A LIGHT	800	ment of Liquor Licenses and Control W Washington 5th Floor noenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141	CCD.	LC USE ONLY
V	APPLICATION FOR E	EXTENSION OF PREMISES/PATIO PERM		
*OBTAIN		NING BOARD BEFORE SUBMITTING TO THE DEP ys to process permanent change of pre		QUOR*
Permanent chan	-	-refundable \$50. Fee will apply. Spec		for change:
				ior chunge.
Temporary chang	ge <b>(No Fee)</b> for date(s) of:	_//through//list sp	pecific purpo	ose for change:
Licensee's Name:	Last	First Middle	Licens	e#:
Mailing address:			e	
		City	State	Zip Code
Business Address:	Street	City	State	Zip Code
Email Address:				
Business Phone Numl	ber:	Contact Phone Number:	:	
Is extension of premis	ses/patio complete?			
□ N/A □ Yes □ No	If no, what is your estim	nated completion date?//		
	A.'			
	Arizona Liquor Laws and Regu	ulations?		
□ Yes □ No		) feet of a church or school?		
	pring your premises within 300			
	pring your premises within 30C			
Does this extension b Yes No	oring your premises within 300 approved Liquor Law Training			
Does this extension b Yes No				
. Does this extension b □ Yes □ No 0. Have you received c □ Yes □ No	approved Liquor Law Training		rog2	

12. IMPORTANT: Attach the revised floor plan, clearly depicting your licensed premises along with the new extended area outlined in black marker or ink, if the extended area is not outlined and marked "extension" we cannot accept the application.

	□ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to licensed premises. List specific reasons for exemption:					
·	Approval Disapproval by DLLC:	_Date:	/	/	-	

I, (Print Full Name)\_\_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature:

## **GOVERNING BOARD**

After completion, and <u>BEFORE s</u> of Supervisors, City Council or Department of Liquor.			
	Approval	Disapproval	
Authorized Signature	Title	Agency	Date

DLLC USE ONLY

Investigation Recommendation: 🗖 Approval 🗖 Disapproval by:	_Date:	_/	/
Director Signature required for Disapprovals:	Date:	_/,	/