

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

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

January 6, 2014

Mr. 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 March 6, 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, January 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 black ink, 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: _____

March 6, 2014

1. Licensee's Name: _____ Nations Randy D.
Last First Middle
2. Mailing Address: _____ PO Box 2502 Chandler Arizona 85244
City State Zip
3. Business Name: _____ Hot Rods Old Vail LICENSE #: 06100203
4. Business Address: _____ 10500 E. Old Vail Rd. Tucson Pima Arizona 85747
City COUNTY State Zip
5. Business Phone: (520) 202-0998 Residence Phone: (480) 730-2675
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: (480) 730-2676
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? I am a/certified trainer
8. What security precautions will be taken to prevent liquor violations in the extended area? Additional security has been hired to
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO secure the premises.
10. 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.

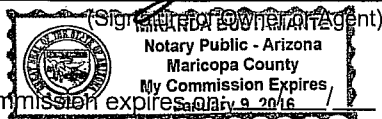
X _____

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

27th November 2013
Day, Month Year

Murder B 7A

(Signature of NOTARY PUBLIC)



Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals _____ Date: ___/___/___

12/26/2012

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

7
6
5
4
3
2
1

GRAVING AND PAVING DETAILS
GRAVING AND PAVING DETAILS
ELECTRICAL CONTROL PLANS
COVER, SLOPE AND NOTES

SHEET INDEX

