



Mary Jo Furphy  
Deputy Clerk

# Pima County Clerk of the Board

Robin Brigode

Administration Division  
130 W. Congress, 5<sup>th</sup> Floor  
Tucson, AZ 85701  
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1640 East Benson Highway  
Tucson, Arizona 85714  
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September 4, 2014

Randy D. Nations  
Hot Rods Old Vail  
P.O. Box 2502  
Chandler, AZ 85244

RE: Application for Extension of Premises/Patio Permit  
License No.: 06100203  
Hot Rods Old Vail  
Temporary Change for December 4 and 13, 2014

Dear Mr. Nations:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above Extension of Premises/Patio Permit application. Please be advised that the hearing has been scheduled for Tuesday, October 21, 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, appearing to read "Robin Brigode", is written over the printed name.

Robin Brigode  
Clerk of the Board

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

Date payment received \_\_\_\_\_

CSR Initials \_\_\_\_\_

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: \_\_\_\_\_

☒ Temporary change for date(s) of: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ List specific purpose for change: \_\_\_\_\_

December 4, 13, 2014

- Licensee's Name: \_\_\_\_\_ Nations Randy D. \_\_\_\_\_
- Mailing Address: \_\_\_\_\_ PO Box 2502 Chandler Arizona 85244  
City State Zip
- Business Name: \_\_\_\_\_ Hot Rods Old Vail LICENSE #: 06100203
- Business Address: \_\_\_\_\_ 10500 E. Old Vail Rd. Tucson Pima Arizona 85747  
City COUNTY State Zip
- Business Phone: (520) 202-0998 Residence Phone: (480) 730-2675
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Email: miranda@azlic.com
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? I am a certified trainer
- What security precautions will be taken to prevent liquor violations in the extended area? Additional security has been hired to
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO secure the premises.
- IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption: \_\_\_\_\_

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

(Authorized Signature)

(Title)

(Agency)

I, \_\_\_\_\_ Randy D. Nations \_\_\_\_\_, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)  
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X \_\_\_\_\_ (Signature of Owner or Agent)

State of \_\_\_\_\_ Arizona \_\_\_\_\_ County of \_\_\_\_\_ Maricopa \_\_\_\_\_  
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

2nd September 2014  
Day Month Year

\_\_\_\_\_ (Signature of NOTARY PUBLIC)

My commission expires on: 9/3/2016

Investigation Recommendation ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director Signature required for Disapprovals \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1/7/2014

\*Disabled individuals requiring special accommodation, please call the Department (602) 542-9027.

