: (404) 644 1066 E-mail address: EN@gpminvestments.com

8. Business Name: Fast Market # 4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd Sierra Vista AZ Cochise 85635
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Rows include 01/2017 to CURRENT as Manager and EVP at GPM Investments, and 05/2010 to 12/2016 as Manager at NEMG LLC.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2012	CURRENT	3284 NE 211 Terrace, Aventura, FL 33180

(ATTACH ADDITIONAL SHEET IF NECESSARY)

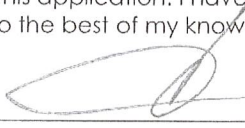
12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

Statement is Attached

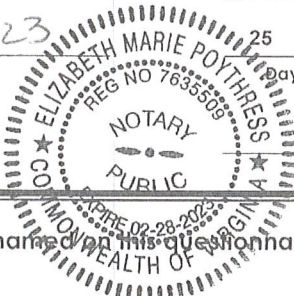
**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**

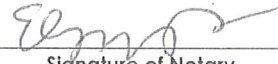
NOTARY

I (Print Full Name) Eyal Nuchamovitz hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Virginia County of Henrico
The foregoing instrument was acknowledged before me this

My Commission Expires on: 2/28/2023 Date 25 Day of February, 2020 Month Year




Signature of Notary

The licensee has authorized the person named in this questionnaire to act as manager for the above license.

PRINT NAME: _____ SIGNATURE: _____

Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement

GPM Investments, LLC and its affiliates (“GPM”) operate over 1,250 convenience stores in 22 states. GPM regularly trains its employees on age-restricted sales, requires employees to sign acknowledgment forms regarding such laws on a regular basis, and in many stores has software that prevents sales of age-restricted items without scanning a driver’s license. GPM has a zero-tolerance policy regarding underage sales of alcohol and tobacco. Employees who violate these rules are immediately terminated and the store employees lose bonus-eligibility.

Notwithstanding the foregoing, on an occasional basis, store employees violate GPM policies and fail to card a purchaser or bypass our systems and perform an underage sale. Such employees are terminated and our age restricted policies are reinforced, however occasional fines have been assessed against GPM in such instances. In many cases, fines have been reduced due to GPM’s policies and procedures.

In the past ten years, GPM is aware of no tobacco-related suspensions.

There has been one mandatory lottery terminal deactivation, at Scotchman #3223 related to an Inventory Accountability Violation in February 2018.

There have been only three alcohol-related suspensions in the past ten years, all three with regard to GPM Southeast, LLC, a subsidiary of GPM Investments, LLC. In each of these cases, the suspensions were for fewer days than the normal minimum suspensions as a result of the applicable authority recognizing GPM’s strong emphasis on its polices on age-restricted sales and its zero-tolerance policy:

- 1) Li'l Cricket store # 3847 located at 2538-A Two Notch Road, Columbia, SC, 29204.
20 day suspension beginning 3/21/2016.
Reason: 3 sales to minor violations. In all 3 cases, the offending employee was terminated under our zero-tolerance policy. Additionally, the manager received a performance plan after the first violation, a final warning after the second violation and was terminated due to the third violation. GPM’s store employees are trained regarding age-restricted sales on a regular basis, are tested on age-restricted sales and are required to acknowledge the age-restricted policies on a regular basis. Additionally, GPM’s managers are required to review video and register tapes on a regular basis to ensure that IDs are being checked and correct dates are being inputted—the failure of this manager to do so led to such manager’s termination.)
- 2) Scotchman store # 3182 located at 5200 Wrightsville Ave., Wilmington, NC 28403.
3 day suspension beginning 06/03/2016, and a fine in the amount of \$3,000.
Reason: 2 sales to minor violations in a 3-year period. (The first violation was in September 2013 and the second violation was in February 2016).
- 3) Scotchman store #3182 located at 5200 Wrightsville Ave., Wilmington, NC 28403. 3 day suspension beginning 09/07/2018, and a fine in the amount of \$3,000.00
Reason: 2 sales to minor violations in a 3-year period. (The first violation was in February 2016 and the second violation was in February 2018).

In all instances, the offending employee was terminated under our zero-tolerance policy. GPM’s store employees are trained regarding age-restricted sales on a regular basis, are tested on age-restricted sales and are required to acknowledge the age-restricted policies on a regular basis. Additionally, GPM’s managers are required to review video and register tapes on a regular basis

20 OCT 5 11:41 AM '18

**Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement**

GPM Investments, LLC and its affiliates (“GPM”) operate over 1,250 convenience stores in 22 states. GPM regularly trains its employees on age-restricted sales, requires employees to sign acknowledgment forms regarding such laws on a regular basis, and in many stores has software that prevents sales of age-restricted items without scanning a driver’s license. GPM has a zero-tolerance policy regarding underage sales of alcohol and tobacco. Employees who violate these rules are immediately terminated and the store employees lose bonus-eligibility.

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Reason: 2 sales to minor violations in a 3-year period. (The first violation was in February 2016 and the second violation was in February 2018).

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to ensure that IDs are being checked and correct dates are being inputted. In the March 2018 incident, the employee was a new employee who had been recently trained on our policies.



Eyal Nuchamovitz, EVP

20 OCT 5 14P. LC. AM 9:30

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

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804932

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes: [X] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: Donald Bassell Bassell Donald Polk Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Virginia

4. Place of birth: New Hyde Park, New York, USA Height: 5'8" Weight: 190 Eyes: Blue Hair: Brown

5. Name of current/most recent spouse: Bassell Goldsmith Sharon Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [X] No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: (804) 730 1568 x 1132 E-mail address: dbassell@gpminvestments.com

8. Business Name: Fast Market # 4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd. Sierra Vista AZ Cochise 85635

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 04/2014, CURRENT, CFO, GPM Investments, LLC, 8565 Magellan Pkwy, Ste 400, Richmond, VA 23227

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
08/2004	CURRENT	9566 Plateau Place, Mechanicsville, VA 23116

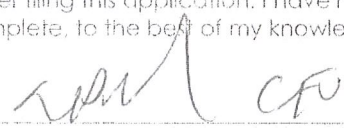
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No **Statement is Attached**

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

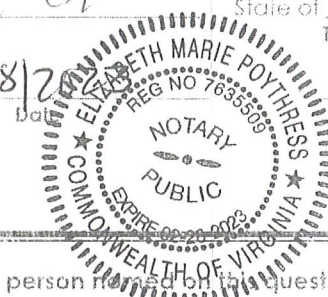
NOTARY


I (Print Full Name) Donald Bassell hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of Virginia County of Henrico

The foregoing instrument was acknowledged before me this

My Commission Expires on: 2/28/20 Date 25 Day of February 2020 Year




Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____

**Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement**

GPM Investments, LLC and its affiliates ("GPM") operate over 1,250 convenience stores in 22 states. GPM regularly trains its employees on age-restricted sales, requires employees to sign acknowledgment forms regarding such laws on a regular basis, and in many stores has software that prevents sales of age-restricted items without scanning a driver's license. GPM has a zero-tolerance policy regarding underage sales of alcohol and tobacco. Employees who violate these rules are immediately terminated and the store employees lose bonus-eligibility.

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20 OCT 5 11:41:14 AM '18

AMENDMENT

Individual Questionnaire – Corporate Officers
Question # 18 Attachment
Liquor Licenses Revoked/Suspended Statement

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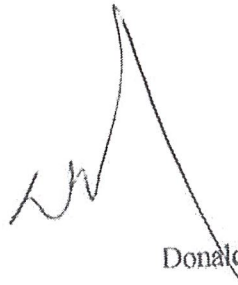
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Donald Bassell, CFO

20 OCT 5 11:47 AM '18

AMENDMENT

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

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-932

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

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Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes: Controlling Person (checked), Agent, Premises Manager (complete all questions except #12)

2. Name: YOSELOFF ANTHONY ALEXANDER Birth Date: [Redacted]

3. Social Security #: [Redacted] Driver License #: [Redacted] State: NEW YORK

4. Place of birth: New York NY USA Height: 5'6" Weight: 150 lbs. Eyes: BR Hair: BR

5. Name of current/most recent spouse: YOSELOFF NANAR NAYIRI Birth Date: [Redacted]

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency:

7. Daytime telephone number: 212-446-4000 E-mail address: ayoseloff@dkp.com

8. Business Name: Fast Market # 4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd. Sierra Vista AZ Cochise 85635

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: August 1999, CURRENT, Managing Member, Davidson Kempner Capital Management LP

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
September 2008	CURRENT	15 Central Park West, Apt 34D, New York, NY 10023

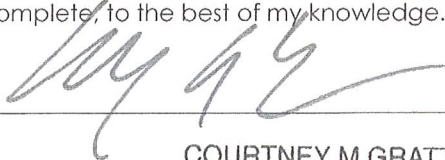
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12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 **YOU MUST** attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

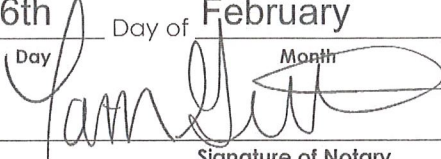
NOTARY

I (Print Full Name) Anthony Alexander Yoseloff hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of New York County of New York

My Commission Expires on: Notary Public, State of New York
Reg. No. 02GR6362674
Qualified in New York County
Commission Expires August 7, 2021

The foregoing instrument was acknowledged before me this
26th Day of February, 2020
Day Month Year


Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
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QUESTIONNAIRE
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Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes: [x] Controlling Person, [] Agent, [] Premises Manager (complete all questions except #12)

2. Name: FRIEDMAN AVRAM ZEV Birth Date: [redacted]
Last First Middle (NOT a public record)

3. Social Security #: [redacted] Driver License #: [redacted] State: NEW YORK

4. Place of birth: OTTAWA CANADA Height: 6'3" Weight: 175lbs. Eyes: BR Hair: BLK
City State COUNTRY (not county)

5. Name of current/most recent spouse: FRIEDMAN GAIL MULLER Birth Date: [redacted]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? [] Yes [x] No If yes, what is your date of residency: _____

7. Daytime telephone number: 212-446-4000 E-mail address: afriedman@dkp.com

8. Business Name: Fast Market #4609 Business Phone: 520, 458, 0300

9. Business Location Address: 3999 E. Fry Blvd Sierra Vista AZ Cochise 85635
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: October 2001, CURRENT, Managing Member, Davidson Kempner Capital Management LP.

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2007 6 14 PM 3:11

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
March 2008	CURRENT	132 Soundview Avenue, White Plains, New York 10606

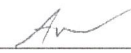
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18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
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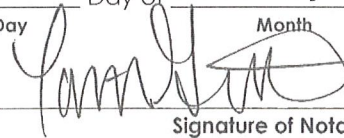
NOTARY

I (Print Full Name) Avram Zev Friedman hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of New York County of New York

The foregoing instrument was acknowledged before me this 26th Day of February, 2020 Year

My Commission Expires on: COURTNEY M GRATTAN
Notary Public, State of New York
Date
Reg. No. 02GR6362674
Qualified in New York County
Commission Expires August 7, 2021


Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____



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Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. § 4-202, 4-210
Type or Print with Black Ink

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804-930

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 122530

1. Check the Appropriate Box

Form with checkboxes for Controlling Person (checked), Agent, and Premises Manager (complete all questions except #12)

2. Name: Willner Morris Birth Date: [Redacted]
Last First Middle (NOT a public record)

3. Social Security #: [Redacted] Driver License #: [Redacted] State: Florida

4. Place of birth: Pocking Germany Height: 5' 8" Weight: 165 Eyes: Brown Hair: Brown
City State COUNTRY (not county)

5. Name of current/most recent spouse: Willner Sherrie Birth Date: [Redacted]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No (checked) If yes, what is your date of residency:

7. Daytime telephone number: 804-730-1568 E-mail address: mwillner@gpminvestments.com

8. Business Name: Fast Market #4609 Business Phone: 520/458/0300

9. Business Location Address: 3999 E. Fwy Blvd. Sierra Vista AZ Cochise 85635
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip). Row 1: 01/2015, CURRENT, Chairman, GPM Investments, LLC, 8565 Magellan Parkway, Suite 400, Richmond, VA 23227

(ATTACH ADDITIONAL SHEET IF NECESSARY)

20 OCT 6 14:11:11 PM 2015

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
12/2015	CURRENT	1926 Coffee Pot Blvd NE, St. Petersburg, FL 33704
01/2010	11/2015	24 Dockside Lane PMB 462, Key Largo, FL 33037

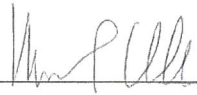
(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? Yes No
If you answered YES, then answer #13 below. If NO, skip to #14.
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No

**If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED**


NOTARY

I (Print Full Name) Morris Willner hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature:  State of PENNSYLVANIA County of MONTGOMERY
The foregoing instrument was acknowledged before me this 9th Day of March, 2020
Day Month Year

My Commission Expires on: 9/25/2022

Commonwealth of Pennsylvania - Notary Seal
CHARLES J LOJEWSKI III - Notary Public
Montgomery County
My Commission Expires Sep 25, 2022
Commission Number 1097173


Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: _____ SIGNATURE: _____

SECTION 3

The City Manager, City Clerk, City Attorney, or their duly authorized officers and agents, are hereby authorized and directed to take all steps necessary to carry out the purposes and intent of this Resolution.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF SIERRA VISTA, ARIZONA, THIS 12th DAY OF NOVEMBER 2020.

Frederick W. Mueller
Mayor

Approved as to Form:

Attest:

Nathan J. Williams
City Attorney

Jill Adams
City Clerk

Prepared By:
Jill Adams, City Clerk