

Mary Jo Furphy
Deputy Clerk

Pima County Clerk of the Board

Robin Brigode

Administration Division

130 W. Congress, 5th Floor

Tucson, AZ 85701

Phone: (520)724-8449 • Fax: (520) 222-0448

Document and Micrographics Mgt. Division

1640 East Benson Highway

Tucson, Arizona 85714

Phone: (520) 351-8454 • Fax: (520) 351-8456

May 16, 2015

Mr. Randy D. Nations
North Italian
P.O. Box 2502
Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure
License No.: 12103542
North Italian

Dear Mr. Nations:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, June 3, 2014, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode
Clerk of the Board



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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Brian Turco *BT*
Administrative Support Specialist

DATE: April 29, 2014

RE: Sheriff's Report - Application for Agent Change/Acquisition of Control/
Restructure

Attached is the application of:

Randy D. Nations
d.b.a. North Italian
2995 E. Skyline Drive Tucson, AZ 85718

Pima County Liquor License No. 14-07-0053

SHERIFF'S REPORT

DATE: 05/13/14

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

Nothing noted.

[Signature]
Investigative Support Unit Supervisor

MAY 15 14 PM 01:14 PC CLK OF BD

ARIZONA DEPARTMENT OF LIQUOR LICENSING & CONTROL

800 W Washington, 5th Floor

Phoenix, AZ 85007-2934

www.azliquor.gov

(602) 542-5141

14 APR 24 1974 - LIC # 204

14-07 0053

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

☐ Agent Change

Complete Sections 1,2,3,4,6
(See Note 1 on back)

☒ Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

NATIONS

RANDY

D.

91002494

12103542

Last

First

Middle

Liquor License #

2. ☐ Corporation ☒ L.L.C. ☐ N/A: FRC NORTH-ITALIAN (TUCSON) LLC

81029349

Corp. File #: L-1570587-0

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: NORTH ITALIAN

B 1029400

4. Business Address: 2995 E SKYLINE DRIVE

(Exactly as it appears on license)

TUCSON

PIMA

85718

(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. Mailing Address: P.O. Box 2502

Chandler

ARIZONA

85244

City

State

Zip

7. Business Phone: (520) 299-1600

Residence Phone: (480) 730-2075

8. Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☐ NO ☒ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☐ YES ☒ NO ☐ N/A If yes, submit a certified copy of minutes.

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

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip
NORTH RESTAURANTS LLC			MEMBER	4455 E CAMELBACK ROAD, STE B100, PHOENIX, AZ 85018			
(see attached chart for additional information)							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip
NORTH RESTAURANTS LLC			100%	4455 E CAMELBACK ROAD, STE B100, PHOENIX, AZ 85018			
(see attached chart for additional information)							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

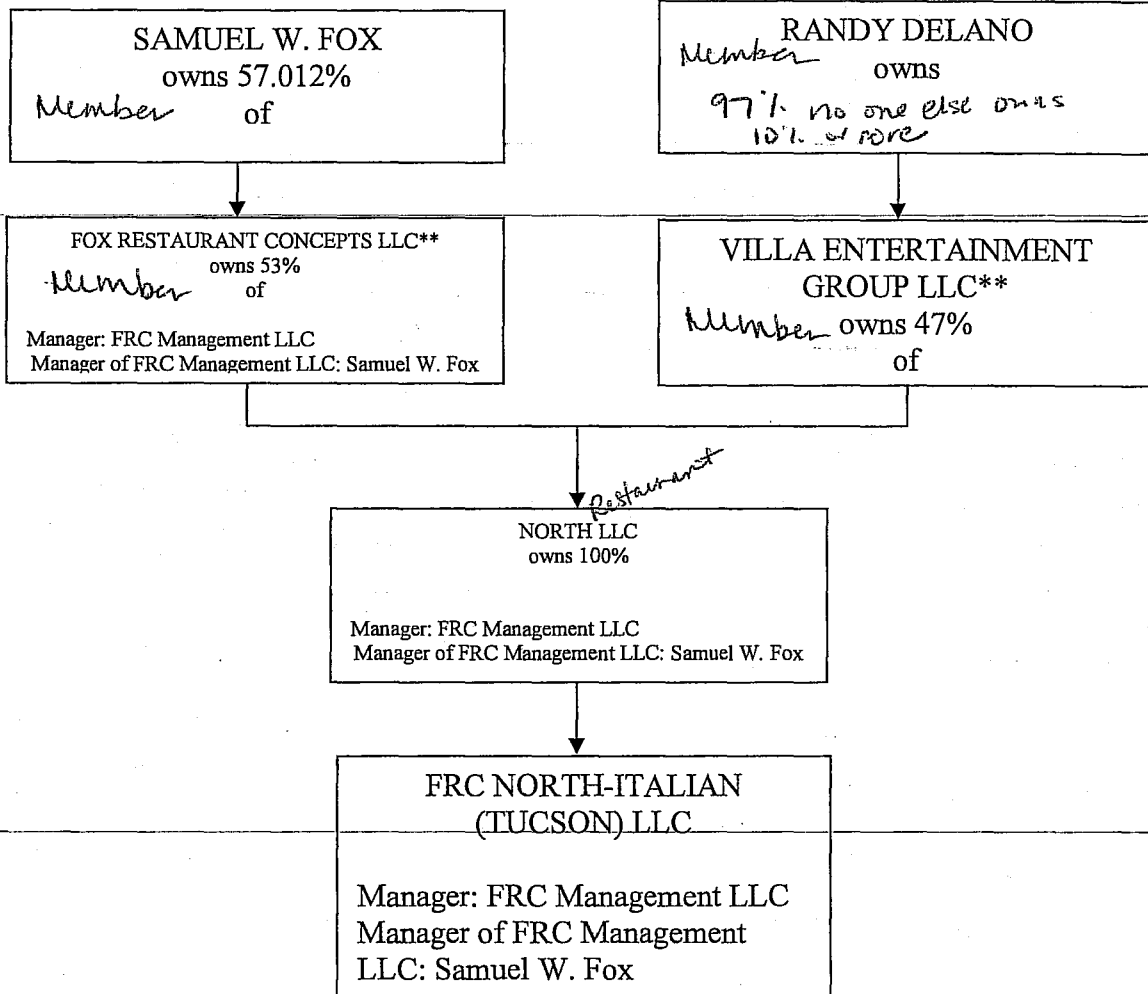
Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 4/24/14

CSR 56

*14 APR 24 11:47. LLC PM 2 04



**no other person or entity owns 10% or more

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☐ YES ☐ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (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 Number: _____ Date of last renewal: _____

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

I, _____, hereby consent to the agent appointment named herein and
(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of _____ County of _____

X _____
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

_____ day of _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 5 (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:

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

Type of new ownership:

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

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, RANDY D. NATIONS, hereby declare that I am the APPLICANT filing this application.
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

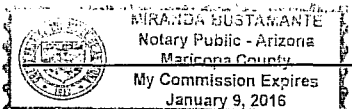
X _____
(Signature of INDIVIDUAL OR AGENT)

State of ARIZONA County of Maricopa

The foregoing instrument was acknowledged before me this

3rd day of March, 2014
Day Month Year

My commission expires on: _____



(Signature of NOTARY PUBLIC)

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)