

### 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 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) 791-6666

February 27, 2015

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

RE: Application for Extension of Premises/Patio Permit

License No.: 06100203 Hot Rods Old Vail

Temporary Change for April 2, 11, 25, May 7, 9 and 23, 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, March 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,

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:          |

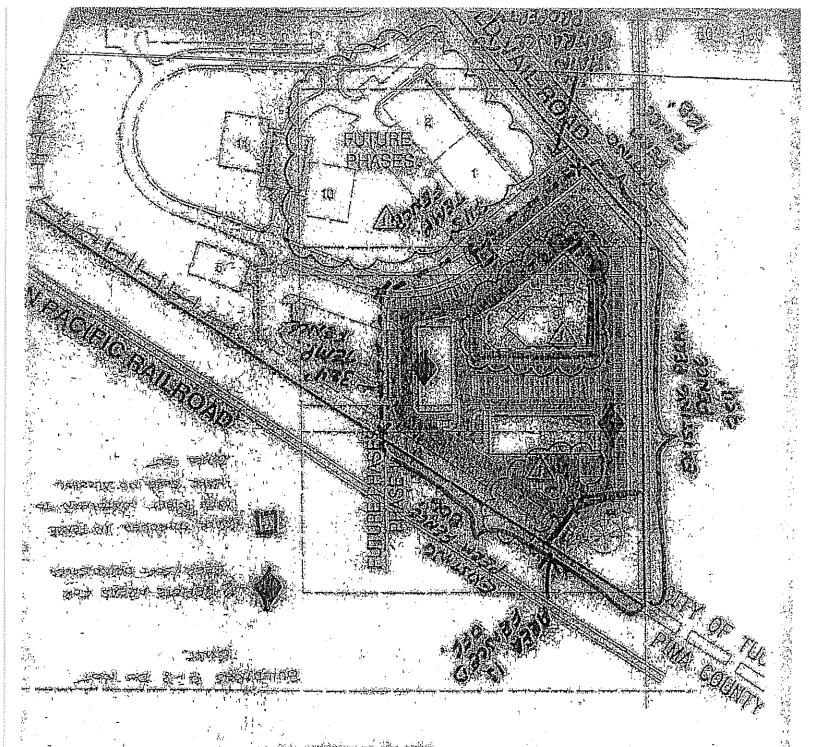
### APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

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

|    | Temporary change<br>April 2, 11, 25, 2 | e for date(s) of:/ thro<br>015  | ough/ List specifi   | c purpose for cho   | ange: |
|----|--|---|--|---------------------|-------|
| ١. | Licensee's Name:                       | Nations   | Randy  | D.                  |       |
| )  | Mailing Address:                       | PO Box 2502   | First<br>Chandler  | Middle<br><b>AZ</b> | 85244 |
| 3. | Business Name:                         | Street Hot Rods Old Vail  | City<br>License # 06100203                                   | State               | Zip   |
| 1. | Business Address:                      | 10500 E. Old Vail Rd.   | Tucson   | Arizona             | 85747 |
|    | Contact phone: (Email: miranda)        | Street 480 <sub>)</sub> 730-2675  | City<br>Business phone: ( <sup>520</sup> ) <mark>20</mark> 2 | State<br>2-0998     | Zip   |
|    | Is extension of pre-                   | mises/patio complete?  No If no, what is your estimat  d Arizona Liquor Laws and Regula |  | 2 ,15               |       |
|    | ■Yes □No  Does this extension □Yes ■No | n bring your premises within 300 fe   | eet of a church or school?                                   |                     |       |
| 0. | ·                                      | d approved Liquor Law Training?<br>yes, when does your Certificate e                    | expire? Date:/ <u>/ Cer</u> tif                              | ïed trainer         |       |
|    | NATIONAL CONTRACTOR                    | cautions will be taken to prevent   | liquer violations in the extender                            | d aroa2             |       |

YOU PROPOSE TO ADD.

| Barrier Exemption: an exception to the requirement of be requested. Barrier exemptions are granted based unique to a licensed premise. List specific reasons for exemptions.   | on public sc  |                           |  |
|--|---------------|---------------------------|--|
|  |               |                           |  |
|  |               |                           |  |
| Investigation Recommendation: $\square$ Approval $\square$ Disapprov   | al by:        |                           | Date:/   |
|  |               |                           |  |
| OBTAIN APPROVAL FROM LOCAL GOVERNING B   | SODY BEFO     | RE SUBMITTING TO          | HE DEPARTMENT  |
| After completing the application, please take this app<br>or Designate for their recommendation. This recomme  |               |                           |  |
| This change in premises is RECOMMENDED by the loca   | Il Board of S | upervisors, City Counc    | sil or Designate:  |
| (Authorized Signature) (Title)   |               | (Agency)                  | Date   |
| I, Randy D. Nations decomplete.  |               | ation and the conten      | and, under penalty ots and all statements are 480-730-2675 |
| X Visionature) Til   | tle/ Position | Date                      | Phone #  |
| The foregoing instrument was acknowledged before me t  | this 01       | 26                        | 2015   |
| the folegoing instrument was acknowledged before the t   | Day           |                           | Year   |
| State Arizona County of Maricopa   |               |                           |  |
| My Commission Expires on:    My Commission Expires   Date   Date  | -             | 10 21                     |  |
| Compression and State Control of the | Mancs         | ignature of Notary Public |  |
| Investigation Recommendation:   Approval Disapprov   | s             | ignature of Notary Public | _ Date:/   |



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- 5 HORIZONIAN CONTROL PLANS
- 6 GRADING AND PAVING DETAILS
- 7 GRADUNG AND PAYING DETAILS AND NOTES

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

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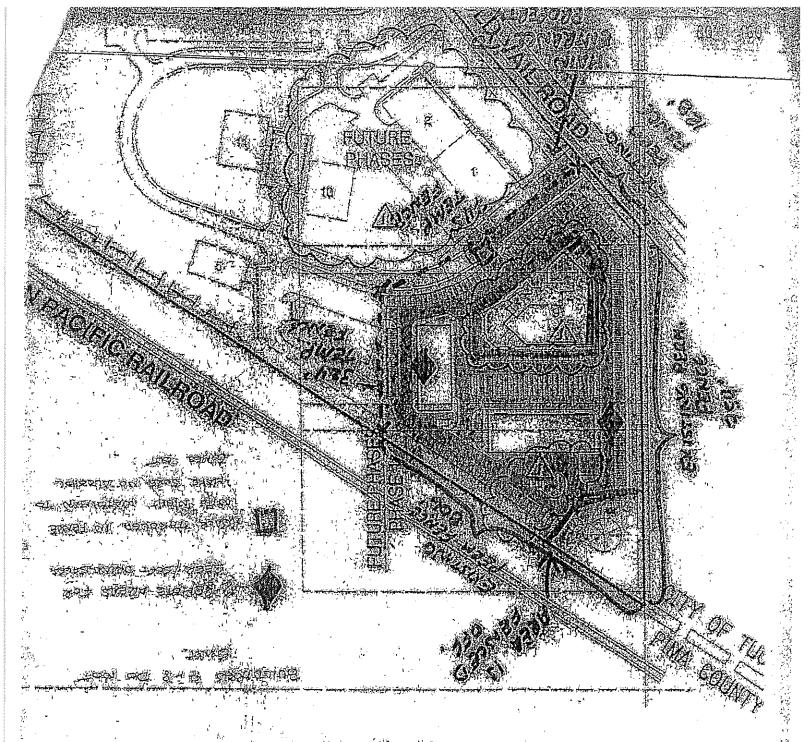
### APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

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

|   | May 7, 9, 23, 20 <sup>-</sup>  | 15  |                                 |            |         |
|---|--|---|---------------------------------|------------|---------|
|   | Licensee's Name:   | Nations   | Randy                           | D.         |         |
|   | Mailing Address:   | PO Box 2502   | <sup>First</sup><br>Chandler    | Middle AZ  | 85244   |
|   | Business Name:   | Hot Rods Old Vail   | City<br>License # 06100203      | State      | Zip     |
|   | Business Address:  | 10500 E. Old Vail Rd.   | Tucson                          | Arizona    | 85747   |
|   | Contact phone: (480) 730-2675  Email: miranda@azlic.com  Street City State Zip  Business phone: (520) 202-0998 |   |                                 |            |         |
|   |  |   |                                 |            |         |
|   | Yes DNo  | a Anzona Equor Eaws and Regular                                       | IIO) IS 9                       |            | i.<br>2 |
| Is extension of premises/patio complete?  N/A Yes No If no, what is your estimated completion date?  Do you understand Arizona Liquor Laws and Regulations?  Yes No  Does this extension bring your premises within 300 feet of a church or school?  Yes No |  |   |                                 |            |         |
| ).  |  | d approved Liquor Law Training?<br>yes, when does your Certificate ex | xpire? Date:/ <u>/ Cer</u> tifi | ed trainer |         |
|   | What security pred   | cautions will be taken to prevent lic                                 | quor violations in the extended | d area?    |         |

YOU PROPOSE TO ADD.

| Barrier Exemption: an exception to the requirement of the requested. Barrier exemptions are granted based of unique to a licensed premise. List specific reasons for exemptions. | on public safety,             |                    |                      |
|--|-------------------------------|--------------------|----------------------|
|  |                               |                    |                      |
| Investigation Recommendation: $\square$ Approval $\square$ Disapprov   | :                             |                    | _ Date://            |
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| After completing the application, please take this applied or Designate for their recommendation. This recommendation.   |                               |                    |                      |
| This change in premises is RECOMMENDED by the local  | Board of Supen                | visors, City Counc | il or Designate:     |
| (Authorized Signature) (Title)   |                               | (Agency)           | Date                 |
| perjury, making the foregoing application. I have read true, correct and complete.   | this application              |                    |                      |
| X (Sixfoliufe) Titl  | Randy D. Nations  e/ Position | 01/26/15<br>Date   | 480-730-2675 Phone # |
| The foregoing instrument was acknowledged before me t  |                               | 26                 | 2015                 |
| State Arizona County of Maricopa   | Day                           | Month              | Year                 |
| My Commission Expires on Dale amus 2 2013  | Mard Signate                  | BAA                |                      |
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| Investigation Recommendation:   Approval Disapprove  | al by:                        |                    |                      |



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