

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) 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:

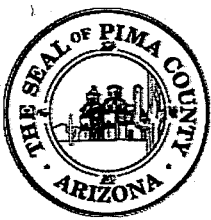
Pima County Administration Building  
Board of Supervisors Hearing Room  
130 West Congress, 1st Floor  
Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Robin Brigode".

Robin Brigode  
Clerk of the Board



Mary Jo Furphy  
Deputy Clerk

# Pima County Clerk of the Board

Robin Brigode

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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Brian Turco *BT*  
Administrative Support Specialist

DATE: February 27, 2014

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

Attached is the application of:

Sheri Lynn Smith  
d.b.a. Tucson International Airport  
7250 S. Tucson Boulevard Tucson, AZ 85706

Pima County Liquor License No. 14-03-0049

SHERIFF'S REPORT

DATE: 03/13/14

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

Nothing noted.

*[Signature]*  
Investigative Support Unit Supervisor 1226

MAR 17 14 PM 01:21 PCLK/F-BD

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

14-030049

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

Check  
Appropriate  
Box☒ Agent ChangeComplete Sections 1,2,3,4,6  
(See Note 1 on back)☒ Acquisition of Control

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

☐ RestructureComplete 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 LLC, CONTROLLING MEMBER)

\* SMITH SHERI LYNN 06100221  
Last First Middle Liquor License #

2. ☐ Corporation ☒ LLC ☐ N/A: OTG MANAGEMENT TUCSON, LLC Corp. File #: R-1279266-4

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

3. Business Name: TUCSON INTERNATIONAL AIRPORT

4. Business Address: 7250 S. Tucson Blvd. (Exactly as it appears on license) Tucson Pima 85706  
(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? ☒ No ☐ Yes Pima County Board of Supervisors

6. Mailing Address: c/o OTG Management, LLC, 335 W. Butler Ave., #120, Chalfont, PA 18914  
City State Zip

7. Business Phone: (620) 573-8225 Residence Phone: (520) 309-9494

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 1 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
OTG Management, LLC			Sole MBR	335 W. Butler Ave., #120, Chalfont, PA 18914			

(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
OTG Management, LLC			100%	335 W. Butler Ave., #120, Chalfont, PA 18914			
[See attached Ownership Structure]							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

Data Received 12/26/13

1/7/2013

Am.

## SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

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 LLC CONTROLLING MEMBER:

1. License Number: 06100221

Date of last renewal: 09/30/2013

2. Current Licensee or Agent: REYES, ALBERT FITZGERALD

(Exactly as it appears on license) Last

First

Middle

Christopher John Redd, Vice President & Secretary

(Print full name)

hereby consent to the agent appointment named herein and

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 Pennsylvania County of Bucks

X   
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

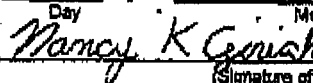
18<sup>th</sup> day of November December 2013

Day

Month

Year

My commission expires   
NANCY K. CZIRK, Notary Public  
New Britain Twp., Bucks County

  
(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

## 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 LLC CONTROLLING MEMBER as listed in Question 1 Section 1:

X Sheri LYNN SMITH

(Print full name)

hereby declare that I am the APPLICANT filing this application.

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

State of ARIZONA

County of Pima

X   
(Signature of INDIVIDUAL OR AGENT)

The foregoing instrument was acknowledged before me this

16 day of

November February

2013 2014

Day

Month

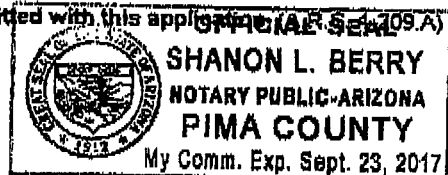
Year

My commission expires on: Sept 23 2017

  
(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)



CITY OF TUCSON  
RECEIVED

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

14-01-0047

14 JAN -2 PM 3:34

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

Check  
Appropriate  
Box

OFFICE OF THE

CITY CLERK

☒ 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)**

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)  
ROYER, ~~DAVID~~ DONALD JAMES 06100221

Last

First

Middle

OTG MANAGEMENT TUCSON, LLC

Liquor License #  
R-1279266-4

2. ☐ Corporation ☒ L.L.C. ☐ N/A: (Exactly as it appears on Articles of Inc. or Articles of Org.) Corp. File #:

TUCSON INTERNATIONAL AIRPORT

3. Business Name:

4. Business Address: 7250 S. Tucson Blvd. (Exactly as it appears on license) Tucson Pima 85706  
(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: c-o OTG Management, LLC, 335 W. Butler Ave., #120, Chalfont, PA 18914  
City State Zip

7. Business Phone: (520) 573-8225 Residence Phone: (520) 870-4298

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
OTG Management, LLC			Sole MBR	335 W. Butler Ave., #120, Chalfont, PA 18914	

(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
OTG Management, LLC			100%	335 W. Butler Ave., #120, Chalfont, PA 18914	
[See attached Ownership Structure]					

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Inded individuals requiring special accommodations please call the Department

Date Received 12/26/13

COT #: AC 1-14  
WARD: 5 90 DAY 3/25  
M/C MEETING  
DATE: 3-4-14

171713

## SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE)

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: 06100221 Date of last renewal: 09/30/2013

2. Current Licensee or Agent: REYES, ALBERT FITZGERALD  
(Exactly as it appears on license) Last First Middle

I, Christopher John Redd, Vice President & Secretary, 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.

X   
(Signature of INDIVIDUAL / CORPORATE / CLUB OFFICER / MEMBER)

State of Pennsylvania County of Bucks

The foregoing instrument was acknowledged before me this

18<sup>th</sup> day of November December, 2013  
Day Month Year

  
(Signature of NOTARY PUBLIC)

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

NANCY K. CZIRIAK, Notary Public

New Britain Twp., Bucks County

My commission expires December 16, 2016

## SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Are 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:

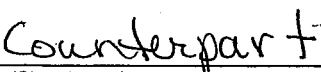
- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
☐ PARTNERSHIP  
☐ CORPORATION  
☐ LIMITED LIABILITY CO.  
☐ TRUST  
☐ OTHER Explain \_\_\_\_\_

## 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, DONALD James ROYER, 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.

X   
(Signature of INDIVIDUAL OR AGENT)

State of ARIZONA County of Pima

The foregoing instrument was acknowledged before me this

\_\_\_\_ day of November 2013  
Day Month Year

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

(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)

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)

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1. License Number: 06100221 Date of last renewal: 09/30/2013

2. Current Licensee or Agent: REYES, ALBERT FITZGERALD  
(Exactly as it appears on license) Last First Middle

I, Christopher John Redd, Vice President & Secretary  
(Print full name), hereby consent to the agent appointment named herein and

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.

x Counterpart  
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER) State of Pennsylvania County of Bucks  
The foregoing instrument was acknowledged before me this 15th day of November 2013  
Day Month Year

My commission expires on: (Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Are 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.  
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☐ OTHER Explain

Type of new ownership:

- ☐ J.T.W.R.O.S.  
☐ INDIVIDUAL  
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I, DONALD James ROYER, 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.

x (Signature of INDIVIDUAL OR AGENT) State of ARIZONA County of Maricopa  
The foregoing instrument was acknowledged before me this 15th day of November 2013  
Day Month Year

My commission expires on JANICE L. POUNCEY  
Notary Public— Arizona  
Maricopa County  
Expires 04/11/2015

(Signature of NOTARY PUBLIC)

FE 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)