

Pima County Clerk of the Board

Robin Brigode

Julie Castañeda
Deputy Clerk

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 3, 2017

Dominick Argenziano
Argenzianos
16251 S. Houghton Road
Vail, AZ 85641

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 12103500
Argenzianos

Dear Mr. Argenziano:

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, January 17, 2017, at 9:00 a.m. or thereafter, to be held at the following location:

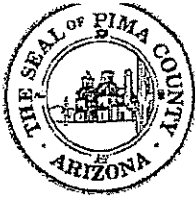
Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

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: Pima County Sheriff's Department
Investigative Support Unit

FROM: Alina Bárcenas *AFB*
Administrative Support Specialist - Senior

DATE: December 29, 2016

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

Attached is the application of:

Dominick Argenziano
d.b.a. Argenzianos
16251 S. Houghton Road
Vail, AZ 85641

Arizona Liquor License No. 12103500

SHERIFF'S REPORT

DATE: 12/30/16

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

NOTHING NOTED

[Signature] #1226
Investigative Support Unit Supervisor

When completed, please return to cob_mail@pima.gov.

IFC 301680057 PC CLK DE HQ

MM



16-09-0080

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

DLIC USE ONLY

Date Processed:

12/27/2016

CSR:

MS

60th Day:

02/25/2017

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

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)

SECTION 1

Check the appropriate boxes

☒ Agent Change
Complete Sections 1,2,3,4,5 & 7

☒ Acquisition of Control
Complete Sections 1,2, 3 & 7

☐ Restructure
Complete Sections 1,2,3,6 & 7

SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: ARGENZIANO DOMINICK N/A 12103500
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
2. Owner Name: ARGENZIANOS, LLC Corp File #: L-10574833
(Exactly as it appears on Liquor License) (If applicable)
3. Business Name: ARGENZIANOS Email: DARGENZIANO1@GMAIL.COM
(Exactly as it appears on Liquor License)
4. Business Location Address: 16251 S. HOUGHTON VAIL PIMA 85641
(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. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? ☐ Yes ☒ No If Yes, what City, Town or Tribal Reservation is this Business located in: N/A
7. Mailing Address: 16251 S. HOUGHTON RD. VAIL AZ 85641
City State Zip
8. Business Phone: (520) 762-5999 Daytime Contact Phone (520) 349-2819
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? ☒ Yes ☐ No If yes, submit a certified copy of minutes.
10. Has there been any change of Controlling Persons? ☒ Yes ☐ No If yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input checked="" type="checkbox"/>	ARGENZIANO	DOMINICK	N/A	mem.	17835 S. COPPER CUT PL. VAIL, AZ 85641	VAIL	AZ	85641
<input checked="" type="checkbox"/>	ARGENZIANO	ANN	VICTORIA	mem.	17835 S. COPPER CUT PL. VAIL, AZ 85641	VAIL	AZ	85641
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input checked="" type="checkbox"/>	ARGENZIANO	DOMINICK	N/A	50%	17835 S. COPPER CUT PL. VAIL, AZ 85641	VAIL	AZ	85641
<input checked="" type="checkbox"/>	ARGENZIANO	ANN	VICTORIA	50%	17835 S. COPPER CUT PL. VAIL, AZ 85641	VAIL	AZ	85641
<input type="checkbox"/>								
<input type="checkbox"/>								

(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.

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? ☒ Yes ☐ No
 If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider **BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED.** If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? ☐ Yes ☒ No

If yes, Name of current Manager: _____

Last

First

Middle

Basic Training ☒ Yes ☐ No

Management Training ☒ Yes ☐ No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

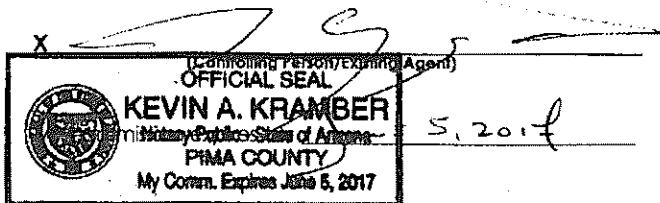
(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # 12103500

2. Current Agent Name: Argenziano Ramond n/a
 (Exactly as it appears on license) Last First Middle

I, (Print full name) Ramond Argenziano, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.



State of Arizona County of Pima
 The foregoing instrument was acknowledged before me this
19th of February, 2014
 Day Month Year
[Signature]
 Signature of NOTARY PUBLIC

SECTION 6

(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.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

Type of new ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ MANAGEMENT CO.
☐ TRIBE
☐ TRUST
☐ OTHER (Explain) _____

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (If no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) Argenziano, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X [Signature]
 (Controlling Person/Existing Agent)

My commission expires on: June 5, 2017

State of Arizona County of Pima
 The foregoing instrument was acknowledged before me this
19th of February, 2014
 Day Month Year
[Signature]
 Signature of NOTARY PUBLIC

