

Pima County Clerk of the Board

Robin Brigode

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

March 18, 2014

Ms. Sheri Lynn Smith Tucson International Airport c/o OTG Management, L.L.C. 335 W. Butler Ave., No. 120 Chalfont, PA 18914

RE:

Application for Agent Change/Acquisition of Control/Restructure

License No.: 06100221 Tucson International Airport

Dear Ms. Smith:

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, April 1, 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,

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:	Brian Turco 3 Administrative Support Specialist
DATE:	February 27, 2014
RE:	Sheriff's Report - Application for Agent Change/Acquisition of Control/ Restructure
Attached is	the application of:
	Smith on International Airport cson Boulevard Tucson, AZ 85706
Pima Coun	ty Liquor License No. <u>14-03-0049</u>
SHERIFF'S	S REPORT DATE: OF 19/14
Is there any	y reason this application should not be recommended for approval?
North	G NOTED.
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Investigative Support Unit Supervisor



800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

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1	G Manage	ment 1			TATE	dine.	Sole N	(RR	335 W. Butte		120. Chalfe		-
L,		·	***** *******************************		ant chirman	(ATTACH A	DDITIONAL S	HEET(S) IF NECESSAI	RY)	***		
2. Li	ist stockhoi	iders or	controlli	ng men	nbers	owning 10	% or mare	of Co	rp/LLC:				
Las		,	First		Mk	ddla	% Owne		Residence			City State	Zip
ОТ	3 Manage	ment, L	rc				100%	335	W. Butler Av	e., #120,	Chalfont, I	PA 18914	
[Sec	e attached	Owner	ship Str.	rcture]									
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1/7/	2013				Dissibled	(ATTACH AD Individuals nice	riginā aberigi ec Pigurā aberigi ec	الارد بارد الحدد ال) IF NECESSAR bilors please cul li	he Departme	a. Date Re	2/20 ()	# <u> -3</u>

SECTION 3	(COMPLETE TH	ECTION FOR	AGENT CHANGE)		Firm
If the corporation DISCLOSURE	n/L.L.C. is owned by for the parent entity.	another entity	ATTACH AN OWNE	RSHIP AND DIRECTOR / OFFI	CER / MENBER
As an Agent, wil	you be physically pres	ent and operat	ing the licensed premis	ses? FYES INO	, , , , , , , , , , , , , , , , , , ,
If you answered	YES, you must prov	ide nmof of at	tondance of a Sland-		aining Course
within the last training must b		application fo	or Agent can be subm	nitigel: if "no" a manager with	approved
SEGTION 4 To be completed	(COMPLETE THIS	SECTION FOR EXISTING AGE	AGENT CHANGE) NT OR CORPORATE OF	FICER OR LLC. CONTROLLING	MEMBER:
1. License Number				of fast renewal: 09/30/2013	
2. Current Licensee (Exactly as it as	or Agent: REYES,	ALBERT FITZ			
	Redd, Vice President	& Secretary	•	Midd	-
(Prin	(taliname)			to the agent appointment name	
felony in the past five	n siluws (nert). Ine coi	poration, or an liately surrende sclion.	y officer, director, mem or the license to the Arit	r discharge of this agent, I also iber, or slockholder have been o zone Department of Liquor Licer	
X St.	11/		State of Pennsylvania		<u> </u>
(Signalure of INDIVIDUAL	CORPORATE/CLUB OFFI	ERMEMBER)		instrument was acknowledged to	elore me this
COMMONWE	ALTH OF MENNEYLVANI	 	/a'* day of ≜	Month 2013	Year
My commission ev	TARIAITS AY	7016	Mancy K	(Ceriah)	162
Name Pirito	CZIRIAK, Notery Public in Two, Bucks County		U	(Signature of NOTARY PUBLIC)	5-par-
SECTION Commission	Explain December 16, 201	DON FOR REST	RUCTURE)		
Is there more than or paid for each license, Type of current owner		volved? 🗆 YI		ARATE APPLICATIONS must	be filed and feets
☐ J.T.W.R.O.S.	4m p ;		Type of new ov	·	
☐ INDIVIDU AL			☐ J.T.W.R.O.S		بت. ا
PARTNERSHIP			PARTNERS	HIP	·
CORPORATION LIMITED LIABILITY	co.		CORPORA		
TRUST			TRUST	ABILITY CO.	
OTHER Explain			OTHER Exp	ilain	
To be completed by INDIA MEMBER as listed in Que	11.11.1A T.W. MT(ST)A O ACC	I FOR AGENT C NT (If no agent ch	HANGE, ACQUISITION ANBO) OR NEW AGENT OF	OF CONTROL OR RESTRUCTUR CORPORATE OFFICER OR L.L.C. CO	RE) DNTROLLING
, Sheri	LYNN SMI	TH	h		
have read the applica	(Printfull name) tion and the contents	and all statem:	_, nereby declare that I onto are true, correct at	am the APPLICANT filing this and complete.	pplication.
			State of ARIZONA	County of Pima	
(Signature of INC	MIDDAKOH AGENTI	مفاعلت ا		instrument was acknowledged b	efore me this
(0	····OUNDERN AGENTY		day of	Y rander Jebruary	-2013 2014
My commission expire		1mm 7 21	Day	Month	Year
wy commission expile	es on:	200	****	gnature of NOTARY PUBLIC)	
	MANUAL ' LIAL TO SYCEON	# 1,000.00. (A	ed with this application. R.S. 4-209.H)	on: \$100.00 for the first applicat	
NOTE 2: The \$100.0	0 fee for restructures	equisition of	control MUST be sub	mided with this application	NE S-4.700 ATT
				A AND THE AND THE PROPERTY OF THE PARTY OF T	L. BERRY
Military in the				1 (AN) POLICE 1 NOT	L. DERKT
					OUNTY
		1		My Comm. Exn.	Sept. 23, 2017

CITY OF TUCSON RECEIVED

800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

14-01-0047

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

	ition of Contr ns 1,2, (3,4 if chang		Restructions 1,2,((See Note 2 on b	3,4 if changing Agent),	5,6
SECTION 1 (COMPLETE THIS SECTION FOR AGENT	CHANGE, ACC	UISITION OF CO	NTROL OR RES	TRUCTURE)	
Name (INDIVIDUAL OR EXISTING AGENT (if no agent change ROYER. DONAL	e) OR NEW AGEN LD	TOR CORPORATE	OFFICER OR L.L.	C. CONTROLLING M 06100221	EMBER)
Last First OTG MANAGEM	ENT THOSON	Midd	le /	Liquor License	
2 Corporation 2 L.L.C. N/A:			Corp. Fi	le#: R-1279266) -4
TUCSON INTERNATIONAL AIF 3. Business Name:		Inc. or Articles of O	g.)		41
70EO S. Tuggan Blyd	(Exactly as it ap	pears on license)	Pima	85706	CJ.
4. Business Address: 7250 3. Tucson Bivd. (Do not use P.O. Box Number)	City		COUNTY	Zip ·	H
5. Is the business located within the incorporated limits	of the above ci	ty or town?	es □No		B
c-o OTG Management LLC, 335					
6. Mailing Address:		City	Sta	te Zip	10
7 Duniana Bhana / 520 \ 573-8225	Poo	sidence Phone: (520 , 870	D-4298	 ["]
/. Business Phone: ()		iderice i none. (errich errich
Does this transaction involve the sale of any portion certified copy of minutes.	of the corporate	estock XYES	NO N	A If yes, submit	a 🚊
9. Has there been any change of officers? YES X	NO NA If	es, submit a cer	tified copy of mi	nutes.	
SECTION 2 (COMPLETE THIS SECTION FOR AGENT	CHANGE, ACQU	JISITION OF CON	TROL OR REST	RUCTURE)	
Each person listed in Section II must submit a personal fingerprint card which may be obtained at the Dept. A pand fingerprint card. 1. List individual owner or partners or all directors, office	erson appearir	ng in both lists ne	and a Departme eed only submit	nt approved one questionnaire	
Last First Middle	Title	Residence Ad	dress	City State Zip)
OTG Management, LLC	Sole MBR	335 W. Butler	Ave., #120, Cha	alfont, PA 18914	
					3 3
					\$1.54 1.48 1.46
/ATTACH AF	DITIONAL SHEET	(S) IF NECESSARY	1		<u> </u>
2. List stockholders or controlling members owning 10 th			ı		ii Per ii ir ergenj
man a martin di a	% Owned	Residence Ad	Idress	City State Zip	ි ා උ:
OTG Management, LLC		35 W. Butler Ave			
[See attached Ownership Structure]					f.,,b
A A	+				
COT #: AC /-/4	DITIONAL CUITE	(C) IE NECECCADA			
M/C MEETING	UTIONAL SHEET	(S) IF NECESSARY) odations please call the	Danartmost	Received 12/2(e)	13
DATE:				J. J. W.	1717/3

	# i.u.	
ŞEC.		•

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, DISCLOSURE for the parent entity. Attach addition			
As an Agent, will you be physically present and operation	ng the licensed premises?	YES □ NO	•
If you answered YES, you must provide proof of att within the last five years <u>before your application fo</u> <u>training must be submitted.</u>			
SECTION 4 (COMPLETE THIS SECTION FOR A To be completed by the INDIVIDUAL OR EXISTING AGEN		L.L.C. CONTROLLING IV	MEMBER:
1. License Number: 06100221	Date of last ren	newal: 09/30/2013	••
2. Current Licensee or Agent: REYES, ALBERT FITZO			
(Exactly as it appears on license) Last	First	Middle	
Christopher John Redd, Vice President & Secretary	, hereby consent to the ag	ent appointment namec	t herein and
(Print full name) agree to immediately assign a new agent in the event of the the background report shows that I, the corporation, or any felony in the past five (5) years, I will immediately surrende and hereby waive all rights to appeal such action.	e death, resignation, or discharg y officer, director, member, or st r the license to the Arizona Dep	ge of this agent. I also u ockholder have been co artment of Liquor Licens	nderstand that if
x Cat MI	State of Pennsylvania	County of Bucks	البديا
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)	and the second s	nt was acknowledged be	erore me tnis
COMMONWAL THE OF MICHIGAN VANIA		Month 2013	Year The
My commission ex NOJABIAL SEAL NANCY K. CZIRIAK, Notary Public	Mancy K Cen	ire of NOTARY PUBLIC)	
New Britain Twp., Bucks County SECTI My Commission Expires Pecember 16, 2016 DN FOR RES		TO STROTTER TO DETOY	T 1 1
there more than one licensed premises involved? Paid for each license/location.		APPLICATIONS must b	pe filed and fees
Type of current ownership:	Type of new ownership:		
☐ J.T.W.R.O.S. ☐ INDIVIDU AL ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY CO. ☐ TRUST ☐ OTHER Explain	☐ J.T.W.R.O.S. ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY (☐ TRUST ☐ OTHER Explain	o.	
SECTION 6 (COMPLETE THIS SECTION FOR AGENT To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent c MEMBER as listed in Question 1 Section 1:			
DONALD James ROYER (Print full name)	_, hereby declare that I am the	APPLICANT filing this a	application.
have read the application and the contents and all statem	ADIZONA	olete. Pima ounty of	
X Counterpart (Signature of INDIVIDUAL OR AGENT)	The foregoing instrume	ent was acknowledged b	pefore me this
	day of	Month	Year
My commission expires on:	(Signature o	f NOTARY PUBLIC)	
NOTE 1: The fee for an agent change MUST be submi		•	tion and \$50.00
best Property of the state of the supplier	A D O A COOL	o.oo for the mat applica	aon ana 400.00

or 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)

 if the corporation/L.L.C. is owned by another entity, AT DISCLOSURE for the parent entity. Attach additional 	FACH AN OWNERSHIP AND DIRECT sheets as necessary in order to dis	CTOR / OFFICER / MEM sclose real people.	BER
As an Agent, will you be physically present and operating the			
If you answered YES, you must provide proof of attend	ance of a Department approved Lic	quor Law Training Cou	rse
within the last five years <u>before your application for Actraining must be submitted.</u>	gent can be submitted. If "no" a ma	anager with approved	
SECTION 4 (COMPLETE THIS SECTION FOR AGE To be completed by the INDIVIDUAL OR EXISTING AGENT OF		ONTROLLING MEMBER	
06100221	0	9/30/2013	
License Number: REYES, ALBERT FITZGEF	Date of last renewal:		
Current Licensee or Agent:	First	Middle	·
Christopher John Redd, Vice President & Secretary			1
l,(Print full name)	_, hereby consent to the agent appoi	intment named nerein an	a
agree to immediately assign a new agent in the event of the de	eath, resignation, or discharge of this	agent. I also understand	that i
the background report shows that I, the corporation, or any off felony in the past five (5) years, I will immediately surrender the	e license to the Arizona Department o	f Liquor Licenses and Co	a ontrol
and benefit well and rights to appeal such artisp	m	Bucks	
x Counterpart State	e of Pennsylvania County of The foregoing instrument was ac		his
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)	day of	2013	園
- -	Day Month	Year	R
My commission expires on:		en total construction of the section	· 1
	(Signature of NOTAI	RY PUBLIC)	-19
SECTION 5 (COMPLETE THIS SECTION FOR RESTRU	CTURE)		1,71
ere more than one licensed premises involved?	MO If yes SEDARATE APPLICA	TIONS must be filed and	Ifäpe
paid for each license/location.	LINO II yes, SEFARATE AFFEIDA	must be med and	
Type of current ownership:	Type of new ownership:		
J.T.W.R.O.S.	☐ J.T.W.R.O.S.		
☐ INDIVIDU AL	☐ INDIVIDUAL		
PARTNERSHIP	PARTNERSHIP		
CORPORATION	☐ CORPORATION ☐ LIMITED LIABILITY CO.		
☐ LIMITED LIABILITY CO. ☐ TRUST	TRUST		
OTHER Explain	OTHER Explain		
SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHA			G
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang	NGE, ACQUISITION OF CONTROL OR e) OR NEW AGENT OR CORPORATE OFFIC	RESTRUCTURE) CER OR L.L.C. CONTROLLIN	
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1:	e) OR NEW AGENT OR CORPORATE OFFI	CER OR L.L.C. CONTROLLIN	
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To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD Jumes ROYER, h	e) OR NEW AGENT OR CORPORATE OFFICE tereby declare that I am the APPLICA	CER OR L.L.C. CONTROLLIN NT filing this application.	
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD TOMES ROYER, however, howev	e) OR NEW AGENT OR CORPORATE OFFICE tereby declare that I am the APPLICA are true, correct and complete.	CER OR L.L.C. CONTROLLIN	
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD Jumes ROYER, however, howev	e) OR NEW AGENT OR CORPORATE OFFICE sereby declare that I am the APPLICA s are true, correct and complete. te of ARIZONA County of The foregoing instrument was accounted.	NT filing this application. Bina Vac Cope	Ն
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To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD FOR S ROYER	e) OR NEW AGENT OR CORPORATE OFFICE sereby declare that I am the APPLICA s are true, correct and complete. te of ARIZONA County of The foregoing instrument was accounted.	NT filing this application. Bina Vac Cope	ن his
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD Jumes ROYER I, (Print full name) have read the application and the contents and all statements X (Signature of INDIVIDUAL OR AGENT) JANICE L. POUNCEY Notary Public—Arizona Maricopa County	ee OR NEW AGENT OR CORPORATE OFFICE dereby declare that I am the APPLICA se are true, correct and complete. The foregoing instrument was accomplete. November Ray Month	The control of the co	ن his
To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent chang MEMBER as listed in Question 1 Section 1: I, DONALD ROYER ROYER , h (Print full name) have read the application and the contents and all statements X (Signature of INDIVIDUAL OR AGENT) JANICE L. POUNCEY Notary Public—Arizona	ee or NEW AGENT OR CORPORATE OFFICE dereby declare that I am the APPLICA as are true, correct and complete. The foregoing instrument was accompleted and the foregoing instrument was accompleted. Sometiment of the foregoing instrument was accompleted and the foregoing instrument was accompl	CER OR L.L.C. CONTROLLING ANT filing this application. City Cope Cknowledged before me to 2013 Yes CHURCLES	this

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