

## **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) 791-6666

April 9, 2015

Randy D. Nations Hot Rods Old Vail PO Box 2502 Chandler, AZ 85244

RE: Application for Extension of Premises/Patio Permit

License No.: 06100203 Hot Rods Old Vail

Temporary Change for April 29, 2015

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, April 21, 2015, 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

#### Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

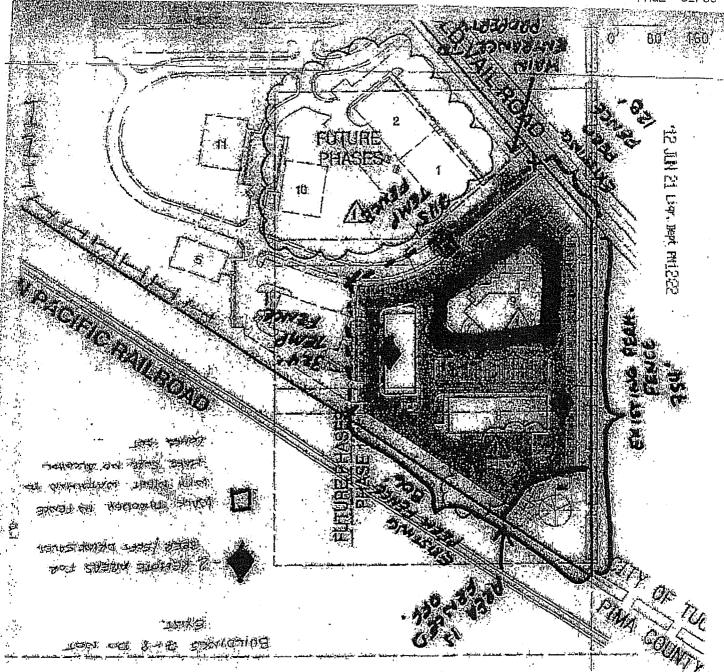
FOR DLLC USE ONLY					
Date payment received:					
CSR initials:					

#### APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

This application must be returned to the Department of Liquor (Notice: Allow 30-45 days to process permanent change of premises)

	Permanent change	e of area of service. A NON-REFUNI	DABLE \$50 FEE WILL APPLY. Spe	cific purpose for	change:		
	Temporary change for date(s) of:/ through/ List specific purpose for change:  April 29, 2015						
1.	Licensee's Name:	Nations	Randy	D.			
		Last	First	Middle			
2.	Mailing Address:	PO Box 2502	Chandler	AZ	85244		
3.	Business Name:	Street Hot Rods Old Vail	City _License #_06100203	State	Zip		
4.	Business Address:	10500 E. Old Vail Rd.	Tucson	Arizona	85747		
5. 6.	Contact phone: (480) 730-2675  Email: miranda@azlic.com  Street City State Zip  Business phone: (520) 202-0998						
7.	Is extension of premises/patio complete? $\square$ N/A $\square$ Yes $\square$ No If no, what is your estimated completion date? $\underline{04}/\underline{29}/\underline{15}$						
8.	Do you understand Arizona Liquor Laws and Regulations?  Types DNo						
9.	Does this extension bring your premises within 300 feet of a church or school?  Yes No						
10.	. Have you received approved Liquor Law Training?  Yes Down If yes, when does your Certificate expire? Date://Certified trainer						
11.	What security precautions will be taken to prevent liquor violations in the extended area?  Additional security has been hired to secure the premises.						
12.	IMPORTANT: ATTAC	CH THE REVISED FLOOR PLAN CLEA ADD.	ARLY DEPICTING YOUR LICENS	SED PREMISES AN	ND WHAT		

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 premise. List specific reasons for exemption:					
Investigation Recommendation: $\square$ Approval $\square$ Disappro-	val by:				
OBTAIN APPROVAL FROM LOCAL GOVERNING	BODY BEFORE S	JBMITTING TO TH	HE DEPARTMENT		
After completing the application, please take this application to your local Board of Supervisors, City Co or Designate for their recommendation. This recommendation is not binding on the Department of Liquo					
This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:					
(Authorized Signature) (Title)		(Agency)	Date		
(Print full name) perjury; making the foregoing application. I have read true, correct and complete.					
X (Senature)	Randy D. Nations - Title/ Position	04/06/15 Date	480-730-2675 Phone #		
The foregoing instrument was acknowledged before me	this 6th	April Month	2015 Year		
State Arizona County of Maricopa  My Commission Expires on:  My Commission		B HA ure of Notary Public			
Investigation Recommendation:   Approval Disappro	val by:		_ Date:/		
Director Signature required for Disapprovals			Date:/		



ENTRANCERS) OF THE SE RETREATED TO CONTENT

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### SHEETINDEX

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- 6 GRADING AND PAYING DETAILS
- 7 GRADING AND PAVING DETAILS AND NOTES