

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

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: for one function, special event
Temporary change for date(s) of: 5/5/12 through 5/6/12 List specific purpose for change: Fund Raiser for Rotary Club

1. Licensee's Name: Farrell Alma M
2. Mailing Address: 43983 W Farrell Rd Maricopa AZ 85239
3. Business Name: Headquarters LICENSE #: 06110024
4. Business Address: 19140 N JohnWayne Pkwy Pinal AZ 85239
5. Business Phone: 529 568 2024 Residence Phone: 520 568 2445
6. Do you understand Arizona Liquor Laws and Regulations? YES
7. Have you received approved Liquor Law Training? YES If so, when does your Certificate expire? 4/3/2015
8. What security precautions will be taken to prevent liquor violations in the extended area? Security (guards) Gate
9. Does this extension bring your premises within 300 feet of a church or school? 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.
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 change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

I, ALMA M. FARRELL, being first duly sworn upon oath, hereby depose, swear and declare, 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 Farrell (Signature of Owner or Agent) State of ARIZONA County of Pinal SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

My commission expires on: 2/27, 2015 Sara Delgado Notary Public - Arizona Pinal County My Commission Expires February 27, 2015 (Signature of NOTARY PUBLIC)

Investigation Recommendation Approval Disapproval by: Date: / /
Director Signature required for Disapprovals Date: / /

