



# Pima County Clerk of the Board

Robin Brigade

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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,

*Robin Brigade*  
Robin Brigade  
Clerk of the Board



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

Administration Division  
130 W. Congress, 5<sup>th</sup> 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

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]* 226  
Investigative Support Unit Supervisor

MAY 15 2014 PIMA COUNTY CLERK OF THE BOARD  
*[Signature]*

# ARIZONA DEPARTMENT OF LIQUOR LICENSING & CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

14 APR 24 Lic. # 204

14-07 0053

## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check Appropriate Box

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,6 (See Note 1 on back)	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, (3,4 if changing Agent) ,6	<input type="checkbox"/> 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. P1002494 12103542

Last First Middle Liquor License #  
2.  Corporation  L.L.C.  N/A: FRC NORTH-ITALIAN (TUCSON) LLC B1029399 Corp. File #: L-1570587-0  
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: NORTH ITALIAN B1029400

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) 730-3675

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)					

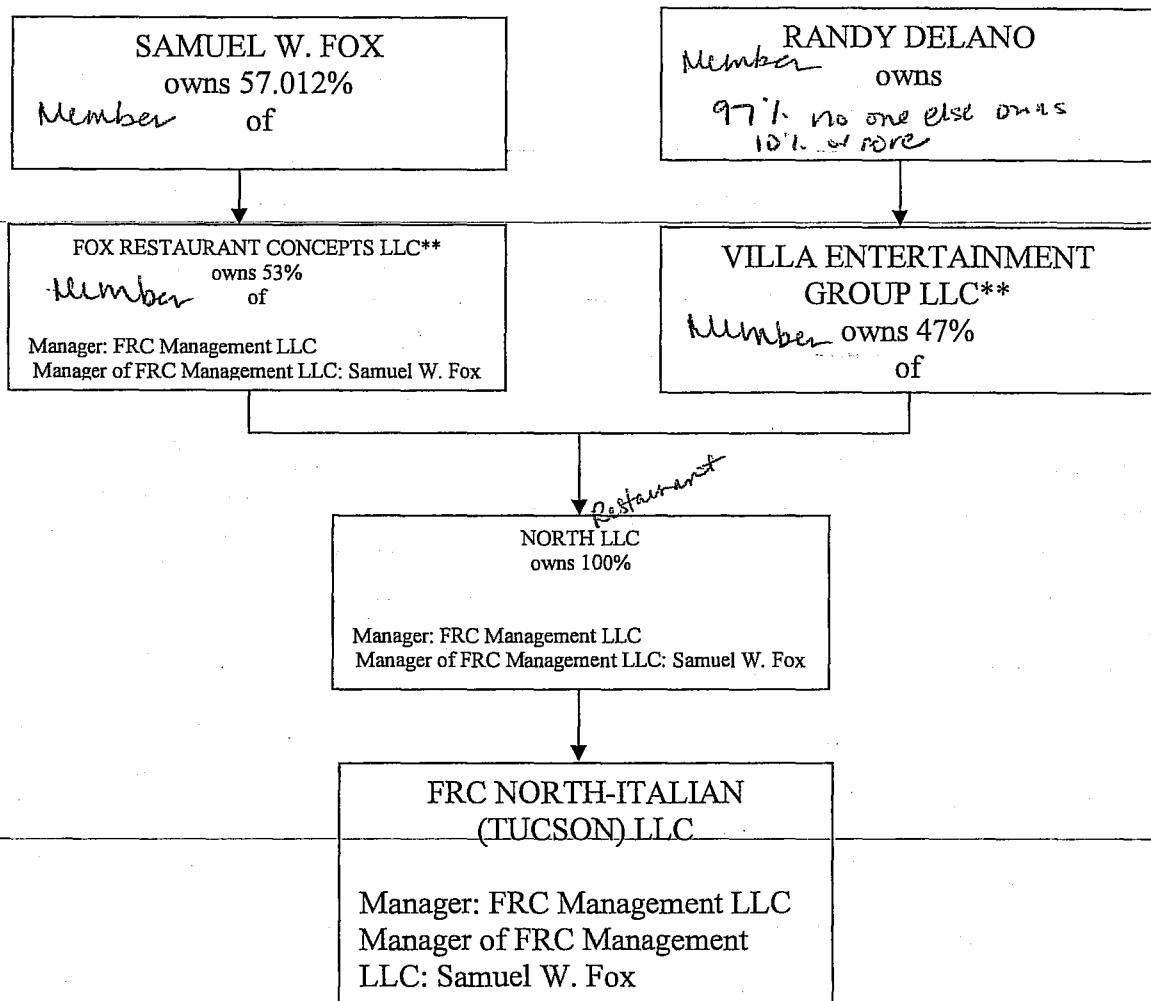
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 4/24/14

CSR SG



\*\*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 \_\_\_\_\_

The foregoing instrument was acknowledged before me this

X \_\_\_\_\_  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

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

(Print full name)

hereby declare that I am the APPLICANT filing this application.

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

X \_\_\_\_\_  
(Signature of INDIVIDUAL OR AGENT)

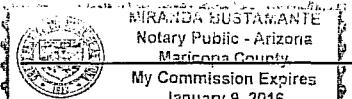
State of ARIZONA County of Maricopa

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)