

## TEMPORARY EXTENSION OF PREMISES/PATIO PERMIT

A non-refundable \$100 fee will apply

	DLLC USE ONLY
Job #:	
Date Ac	cented:
Dule AC	cepied.
CSR:	

Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

APPLICATION DUE TO THE LOCAL GOVERNING BODY 60 DAYS BEFORE DELIVERY TO THE DEPARTMENT OF LIQUOR APPLICATION MUST BE SUBMITTED TO THE DEPARTMENT OF LIQUOR 30 DAYS PRIOR TO FIRST SCHEDULED DATE A.R.S. § 4-207.03

Lic	cense#:		_					
1.	Agent Na	me:	Last		Ph. I		AA*-J-JI-	
2. Business Name:					First	Middle		
3.	Business Lo	ocation Address:_	Stre	-1	City	State	Zip Code	
4. Business Phone Number:					- /	none Number:	•	
5. Mailing address:		Stree	-1	City	State	State Zip Code		
6.	Email Add	lress:		er		State	Zip Code	
7.	Specific p	urpose for change	e:					
8.	Does this extension bring your premises within 300 feet of a school? $\square$ Yes $\square$ No							
		Date	es of tl	ne Temporary Extens	sion – Must not exc	ceed 6 months.		
		Date		Day of Week	Start Time	End Tir	ne	
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(Attach additional sheet if necessary)

MODIFICATIONS TO DATES AND TIMES ONLY, USING THE SAME EXTENDED DIAGRAM OF PREMISES, ARE ALLOWED.

REQUIRES A 10 DAY ADVANCE NOTICE TO THE DEPARTMENT OF LIQUOR FOR APPROVAL.

## 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									
area ma	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)  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									
COVERNING ROA									
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:							
	☐ Approval	☐ Disapproval							
Authorized Sign	ature:		Date:						
DLLC USE ONLY									
	mmendation:   Annroyal	Disapproval by:	Date: / /						
Investigation Recommendation:   Approval Disapproval by:									