ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

Date payment received _____

CSR Initials _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service – List specific purpose for change: _____

_____

☐ Temporary change for date(s) of: ___/____/____through ____/____/____ List specific purpose for change:_____

_____

1. Licensee's Name: _____
   Last First Middle
2. Mailing Address: _____
   City State Zip
3. Business Name: _____ LICENSE #:_____
4. Business Address: _____
   City COUNTY State Zip
5. Business Phone: (____) _____ Residence Phone:(____) _____
6. Do you understand Arizona Liquor Laws and Regulations? ☐ YES ☐ NO Fax #: (____) _____
7. Have you received approved Liquor Law Training? ☐ NO ☐ YES If so, when does your Certificate expire? _____/____/____
8. What security precautions will be taken to prevent liquor violations in the extended area? _____
9. Does this extension bring your premises within 300 feet of a church or school? ☐YES ☐ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

☐ 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 premises. List specific reasons for exemption: _____

_____

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

******After completing sections 1-10, 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)

I, _____, being first duly sworn upon oath, hereby depose, swear and declare,
(Print full name)
under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X _____
(Signature of Owner or Agent)

State of _____County of _____
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

_____
Day Month Year

My commission expires on: ___/___/___

_____
(Signature of NOTARY PUBLIC)

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

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

4/16/2012 *Disabled individuals requiring special accommodation, please call the Department(602) 542-9027.