



Mary Jo Furphy
Deputy Clerk

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) 791-6666

September 23, 2015

Lyndsey Michelle Fisher
Dominick's Real Italian
8330 N. Thornydale Road, No. 170
Tucson, AZ 85741

RE: Application for Extension of Premises/Patio Permit
License No.: 12104243
Dominick's Real Italian
Permanent Change

Dear Ms. Fisher:

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, October 6, 2015, at 9:00 a.m. or thereafter, to be held at the following location:

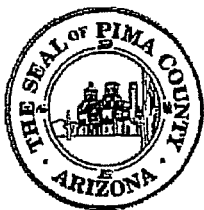
Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

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

Sincerely,

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

Robin Brigode
Clerk of the Board



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TO: Development Services, Zoning Division

FROM: Bernadette Russell *BK*
Administrative Support Specialist

DATE: September 23, 2015

RE: Zoning Report - Permanent Extension of Premises/Patio Permit

Attached find the application of:

Lyndsey Michelle Fisher
d.b.a. Dominick's Real Italian
8330 N. Thornydale Road, No. 170
Tucson, AZ 85741

Arizona Liquor License No. 12104243

ZONING REPORT

DATE: 9/23/15

Will current zoning regulations permit the issuance of the license at this location?

Yes ☒ No ☐

If No, please explain:

[Signature]
Pima County Zoning Inspector

When complete, please return to cob_mail@pima.gov

SEP 23 15 PM 11:11 PC CLK OF PD



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

FOR DLIC USE ONLY

CSR:

Log#:

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR

☒ Permanent change of area of service. A non-refundable \$50. fee will apply. Specific purpose for change:

ADDITION OF ADJACENT SPACE (APPROX. 1,500 SQ. FT.)

☐ Temporary change for date(s) of: ___/___/___ through ___/___/___ list specific purpose for change:

1. Licensee's Name: FISHER LYNDSEY MICHELLE License #: 12104243
Last First Middle

2. Mailing address: 8330 N. THORNDALE RD. #10 TUCSON AZ 85741
Street City State Zip Code

3. Business Name: DOMINICK'S REAL ITALIAN

4. Business Address: 8330 N. THORNDALE RD. #10 TUCSON AZ 85741
Street City State Zip Code

5. Email Address: LYNDSEY@DOMINICKSREALITALIAN.COM

6. Business Phone Number: (520) 744-2002 Contact Phone Number: (520) 334-0955

7. Is extension of premises/patio complete?

☐ N/A ☐ Yes ☒ No If no, what is your estimated completion date? 10/15/2015

8. Do you understand Arizona Liquor Laws and Regulations?

☒ Yes ☐ No

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 ☐ No

11. What security precautions will be taken to prevent liquor violations in the extended area?

COMPLETELY ENCLOSED SUITE IN SHOPPING PLAZA (#160)

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise, along with the new extended area.

☐ 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:

☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

I, (Print Full Name) LYNDSEY MICHAEL FISHER, hereby declare that I am a CONTROLLING PERSON/ AGENT
Controlling Person / Agent

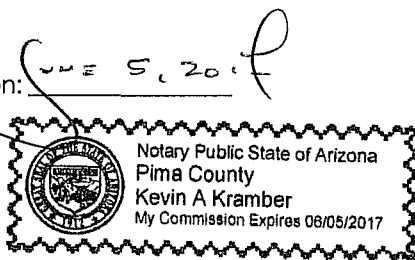
filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of ARIZONA County of Pima
the foregoing instrument was acknowledged before me this

21st of September 2015
Day Month Year

My commission expires on:



[Signature]
Signature of NOTARY PUBLIC

GOVERNING BOARD

After completion, and before submitting to the Department of Liquor, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is recommended by the local Board of Supervisors, City Council or Designate:

Authorized Signature

Title

Agency

Date

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

Director Signature required for Disapprovals: _____ Date: ____/____/____

