



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

Application for Liquor License
 Type or Print with Black Ink

15 JUL 8 09:19 AM '15

SECTION 1 This application is for a:

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

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
- Individual (Complete Section 6)
- Partnership (Complete Section 6)
- Corporation (Complete Section 7)
- Limited Liability Co (Complete Section 7)
- Club (Complete Section 8)
- Government (Complete Section 10)
- Trust (Complete Section 6)
- Tribe (Complete Section 6)
- Other (Explain) _____

SECTION 3 Type of license

LICENSE # 09070341

1. Type of License: Series 09

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

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

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Merrett Lauren Kay P1636748
Last First Middle

2. Owner Name: Smith's Food & Drug Centers, Inc. B1000047
(Ownership name for type of ownership checked on section 2)

3. Business Name: Fry's Marketplace #657 B1056997
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 25401 N. Lake Pleasant Parkway, Peoria, AZ 85383 Maricopa
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: P.O. Box 305103 Nashville TN 37230
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Pending Daytime Contact Phone: [REDACTED]

7. Email Address: None - choose not to disclose

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</u>	Department Use Only	\$ <u>100</u>
Application	Interim Permit	Site Inspection
		Finger Prints
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Accepted by: [REDACTED]	Date: <u>7/8/16</u>	License # <u>09070341</u>
Total of All Fees		

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

X _____
 (Signature)

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

_____ day of _____,
 Day Month Year

My Commission Expires on: _____
 Date (Signature of Notary Public)

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

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

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No
 If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

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

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

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

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

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

LLC. Complete Questions 1, 2, 3, 4, 5, 6, and 7

1. Name of Corporation/ L.L.C.: Smith's Food & Drug Centers, Inc.

2. Date Incorporated/Organized: 1/89 State where Incorporated/Organized: Ohio

3. AZ Corporation or AZ L.L.C File No: F-0042954-3 Date authorized to do Business in AZ: 4/89

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
Please see attached							

(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
Please see attached							

(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.

The Kroger Co.
1014 Vine St
Cincinnati OH 45202-1100

100% owner of

Fred Meyer's Inc.
3800 SE 22nd Ave
Portland OR 97202

100% owner of

Smiths Food & Drug Inc.
DBA Fry's Food & Drug Stores
500 S 99th Ave.
Tolleson AZ 85353

The Kroger Co. is a publicly traded corporation no individual or entity has 10% ownership or greater.

THE KROGER CO.
an Ohio corporation

OFFICERS

David B. Dillon	Chairman of the Board
W. Rodney McMullen	Chief Executive Officer
Michael L. Ellis	President and Chief Operating Officer
Kathleen S. Barclay	Senior Vice President
Geoffrey J. Covert	Senior Vice President
Michael J. Donnelly	Senior Vice President
Christopher T. Hjelm	Senior Vice President and Chief Information Officer
M. Marquette Perry	Senior Vice President
J. Michael Schlotman	Senior Vice President and Chief Financial Officer
Mark C. Tuffin	Senior Vice President
Robert W. Clark	Group Vice President
Kevin M. Dougherty	Group Vice President
Lynn Marmer	Group Vice President
Erin S. Sharp	Group Vice President, Manufacturing
Christine S. Wheatley	Group Vice President, Secretary and General Counsel
Todd A. Foley	Vice President and Treasurer
Scott M. Henderson	Vice President of Pension Investment and Strategy
Mary Elizabeth Van Ofien	Vice President, Corporate Controller & Assistant Treasurer
Bruce M. Gack	Assistant Secretary
Dorothy D. Roberts	Assistant Secretary
Joseph W. Bradley	Assistant Treasurer
Carin L. Fike	Assistant Treasurer

FRED MEYER, INC.
a Delaware corporation

OFFICERS:

Lynn T. Gust	President
David Deatherage	Senior Vice President and Chief Financial Officer
Christine S. Wheatley	Vice President and Secretary
Todd A. Foley	Vice President and Treasurer
Nona M. Soltero	Vice President and Assistant Secretary
James C. Aalberg	Vice President and Assistant Treasurer
Robert Currey-Wilson	Vice President
Nicholas G. Hodge	Vice President
Bruce M. Gack	Assistant Secretary
Steven J. Prough	Assistant Secretary
Dorothy D. Roberts	Assistant Secretary
Mary Elizabeth Van Ofien	Assistant Treasurer
Joseph W. Bradley	Assistant Treasurer

SMITH'S FOOD & DRUG CENTERS, INC.
an Ohio corporation

OFFICERS

Jay Cummins	President - Smith's
Stephen M. McKinney	Vice President and President - Fry's
Gary E. Boyd	Vice President and Controller - Smith's
David Weakland	Vice President and Chief Financial Officer - Fry's
Christine S. Wheatley	Vice President and Secretary
Todd A. Foley	Vice President and Treasurer
Thomas Acevedo	Vice President and Assistant Secretary
Peter H. Barth	Vice President and Assistant Secretary
Zane M. Day	Vice President
Terry M. Evans	Vice President
Monica Games	Vice President, Merchandising - Fry's
Colleen Juergensen	Vice President
Kyle S. McKay	Vice President and Assistant Secretary
Steven J. Prough	Vice President and Assistant Secretary
Ann M. Reed	Vice President
Keith Shoemaker	Vice President, Operations - Fry's
Steven M. Sorensen	Vice President
Bruce M. Gack	Assistant Secretary
Dorothy D. Roberts	Assistant Secretary
Joseph W. Bradley	Assistant Treasurer
Mary Elizabeth Van Ofien	Assistant Treasurer

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.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

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

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

SECTION 13 Proximity to Church or School

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

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)

- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207(B)(5))

1. Distance to nearest School: 1560 ft Name of School: Discovery Pointe Church
(if less than one (1) mile note footage) Address: 9812 W. Yearling Rd., Peoria, AZ 85383

2. Distance to nearest Church: 2080 ft Name of Church: Basis School
(if less than one (1) mile note footage) Address: 25950 N. Lake Pleasant Parkway 85383

SECTION 14 Business Financials

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

2. If the premise is leased give lessors: Name: _____
Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ _____

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

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

6. Total money borrowed for the Business not including lease? \$ 0 - this is a publicly traded corporation.
Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

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

Grocery 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:

- | | | | |
|---|--|---------------|---|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: | <input type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows | <input type="checkbox"/> Drive-through windows | | <input type="checkbox"/> 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? 10/2016

Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.
3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).
4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

(Applicant's Initials)

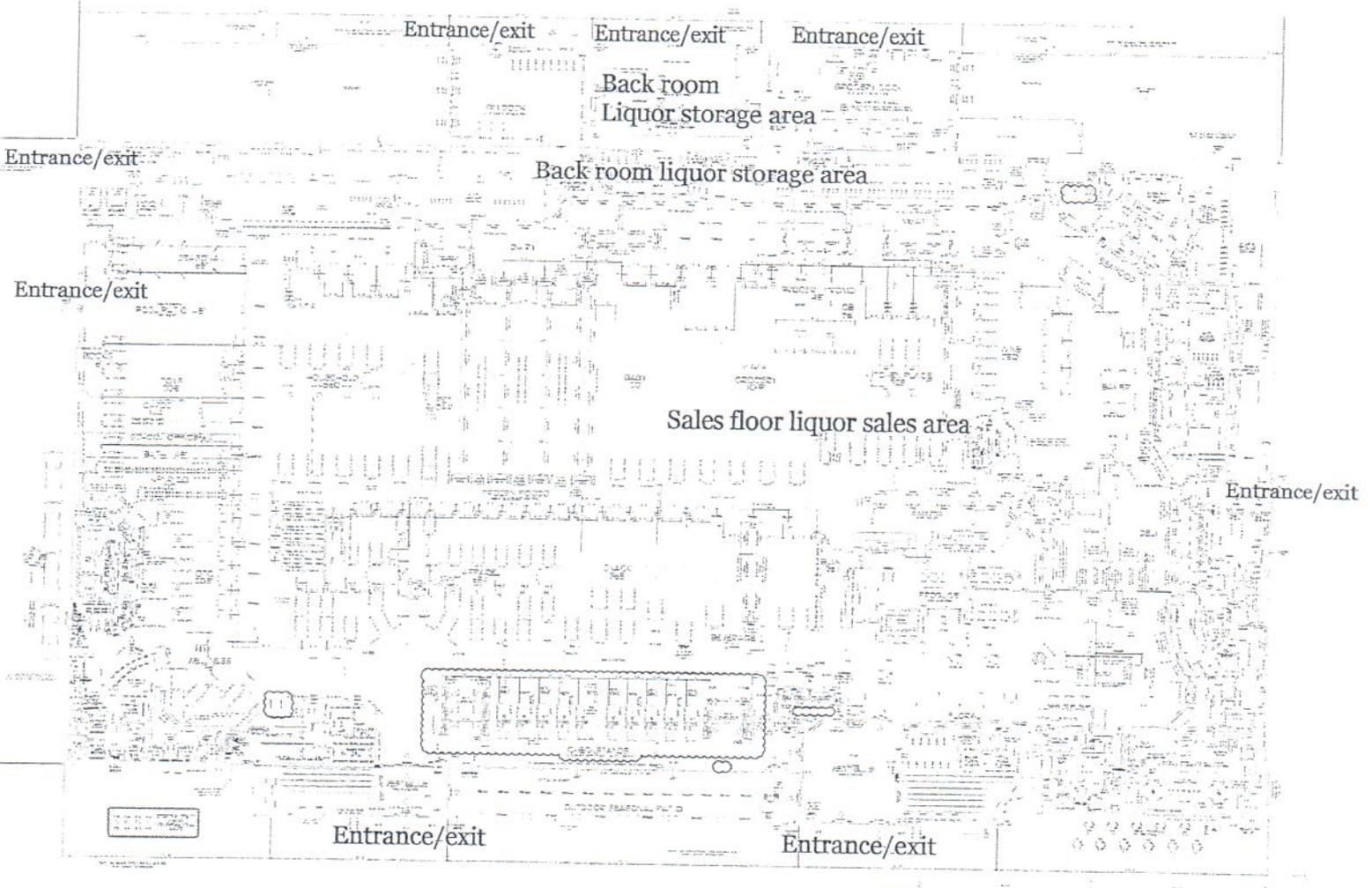
SECTION 16 Diagram of Premises – continued

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

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

DIAGRAM OF PREMISES

Please see attached



128,000 sq ft

SECTION 17 SIGNATURE BLOCK

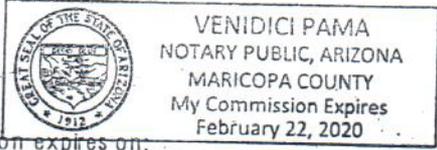
I, (Print Full Name) Lauren Kay Merrett, hereby declare that I am the Owner/Agent filling this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) 

State of AZ County of MARICOPA

The foregoing instrument was acknowledged before me this

8 of July, 2016
Day Month Year



My commission expires on: _____


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.