



Job #:
Date Accepted:
CSR:

Individuals requiring ADA accommodations please call (602)542-2999

REQUIRED ATTACHMENTS

1. **MUST submit a security plan and identify security measures that will be implemented in order to:**

- Provide for the safety of the patrons.
- Ensure anyone under legal drinking age does not purchase, possesses, or consume alcohol.
- Prevent unauthorized removal of alcohol from the extended premises.
- Prevent unauthorized carrying of alcohol onto the extended premises.

2. **MUST attach a diagram**, clearly depicting your licensed premises along with the new extended area, **if the extended area is not outlined and marked "extension" we cannot accept the application.**

BARRIER

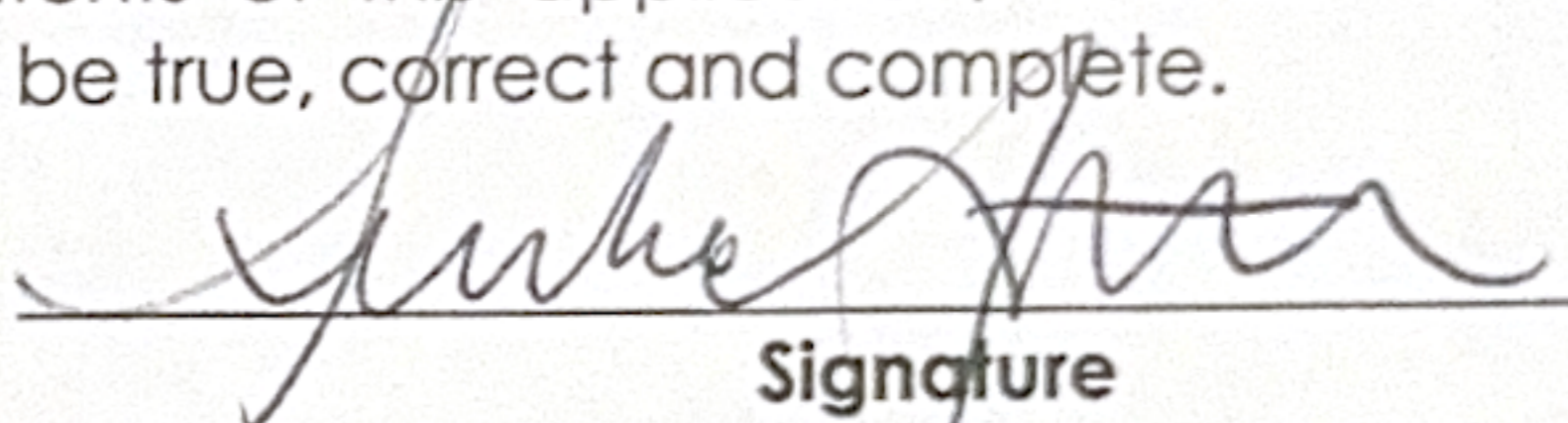
- ☐ Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption:

☐ Approval ☐ Disapproval by DLLC: _____

SIGNATURE

Declaration:

I, (Print Name) Amanda Atler, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.


Signature

GOVERNING BOARD

After completion, and at least 60 days 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.

Date Received: _____	Agency: _____
Decision Date: _____	Title: _____
<input type="checkbox"/> Approval	<input type="checkbox"/> Disapproval

Authorized Signature: _____ Date: _____

DLLC USE ONLY

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

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