



# Pima County Clerk of the Board

Robin Brigode

Julie Castañeda  
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) 791-6666

November 7, 2016

Nicholas Carl Guttilla  
Golf Club at Canoa Ranch  
c/o Guttilla Murphy Anderson  
5415 E. High Street, No. 200  
Phoenix, AZ 85054

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 06100204  
Golf Club at Canoa Ranch

Dear Mr. Guttilla:

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 Tuesday, November 22, 2016, 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



Pima County Clerk of the Board  
Robin Brigode

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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Ricci Romero *RR*  
Administrative Support Specialist

DATE: October 4, 2016

RE: Sheriff's Report - Application for Agent Change/Acquisition of Control/  
Restructure

Attached is the application of:

Nicholas Carl Guttilla  
d.b.a. Golf Club at Canoa Ranch  
5800 S. Camino del Sol  
Green Valley, AZ 85614

Arizona Liquor License No. 06100204

SHERIFF'S REPORT

DATE: 11/07/16

Is there any reason this application should not be recommended for approval?

- NOTHING NOTED TO REPORT

*[Signature]* #1226  
Investigative Support Unit Supervisor

When completed, please return to cob\_mail@pima.gov.

NOV 07 16 PM 07 POC CLK OF PD *RR*



State of Arizona  
 Department of Liquor Licenses and Control  
 800 W. Washington 5th Floor  
 Phoenix, AZ 85007  
 (602) 542-5141

16-06-0077

DLIC USE ONLY

Date Processed:	9/30/16
CSR:	MS
60th Day:	11/29/2016

15 SEP 30 12M LIA 81012

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

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)

SECTION 1

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2

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

1. Name: GUTTILLA NICHOLAS CARL 06100204  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #

2. Owner Name: Canoa Ranch Clubhouse LLC Corp File #: I-1022098-7  
(Exactly as it appears on Liquor License) (If applicable)

3. Business Name: Golf Club at Canoa Ranch Email: psines@gamlaw.com  
(Exactly as it appears on Liquor License)

4. Business Location Address: 5800 S Camino del Sol Green Valley Pima 85614  
(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. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?  Yes  No If Yes, what City, Town or Tribal Reservation is this Business located in: \_\_\_\_\_

7. Mailing Address: c/o Guttilla Murphy Anderson PC - 5415 E High Street #200 Phoenix AZ 85054  
City State Zip

8. Business Phone: (520) 393-1966 Daytime Contact Phone (480) 245-4744 304-2300

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?  Yes  No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons?  Yes  No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3

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

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	See attached							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	See attached							
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? [ ] Yes [ ] No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? [ ] Yes [ ] No

If yes, Name of current Manager: Last First Middle

Basic Training [ ] Yes [ ] No

Management Training [ ] Yes [ ] No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(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 # \_\_\_\_\_

2. Current Agent Name: Last First Middle

I, (Print full name) \_\_\_\_\_, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X \_\_\_\_\_ (Controlling Person/Existing Agent)

State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

Day of \_\_\_\_\_ Month \_\_\_\_\_ Year

Signature of NOTARY PUBLIC

SECTION 6

(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:

Type of new ownership:

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain) \_\_\_\_\_

- [ ] J.T.W.R.O.S.
[ ] INDIVIDUAL
[ ] PARTNERSHIP
[ ] CORPORATION
[ ] LIMITED LIABILITY CO.
[ ] MANAGEMENT CO.
[ ] TRIBE
[ ] TRUST
[ ] OTHER (Explain) \_\_\_\_\_

SECTION 7

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

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Paul Fausto Orefice, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X \_\_\_\_\_ (Controlling Person/Existing Agent)

State of NY County of Saratoga The foregoing instrument was acknowledged before me this

My commission expires on: 1/4/2019

22 Day of August 2016 Month Year

SHANON GREEN
Notary Public, State of New York
No. 01GR6018134

Signature of NOTARY PUBLIC

11/18/2015

Qualified in Saratoga County Page 2 of 3
Individuals requiring ADA accommodations, please call (602)542-9027

**Canoa Ranch Clubhouse, LLC**  
d/b/a Golf Club at Canoa Ranch

**Paul F. Oreffice Trust, dated  
September 15, 1995**  
Trustee: Paul F. Oreffice

**Oreffice Investments, LLC**  
ACC #L1746388  
*Manager: Paul F. Oreffice*  
100% Member: Paul F. Oreffice Trust, dated  
September 15, 1995 – Paul F. Oreffice,  
Trustee

**Canoa Ranch Clubhouse, LLC (Licensee)**  
ACC #L-1022098-7  
Manager: Oreffice Investments, LLC  
100% Member: Oreffice Investments, LLC

(B1055781)

Liquor licenses #06100204  
d/b/a Golf Club at Canoa Ranch  
Agent: Nicholas Carl Guttilla  
Day-to-day manager: Rick Williams