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

THIS APPLICATION MU	SI BE KETUK	NED IO INE DI	EFAKIMENI U	רועטטג	
Permanent change of area of service – L	ist specific purp	ose for change: <u>E</u>	xpanding to the suite r	ext door	
Temporary change for date(s) of:/_	_/through		List specific purpo	se for change:	
Amount					
1. Licensee's Name: Vasquez		Mercy			
2. Mailing Address: 21775 N Greenway Dr	Maricopa	First	AZ	Middle 85138	
3. Business Name: Tacos N More Mexican Grill LLC	City		State LICENSE #; 12113	Zip 197	
4. Business Address: 21596 N John Wayne Pkwy	Maricopa	Pinal	Arizona	85139	
	City	COUNTY		Zip	
 5. Business Phone: (520) 568-9095 6. Do you understand Arizona Liquor Laws and 	Pegulations2	Residence Phone		3	
Have you received approved Liquor Law Trail					26 /2016
What security precautions will be taken to pre	vent liquor viola	tions in the extend	led area?		
 Does this extension bring your premises with IMPORTANT: ATTACH THE REVISED FLOOR 				PREMISES AND W	/HAT YO
PROPOSE TO ADD.		KET DET TOTING	TOOK EIGENGED	T KENIOLO / IND VI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Barrier exemptions are granted based on List specific reasons for exemption: Investigation Recommendation Approval					
****After completing sections 1-10, please Designate for their recommendation. This	take this applic	cation to your lo	cal Board of Supe	ervisors, City Coun-	cil or
This change in premises is RECOMMENDE					
	916		o, only ocumen or a		
(Authorized Signature)	2. 2. <u>2. 2.</u>	(Title)		(Agency)	
(Printfull name) under penalty of perjury, that I am the APPLIC	e Ari	ng first duly sworr	upon oath, hereb	y depose, swear and	l declare,
under penalty of perjury, that I am the APPLICA	A Engaign the	foregoing applica	tion. I have read t	his application and t	he conte
and all statements are true, correct and comple		tate of ARIZA		1)	
x Muc Vay	SI SI			WORN TO before me	this date
(Signature of Owner de Agent)	- E	JUNE	28	2012	
My commission expires on: 3 114 116		Day) Facts	Weaver	Year	
		(Sig	nature of NOTARY F	PUBLIC)	
Investigation Recommendation Approval	Disapproval by:			Date: /	,
-					
Director Signature required for Disapprovals				Date:/_	

24" 5 COOTS