



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

May 12, 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 July 3, 4, 11 and August 7, 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, June 3, 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 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 _____

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: _____

July 3, 4, 11, 2014

1. Licensee's Name:	Nations		Randy	D.
	Last	First		
2. Mailing Address:	PO Box 2502	Chandler	Arizona	Middle 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?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Email: miranda@azlic.com
7. Have you received approved Liquor Law Training?	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES If so, when does your Certificate expire? <u>I am a certified trainer</u>
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?	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	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: ____ / ____ / ____

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

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)

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

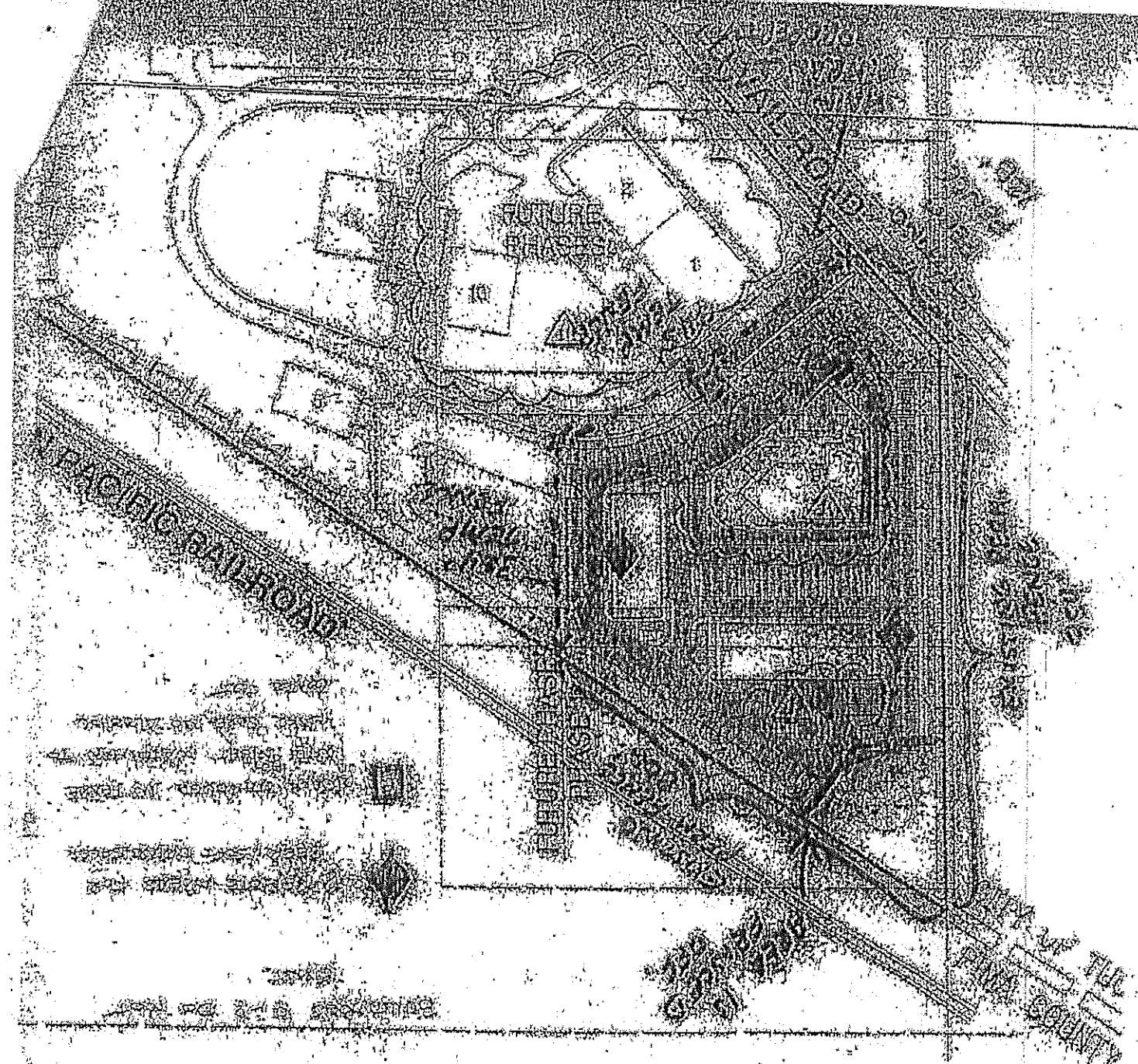
26th February 2014

(Signature of NOTARY PUBLIC)

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.



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4. GRAVING AND PAVING DETAILS

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 _____

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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: _____

August 7, 2014

NOV 12 2014 PM0116PCOKJFID

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.**

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.

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

26th February 2014
 Day Month Year

(Signature of NOTARY PUBLIC)

X Randy D. Nations
 (Signature of Owner or Agent)
 MIRANDA BUSTAMANTE
 Notary Public - Arizona
 Maricopa County
 My commission expires on: January 9, 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.

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