



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

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Tucson, Arizona 85714  
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July 7, 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 September 4 and 20, 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, August 5, 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

# 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**

<input type="checkbox"/> Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: _____ _____
<input checked="" type="checkbox"/> Temporary change for date(s) of: <u>  </u> / <u>  </u> / <u>  </u> through <u>  </u> / <u>  </u> / <u>  </u> List specific purpose for change: _____ <u>September 4 &amp; 20, 2014</u>

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 Email: miranda@azlic.com
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.**

<input type="checkbox"/> 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 <input type="checkbox"/> Approval <input type="checkbox"/> 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 *Randy D. Nations*  
 (Signature of Owner or Agent)

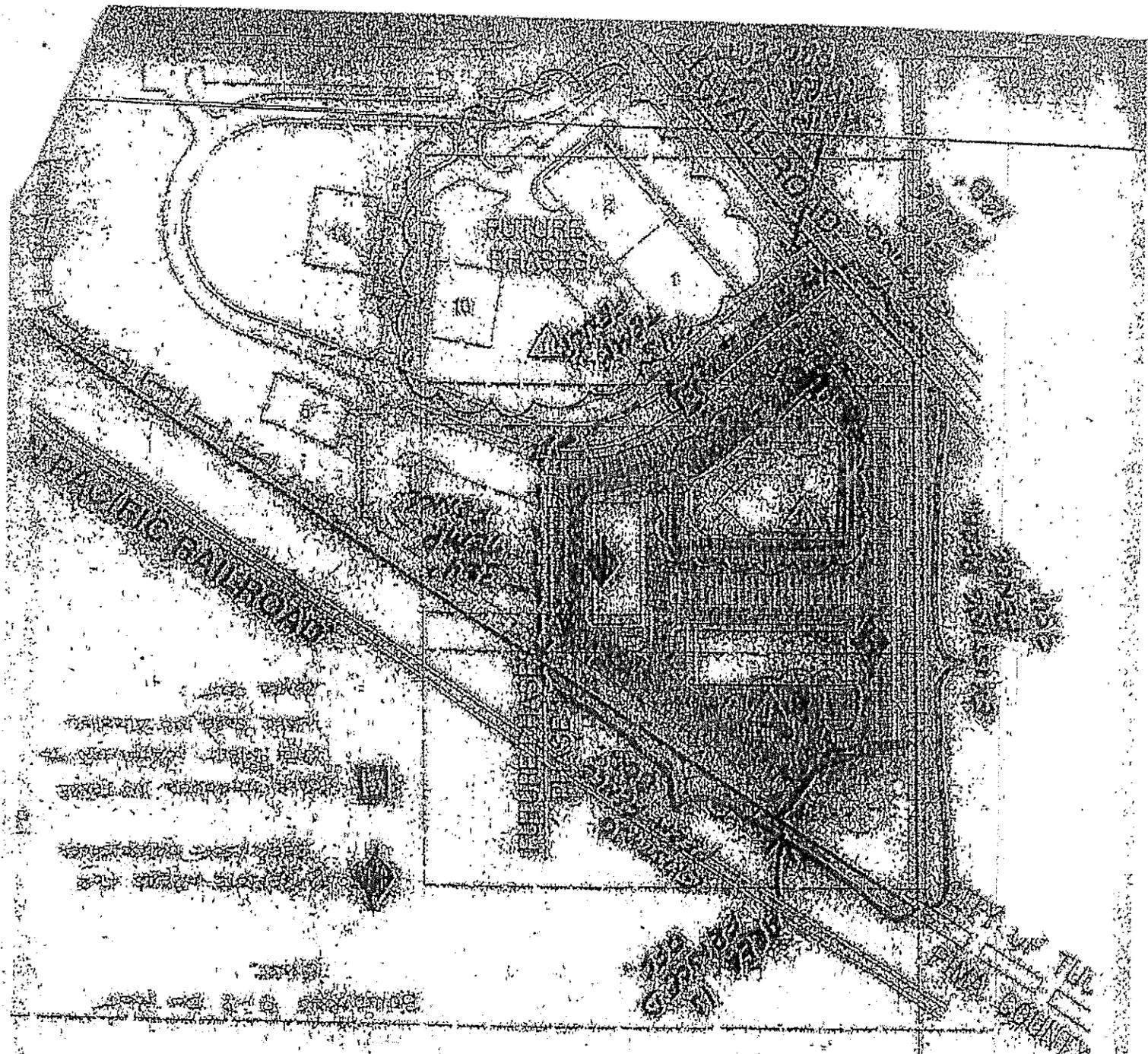
State of Arizona County of Maricopa  
 SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

3rd July 2014  
Day Month Year

*Miranda*  
 (Signature of NOTARY PUBLIC)

My commission expires on: 2/15/11

Investigation Recommendation  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Director Signature required for Disapprovals \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



### SHEET INDEX

1. COVER SHEET AND NOTES

**2. GENERAL NOTES**

3. HORIZONTAL CONTROL PLANS

4. GRADING AND PAVING DETAILS

5. GRADING AND PAVING DETAILS AND NOTES

BY EXAMINATION OF THE  
PLANS AND SPECIFICATIONS  
AT THE OFFICE OF THE

IT IS CERTIFIED THAT THE  
PLANS AND SPECIFICATIONS  
ARE IN ACCORDANCE WITH  
THE CONTRACT AND