



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

DLIC USE ONLY	
CSR:	
Log #:	

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT
 OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR
 Notice: Allow 30-45 days to process permanent change of premise

Permanent change of area of service. **A non-refundable \$50. fee will apply.** Specific purpose for change:

Temporary change for date(s) of: 1/30/16 through 2/1/16 list specific purpose for change:

1. Licensee's Name: The New HQ / Alma Farrell License #: 06110024
Last First Middle

2. Mailing address: 43983 W Farrell Rd Maricopa Az 85138
Street City State Zip Code

3. Business Name: The New HQ

4. Business Address: 19640 John Wayne Parkway Maricopa Az 85139
Street City State Zip Code

5. Email Address: amfarrell6@gmail.com

6. Business Phone Number: 520 568- Contact Phone Number: 520 518-1232

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? ___/___/___

8. Do you understand Arizona Liquor Laws and Regulations?
 Yes No

9. Does this extension bring your premises within 300 feet of a church or school?
 Yes No

10. Have you received approved Liquor Law Training?
 Yes No

11. What security precautions will be taken to prevent liquor violations in the extended area?
Security
guards at each entrance + exit + wristbands

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise, along with the new extended area.

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 premise. List specific reasons for exemption:

Approval Disapproval by: _____ Date: ___/___/___

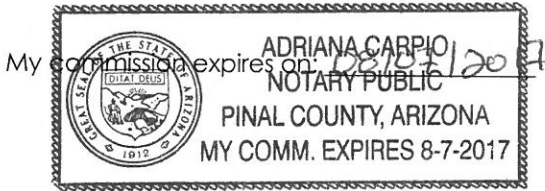
I, (Print Full Name) Alma Farrell, hereby declare that I am a CONTROLLING PERSON/ AGENT
Controlling Person / Agent

filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) *A Farrell*
Controlling Person / Agent

State of ARIZONA County of PINAL
the foregoing instrument was acknowledged before me this

6TH of JANUARY 2016
Day Month Year



AC
Signature of NOTARY PUBLIC

GOVERNING BOARD

After completion, and before submitting to the Department of Liquor, 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:

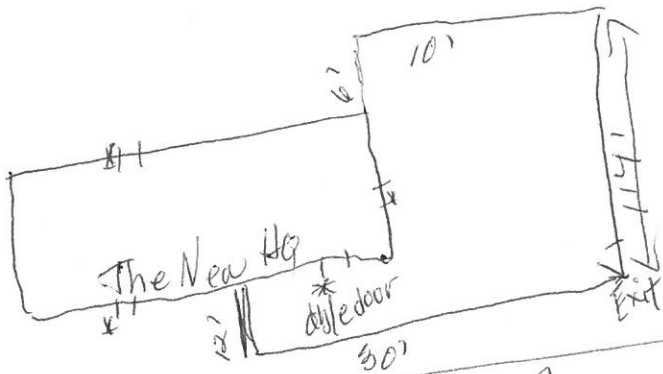
Authorized Signature Title Agency Date

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

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

Honeycutt

Garvey Rd



John Wayne Pkwy