

# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

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) 351-8456

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August 7, 2013

Mr. Mark Steven Russell  
Oregano's Pizza Bistro  
5141 N. 40th Street, Suite 300  
Phoenix, AZ 85018

RE: Application for Agent Change/Acquisition of Control/Restructure  
License No.: 12104155  
Oregano's Pizza Bistro

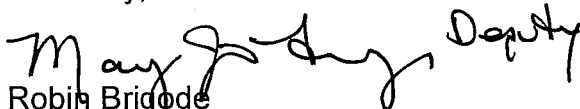
Dear Mr. Russell:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Monday, August 19, 2013, 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 "Mary Jo Furphy", with the word "Deputy" written in a smaller, cursive script to the right.

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

13-03-0040

## APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check  
Appropriate  
Box

☐ Agent Change  
Complete Sections 1,2,3,4,6  
(See Note 1 on back)

☐ Acquisition of Control  
Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure  
Complete Sections 1,2,(3,4 if changing Agent), 5,6  
(See Note 2 on back)

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)  

Last	First	Middle	Liquor License #
Russell	Mark	Steven	12104155
- ☐ Corporation ☐ L.L.C. ☐ N/A: \_\_\_\_\_ Corp. File #: \_\_\_\_\_  
(Exactly as it appears on Articles of Inc. or Articles of Org.)
- Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
- Business Address: \_\_\_\_\_  
(Do not use P.O. Box Number) City COUNTY Zip
- Is the business located within the incorporated limits of the above city or town? ☐ Yes ☒ No
- Mailing Address: \_\_\_\_\_  
City State Zip
- Business Phone: ( ) \_\_\_\_\_ Residence Phone: ( ) \_\_\_\_\_
- Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.
- Has there been any change of officers? ☐ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

### SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

- List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

- List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City	State	Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

AMENDMENT

Date Received

CSR

7/10/2013  
JESPARA

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Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6  
(See Note 2 on back)

### SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

Russell

Mark

Steven

see attached list

Last

First

Middle

Liquor License #

2. ☒ Corporation ☐ L.L.C. ☐ N/A: OPB Restaurants, Inc.

(Exactly as it appears on Articles of Inc. or Articles of Org.)

Corp. File #: 1611111-3

3. Business Name: Oregano's Pizza Bistro

(Exactly as it appears on license)

4. Business Address: see attached list

(Do not use P.O. Box Number)

City

COUNTY

Zip

5. Is the business located within the incorporated limits of the above city or town? ☒ Yes ☐ No

6. Mailing Address: 5141 N. 40th Street Ste 300

Phoenix

AZ

85018

City

State

Zip

7. Business Phone: (480) 829-0898

Residence Phone: (602) 762-2300

8. Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☒ NO ☐ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

### SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
Russell	Mark	Steven	President	3140 E. Claremont Ave, Phoenix, AZ 85016	
Sbordone Jr.	Frank	Benjamin	VP/Secretary	12090 N. 120th Street, Scottsdale, AZ 85259	

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
Oregano's Pizza Bistro, Inc.			100%	5141 N. 40th Street Ste 300	Phoenix, AZ 85018

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 7/10/2013

CSR J. S. P. A.

Liquor Licenses for OPB Restaurants, Inc.

<u>Location:</u>	<u>Phone #</u>	<u>AZ License #</u>
4960 W. Germann Rd Bldg G #5, Chandler, AZ 85286	480-265-4580	12078481 Maricopa County
4602 E. Cactus Rd, Phoenix, AZ 85032	602-482-0054	12078662 Maricopa County
1475 W. Elliot Rd, Tempe, AZ 85282	480-966-0401	12078661 Maricopa County
3102 N. Scottsdale Rd, Scottsdale, AZ 85251	480-970-1860	12078659 Maricopa County
100 W. Orange Grove Rd, Tucson, AZ 85704	520-229-9999	12104155 Pima County

Signature V. S. PQR

Date 7/9/13

13 JUL 10 10:44 AM '13

AMENDMENT

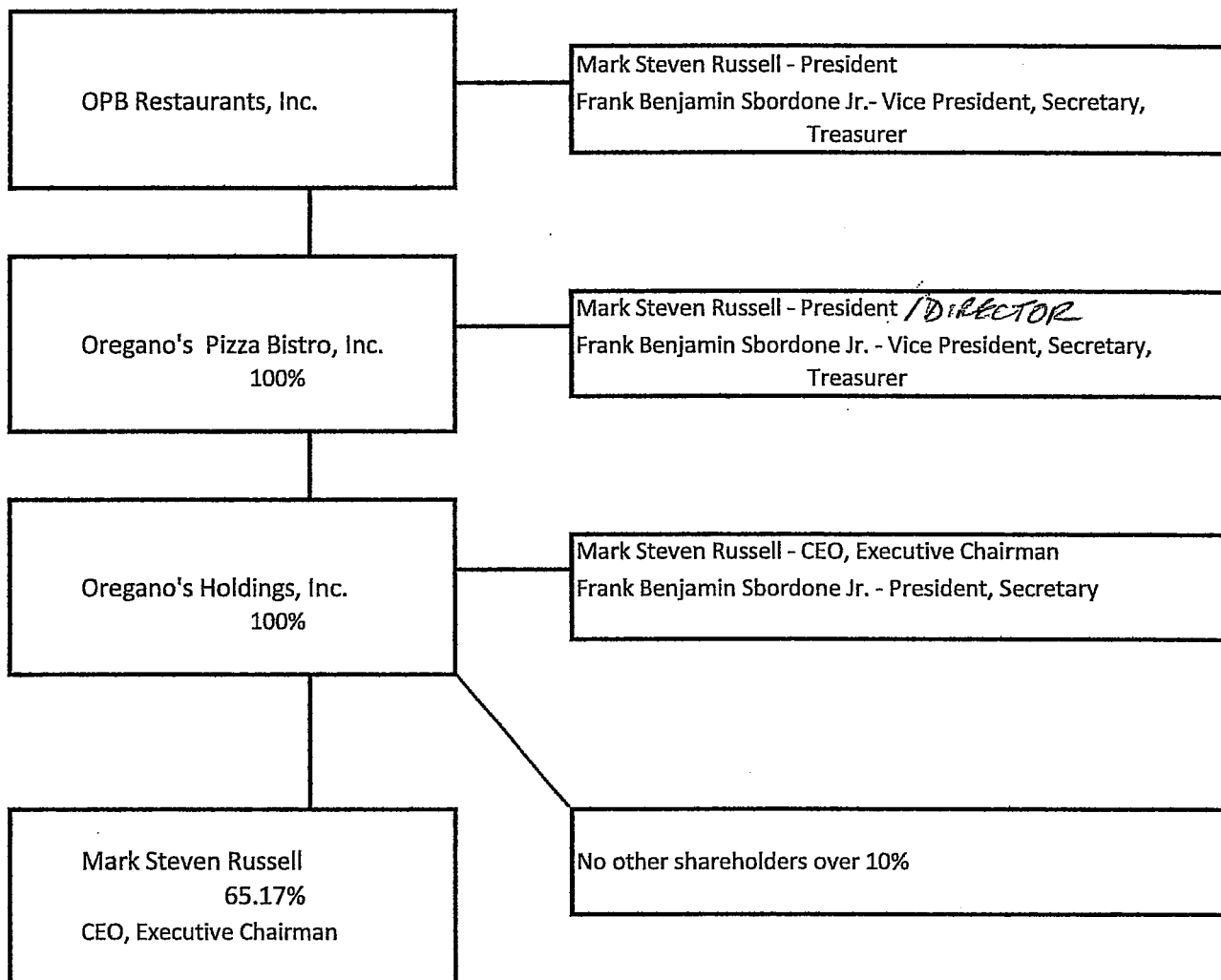
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100 W. Orange Grove Rd, Tucson, AZ 85704	520-229-9999	12104155

Signature V. S. P. R. R.

Date 7/9/13

13 JUL 10 10:19:15 AM '13



13 JUL 10 14:16:09 44

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☐ YES ☐ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

## SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: \_\_\_\_\_ Date of last renewal: \_\_\_\_\_

2. Current Licensee or Agent: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle

I, \_\_\_\_\_, hereby consent to the agent appointment named herein and  
(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_ The foregoing instrument was acknowledged before me this  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_  
(Signature of NOTARY PUBLIC)

## SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

Type of new ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

13 JUL 10 11:41 AM '14

## SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, Mark Steven Russell, hereby declare that I am the APPLICANT filing this application.  
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

State of Arizona County of Maricopa

X \_\_\_\_\_ The foregoing instrument was acknowledged before me this

9th day of July 2013  
Day Month Year

LISA MATZOCCHI  
(Signature of INDIVIDUAL OR AGENT)  
NOTARY PUBLIC - ARIZONA  
Maricopa County  
My Commission Expires  
April 29, 2014  
My Commission Expires on: April 29, 2014

(Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)