



Pima County Clerk of the Board

Robin Brigode, Deputy Clerk

Lori Godoshian

130 West Congress, 5th Floor

Tucson, Arizona 85701

Phone: (520) 740-8449 Fax: (520) 622-0448

**Document and Micrographics
Management**

1640 East Benson Highway

Tucson, Arizona 85714

Phone: (520) 351-8454

Fax: (520) 351-8456

February 17, 2011

Mr. Randy D. Nations
Hot Rods Old Vail
P.O. Box 2502
Chandler, AZ 85244

RE: Pima County Liquor License No.: 11-04-9065
d.b.a. Hot Rods Old Vail

Dear Randy:

Enclosed is a copy of the Affidavit of Posting relative to your Liquor License Application for a Series 6, Bar, which was received in our office on January 20, 2011. The Hearing before the Pima County Board of Supervisors has been scheduled for Tuesday, March 8, 2011, at 9:00 a.m. or thereafter, at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 W. Congress, 1st Floor
Tucson, AZ 85701

Should you have any questions pertaining to this matter, please contact this office at (520)740-8449.

Sincerely,

A handwritten signature in cursive script that reads "Lori Godoshian".

Lori Godoshian
Clerk of the Board

Enclosure

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

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

AFFIDAVIT OF POSTING

Date of Posting: 01-27-11 Date of Posting Removal: 02-17-11

Applicant Name: Hot Rods Old Vail Nations Randy D.
Last First Middle

Business Address: 10500 E. Old Vail Road Tucson, AZ 85747
Street City Zip

License #: 11-04-9065
06100203

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

JAMES A. WHITE
Print Name of City/County Official

DEPUTY SHERIFF
Title

940-4768
Telephone #

James A. White 1048
Signature

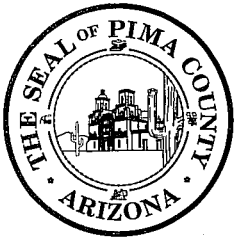
02-17-11
Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

FEB 17 11 PM 03:10 P.C. CLK OF BO



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Robin Brigode, Deputy Clerk

TO: Development Services, Zoning Division

FROM: Maria Buenamea, Office Manager *MB*

DATE: January 21, 2011

RE: Zoning Report - Application for Liquor License

Attached is the application of:

Randy D. Nations
d.b.a. Hot Rods Old Vail
10500 E. Old Vail Road
Tucson, AZ 85747

Pima County Liquor License No. 11-04-9065
 Series 6, Bar
 New License
 Person Transfer X
 Location Transfer X

ZONING REPORT

DATE: 1/30/2011

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

Yes X No

If No, please provide the following:

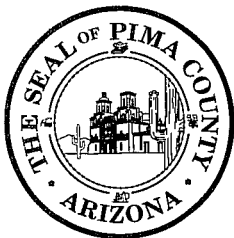
Pursuant to Pima County Zoning Code, Section: _____

the applicant must: _____

Joni Whetten

 Pima County Zoning Inspector

FEH 02-11M08307 PC CLK GF BD



Pima County Clerk of the Board

Robin Brigode, Deputy Clerk

Lori Godoshian

130 West Congress, 5th Floor
Tucson, Arizona 85701

Phone: (520) 740-8449 Fax: (520) 622-0448

**Document and Micrographics
Management**

1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454
Fax: (520) 351-8456

TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Maria Buenamea, Office Manager *MB*

DATE: January 21, 2011

RE: Sheriff's Report - Application for Liquor License

Attached is the application of:

Randy D. Nations
d.b.a. Hot Rods Old Vail
10500 E. Old Vail Road
Tucson, AZ 85747

Pima County Liquor License No. 11-04-9065
 Series 6, Bar
 New License
 Person Transfer X
 Location Transfer X

FEB 16 11 AM 08:08 PCC CLK OF BD *[Signature]*

SHERIFF'S REPORT

DATE: February 3, 2011

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

NOTHING NOTED. NFI.....

Sgt. C. Masters *[Signature]* 1084
 Investigative Support Unit Supervisor

Trans. # 2011P44003

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

11-04-9065

JAN 20 11 PM 01:45 PCLKJCF-BD

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a

- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY) *Complete Sections 2, 3, 4, 11, 13, 15, 16*
- LOCATION TRANSFER (Bars and Liquor Stores ONLY) *Complete Sections 2, 3, 4, 12, 13, 15, 16*
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE *Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)*
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER Explain

SECTION 3 Type of license and fees

LICENSE #: 06100203

1. Type of License: 06 - Bar Total fees attached: \$

Department Use Only
24800

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- 1. Owner/Agent's Name: Mr. Nations Randy D. (Insert one name ONLY to appear on license) Last First Middle
- 2. Corp./Partnership/L.L.C.: Hot Rod Investments LLC (Exactly as it appears on Articles of Inc. or Articles of Org.)
- 3. Business Name: Hot Rods Old Vail (Exactly as it appears on the exterior of premises)
- 4. Principal Street Location: 10500 E. Old Vail Rd. Tucson Pima 85747 (Do not use PO Box Number) City County
- 5. Business Phone: Pending Daytime Contact: 480-813-1364
- 6. Is the business located within the incorporated limits of the above city or town? YES NO
- 7. Mailing Address: PO Box 2502 Chandler Arizona 85244 City State Zip
- 8. Enter the amount paid for a bar, beer and wine, or liquor store license \$ (Price of License only)

P1002484
B1045399
B1045400

OFFICE OF THE CITY CLERK
JAN 14 AM 9:30
CITY OF TUCSON RECEIVED

DEPARTMENT USE ONLY

Fees: 200 Application 4800 Interim Permit 248 Agent Change Club Finger Prints \$ 248
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: ll Date: 1-10-11 Lic. # 06100203

COT NO.#: 2-11
WARD: 4 60 DAY 3/10
M/C MEETING
DATE: 2/23/11

uals requiring special accommodation, please call (602) 542-9027.

110 x 0 152251

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**
- L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: Hot Rod Investments LLC
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: 10/30/07 State where Incorporated/Organized: Arizona
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: L-1405006-2 Date authorized to do business in AZ: 11/01/07
5. Is Corp./L.L.C. Non-profit? YES NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Pysher	Stephen	Larue	Member	4580 N. Kolb Rd. Tucson, Arizona	85750

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Pysher	Stephen	Larue	100%	Same as above	

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? YES NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

- 1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: _____
Last First Middle
- 3. License Type: _____ License Number: _____ Date of Last Renewal: _____
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

- 1. Governmental Entity: _____
- 2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by **CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).**

- 1. Current Licensee's Name: Berlin Elijah Louis Entity: AGENT
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: Berlin, LLC
(Exactly as it appears on license)
- 3. Current Business Name: Sports on Congress
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street 254 E. Congress St.
City, State, Zip Tucson, AZ 85701
- 5. License Type: Bar License Number: 06100203
- 6. Current Mailing Address: Street 4205 E. Skyline Dr.
(Other than business) City, State, Zip Tucson, AZ 85718

- 7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? YES NO
- 8. Does the applicant intend to operate the business while this application is pending? YES NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

9. I, Elijah Berlin^{Louis}, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, Elijah Berlin^{Louis}, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

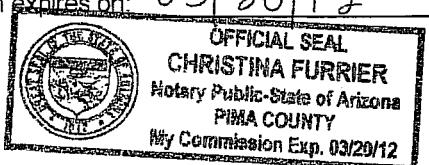
(Signature of CURRENT LICENSEE)

State of Arizona county of Pima

The foregoing instrument was acknowledged before me this 30 day of July 2010
Day Month Year

(Signature of NOTARY PUBLIC)

My commission expires on: 03/20/12



BILL OF SALE AND ASSIGNMENT

For the consideration of Ten Dollars and other valuable consideration,

Berlin, L.L.C., an Arizona limited liability company

does/do hereby transfer, assign, bargain, sell and grant unto

Hot Rod Investments, LLC, an Arizona limited liability company

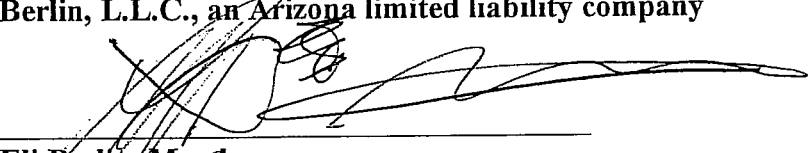
their heirs, successors and assigns, the following described personal property, goods and chattels:

That certain State of Arizona Liquor License # 06100203

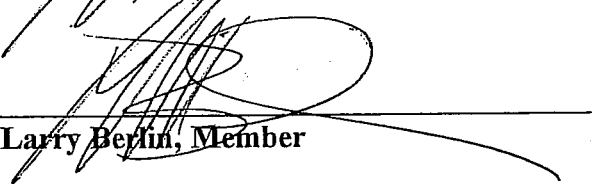
FURTHERMORE, the undersigned warrants that they are the lawful owner of said goods and hereby certifies, under oath, that they have good right to sell the same as aforesaid, and that the above described property is free and clear of all claims, liens and other encumbrances whatsoever, EXCEPT, as specified herein. The undersigned further agrees to warrant and defend same against the lawful claims and demands of all persons whomsoever.

Dated this 17th day of August, 2010.

Berlin, L.L.C., an Arizona limited liability company



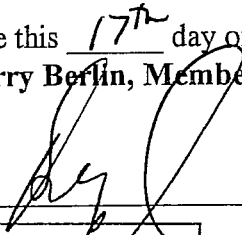
Eli Berlin, Member



Larry Berlin, Member

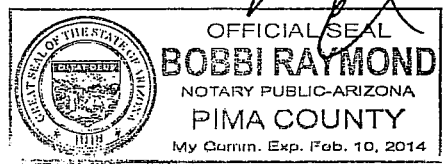
STATE OF Arizona)
)ss
County of Pima)

The foregoing instrument was acknowledged before me this 17th day of August, 2010 by **Eli Berlin and Larry Berlin, Members of Berlin, L.L.C.**



Notary Public

My Commission Expires: 2/10/14



STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 06100203

Issue Date: 3/10/2008

Expiration Date: 9/30/2011

Issued To:
ELIJAH LOUIS BERLIN, Agent
BERLIN LLC, Owner

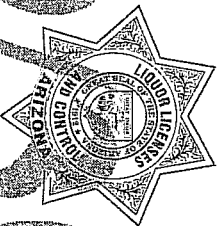
Bar

Mailing Address:

Location:
SPORTS ON CONGRESS
254 E CONGRESS ST
TUCSON, AZ 85701

ELIJAH LOUIS BERLIN
BERLIN LLC
SPORTS ON CONGRESS
4205 E SKYLINE DR
TUCSON, AZ 85718

INACTIVE



EXP 06/2011

POST THIS LICENSE IN A CONSPICUOUS PLACE

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE.

- 1. Current Business: Name _____
(Exactly as it appears on license) Address _____
- 2. New Business: Name _____
(Physical Street Location) Address _____
- 3. License Type: License Number: _____
- 4. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

- 1. Distance to nearest school: 1.04MI ft. Name of school Empire High School
Address 10701 E Mary Ann Cleveland Way Tucson, AZ 85747
City, State, Zip
- 2. Distance to nearest church: 1.84MI ft. Name of church Church of Jesus Christ of LDS
Address 10220 E Rees Loop Tucson, AZ 85747
City, State, Zip
- 3. I am the: Lessee Sublessee Owner Purchaser (of premises)
- 4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)
- 5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 4.5 Million
Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Grand Teton Ventures LLC			4.5 Million	405 E. Buckwheat Circle Jackson, Wyoming		83001

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 6. What type of business will this license be used for (be specific)? Bar

SECTION 13 - continued

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
 Last First Middle

- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

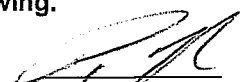
As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check ALL boxes that apply to your business:
 Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? 03/01/11
 month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.


 applicants initials

SECTION 15 Diagram of Premises

11 JAN 11 10:47 AM 8 89

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram attached

SECTION 16 Signature Block

I, Randy D. Nations, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

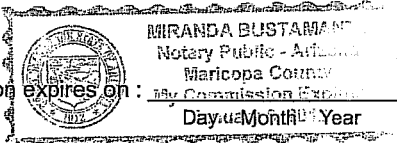
X *Randy D. Nations*
(signature of applicant listed in Section 4, Question 1)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

15th of December, 2011
Day Month Year

Miranda Bustamante
signature of NOTARY PUBLIC

My commission expires on:  Day Month Year

