

Julie Castañeda 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

January 8, 2016

Raynu Michael Fernando Oasis at Wild Horse Ranch 6801 N. Camino Verde Tucson, AZ 85743

RE:

Application for Agent Change/Acquisition of Control/Restructure

Arizona Liquor License No.: 06100093

Oasis at Wild Horse Ranch

Dear Mr. Fernando:

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, February 2, 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

For your information, enclosed is a copy of the Sheriff's Report. Any questions pertaining to the enclosed report should be directed to the Pima County Sheriff's Department at (520) 351-6999. If you have any questions pertaining to the above referenced hearing, please contact this office at 724-8449.

Sincerely,

Robin Brigode
Clerk of the Board

Enclosure

C:

Pima County Sheriff Investigative Support Unit

"15 DEC 14 Lig. Dept PM 1:10

State of Arizona **Department of Liquor Licenses and Control** 800 W. Washington 5th Floor Phoenix, AZ 85007

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DLLC USE ONLY

	OUOR LICENS	State of Ariz	ona		_	1	
		of Liquor Licenses and Control		Date Processe	d: 115		
X (800	W. Washingto		CSR:	<u> 17 - </u>		
	CONTROL	Phoenix, AZ 8		<u>4118</u>		CCI	
	ARIZONA	(602) 542-5	13-11-00	0th Day: 02/14/5	2016		
	APPLICATION FOR AGENT CH	IANGE – ACQUI	SITION OF CONTROL	– RESTRUCTURE		nept AM	
NOTE 1: The fee	for an agent change MUST be submi					المساد	
additional appli	cation, not to exceed \$1,000.00. (A.R	.S. 4-209.H) NOTE	2: The \$100.00 fee for tion. (A.R.S. 4-209.A)	restructure/acqu	isition of con	trol MUST	
SECTION 1				·			
Check the	eck the Agent Change		☑Acquisition of Control Complete Sections 1,2, 3 & 7		Restructure Complete Sections 1,2,3,6 & 7		
appropriate boxes	Complete Sections 1,2,3,4,5 & 7	Complete	Sections 1,2, 3 & 7	Complete 3	ections 1,2,3	3,6 & /	
SECTION 2	(COMPLETE THIS SECTION FOR AG				RE)		
1. Name:	Fernando (ISTING AGENT OR NEW AGENT) Last	Paynu First	Mich ae l Middle		0093		
·	ime: JJ&R Managemei		****	#: L165137	•		
	(Exactly as it app	ears on Liquor License)		(If applica	ıble)		
3. Business N	ame: Oasis at Wild Horse Ran	ears on Liquor License)	Em	ail: <u>raynu</u> dw	idharse.	com	
4. Business Lo	cation Address: 6801 N. Cam	INO Verde	Tucson	PIMA COU	857 NTY	43 Zip	
5. Is the Busin	ess located within the incorporated lim	its of the above C	ty or Town?	v No			
	usiness location address have a street ac	•			other City, To	wn or	
	vation? \square Yes $ oldsymbol{orall}$ No If Yes, what City, To $ oldsymbol{Gress}$		ition is this Business local TUESU!~		-5743		
7. Mailing Ad	dress: BOOT 70. EAMIN	3 05 (46	City	State State	Zip		
8. Business Ph	none: 520-744-10/2	Daytime C	ontact Phone <u>52</u>			L.L.,	
						Š,	
9. Does this to	ransaction involve the sale of any portion in a certified copy of minutes.	on of the percento	ge of ownership or cor	porate stock? 🗳Y	'es ∐No	2 A S S S S S S S S S S S S S S S S S S	
•	peen any change of Controlling Person	s2 □ vos □ZNo	If you submit a copy o	f the minutes			
	l articles of organization and/or amend					ار المارا المسارا	
						igales;	
SECTION 3 Each new perso	(COMPLETE THIS SECTION FOR AGE on listed in section III must submit a que be obtained at the Department of Lic	stionnaire (form Ll uor. A Controlling	C0101) and a Departme Person already disclos	ent approved fing	erprint card v	vhich may	
1. List all Co	ontrolling Persons to be disclosed, curre	quired to submit a nt and new.	questionnaire.				
New Last	First Mide	dle Title	Me Address	City	State	Zip	
III FLA	Roy - Micha Ferrando Revocable Trus	/ 4 /	Mario Address CSOI N.E. CSSTM. Can	1/2 / 5	100300	771/2 771/2	
Judy	i temando Revocable Irus	+ Membe	r 6033 14-Can	rino Verell	TUC, At OC	3/90	
	(ATT.	ACH ADDITIONAL SHEE	(S) IF NECESSARY)				
2. List stock			1007	State of the state of	· .		
New Last	First Mid	dle % Own	ad Address	City	State	Zip	
LI tenn	First Mide Michiel To	49	1. 6801 N. La	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JESON AZ	8276	
I I Tul	, fernando Keverable 11	ust si	13 6555 N. C	amino Verde	L'Tuc AZ	851K	

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

(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.

(COMPLETE THIS SECTION FOR AGENT CHANGE)

	, ,		
1. As an Agent, will you be physically present and operating the licer			
If you answered YES, you must provide a copy of your Basic and	Management Training	Certificate obtained from a D	epartment
approved Liquor Law training provider <u>BEFORE YOUR</u> OR RESTRUCTURE CAN BE SUBMITTED. It			
OK RESTRUCTURE CAIN DE SUDMITTED.	you unswered NO, go	to question 2.	
2. Is there a current Manager at this license premises disclosed to the	Department with the co	urrent Basic and Managemer	nt Training
Certificate? ☐ Yes ☐ No	7	Michael	_
2. Is there a current Manager at this license premises disclosed to the Certificate? Yes No If yes, Name of current Manager:	Eind Eind	ALL II	
Lasi	riisi	. /	
Basic Training \square Yes \square No \square M	anagement Training	☑ Yes ☐ No	
16 White 1 and 2 a Manager with a number Davis and Manager with	Training Codificate abb		
If "NO" for 1 and 2, a Manager with a current Basic and Management Law training provider must be submitted before your application for A	raining Cemilicate obta rent Change Acquisitio	ainea from a Deparment app on of Control or Restructure	rovea riquor
can be submitted.	,	<u> </u>	
SECTION 5 (COMPLETE THIS SECTION FOR A	GENT CHANGE)		
To be completed by the INDIVIDUAL OR EXISTING AGENT C	R CORPORATE OFFICER	OR L.L.C. CONTROLLING MEM	BER:
3 - 10 H			
1. License #			
2. Current Agent Name:			
2. Cuttern Agent Name: (Exactly as it appears on license) Last	First	Middle	
l, (Print full name) , here	by consent to the appo	ointment of Agent for this	
license. I agree to immediately assign a new Agent in the event	that I am unable to disc	charge the duties of Agent	
for this license. I have not been convicted of a felony in the last five	e (5) years.	•	
X	State of	County of poing instrument was acknowledged bef	
(Controlling Person/Existing Agent)	The foreg	joing instrument was acknowledged bef	ore me this
	of		
My commission expires on:	Day	Month	Year
		Signature of NOTARY PUBLIC	
SECTION 6 (COMPLETE THIS SECTION FOR RES	TRUCTURE)		in the state of th
Is there more than one licensed premises involved? \square YES \square NO			
If YES, <u>SEPARATE APPLICATIONS</u> must be filed and fees paid for each licer	· ·		
Type of current ownership: Type of	new ownership:		
J.T.W.R.O.S.	☐ J.T.W.R.O.S.		
□ INDIVIDUAL	☐ INDIVIDUAL		
PARTNERSHIP	PARTNERSHIP		
CORPORATION	☐ CORPORATION		
LIMITED LIABILITY CO.	☐ LIMITED LIABILITY C	O.	
MANAGEMENT CO.	☐ MANAGEMENT CO	O.	
TRIBE	☐ TRIBE		
☐ TRUST	☐ TRUST		
OTHER (Explain)			
CHER (Explain)	OTHER (Explain)		•
SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACC	DUISITION OF CONTRO	L OR RESTRUCTURE)	
To be completed by Controlling Person or existing Agent (if no agent c	hanges) OR NEW Agent	if applying for Agent change	as listed in
Section 2 Question 1. Michael.	· / ·	11, 5	
, (Print full name)	eclare that I am the API	PLICANT filing this application.	. I have read
ine application and the cornerts and all statements die troe, correct t	λια complete. Λ _		
u Parlament	47	Dima	
(Controlling Person/Existing Agent)	State of The foregoing	County of VIIV instrument was acknowledged before n	ne this
	a including	111/ 11	
1710017011	of	NUY. 20	<u>ルン</u>
My commission expires on:	19/01/00 A	AND MATERIAL COL	Year
NOTARY PUBLIC - ARIZONA My COR Disciples	+KVXVXX D	4 OUBINUXXXXXX	
Pimo - ARIZONA	Sign	ature of NOTARY PUBLIC	
The state of the s			
7/24/2015 Page 2	a+ ')		

Flowchart of Trust

Judy Fernando Revocable Trust

Member - 51%

Judy Fernando - Trustee