



Mary Jo Furphy
Deputy Clerk

Pima County Clerk of the Board

Robin Brigode

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February 2, 2015

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 5, 14 and 28, 2015

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, February 17, 2015, 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

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY

Date payment received:

____/____/____

CSR initials: _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

This application must be returned to the Department of Liquor
(Notice: Allow 30-45 days to process permanent change of premises)

☐ 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 5th, 14th and 28th.

1. Licensee's Name: Nations Randy D.
Last First Middle
2. Mailing Address: PO Box 2502 Chandler AZ 85244
Street City State Zip
3. Business Name: Hot Rods Old Vail License # 06100203
4. Business Address: 10500 E. Old Vail Rd. Tucson Arizona 85747
Street City State Zip
5. Contact phone: (480) 730-2675 Business phone: (520) 202-0998
6. Email: miranda@azlic.com
7. Is extension of premises/patio complete?
☐ N/A ☐ Yes ☒ No If no, what is your estimated completion date? 03/05/15
8. Do you understand Arizona Liquor Laws and Regulations?
☒ Yes ☐ No
9. Does this extension bring your premises within 300 feet of a church or school?
☐ Yes ☒ No
10. Have you received approved Liquor Law Training?
☒ Yes ☐ No If yes, when does your Certificate expire? Date: ____/____/____ Certified trainer
11. What security precautions will be taken to prevent liquor violations in the extended area?
Additional security has been hired to secure the premises.
12. **IMPORTANT:** ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

RECEIVED
FEB 02 15 AM 10:00
AKS

- ☐ 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 premise. List specific reasons for exemption:

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

➡ OBTAIN APPROVAL FROM LOCAL GOVERNING BODY BEFORE SUBMITTING TO THE DEPARTMENT ➡

- ➡ After completing the application, 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)

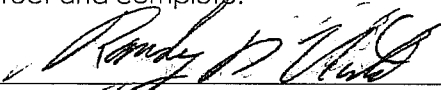
(Title)

(Agency)

Date

I, Randy D. Nations, declare that I am the APPLICANT and, under penalty of
(Print full name)
perjury, making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X


(Signature)

Randy D. Nations

Title/ Position

01/26/15

Date

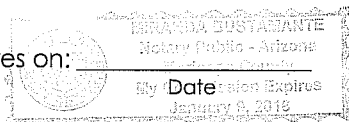
480-730-2675

Phone #

The foregoing instrument was acknowledged before me this 01 26 2015
Day Month Year

State Arizona County of Maricopa

My Commission Expires on:




Signature of Notary Public

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

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

