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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 premises

	Permanent change of area of service. A non-re	efundable \$50. Fee will app	y. Specific purpose	for change:
	\blacksquare Temporary change (No Fee) for date(s) of: $\frac{5}{}$, 16, 21 through 5 , 16, 2	21 list specific purp	ose for change:
	CAR SHOW 9AM-3PM			
1.	Licensee's Name: MILLER, JEFFREY		Licens	e#: 012110012288
0	Mailing address: PO BOX 2502 CHANDLER AZ 852	First	Middle	
	Business Name: HONEYCUTT COFFEE CAFE	City	State	Zip Code
	Business Address: 44400 W HONEYCUTT Road #10	09 MARICOPA Arizona 8513	38	
	Street Email Address: LIQUORLICENSE@AZLIC.COM	City	State	Zip Code
6.	Business Phone Number: 5205104468	Contact Phone N	umber: 4807302675	5
7.	Is extension of premises/patio complete?			
	II no, what is your estim	nated completion date?	_//	
8.	Do you understand Arizona Liquor Laws and Regul	ations?		
	☑ Yes ☐ No			
9.	Does this extension bring your premises within 300 f	eet 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 violation s in the exter	nded area? AREA	WILL BE
	ENCLOSED AND UNDER CONSTANT EN			

Barrier Exemption: an exception to the requirement of barriers sometimes requested. Barrier exemptions are granted based on public safet licensed premises. List specific reasons for exemption:	currounding a patio/outdoor serving area may be try, pedestrian traffic, and other factors unique to a
☐ Approval ☐ Disapproval by DLLC :	Date:/
I, (Print Full Name) hereby swe with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the statements that I have made herein are true and correct to the best of Applicant S	my knowledge.
GOVERNING BOARD	
After completion, and <u>BEFORE submitting to the Department of Liquor</u> , of Supervisors, City Council or Designate for their recommendation Department of Liquor.	please take this application to your local Board n. This recommendation is not binding on the
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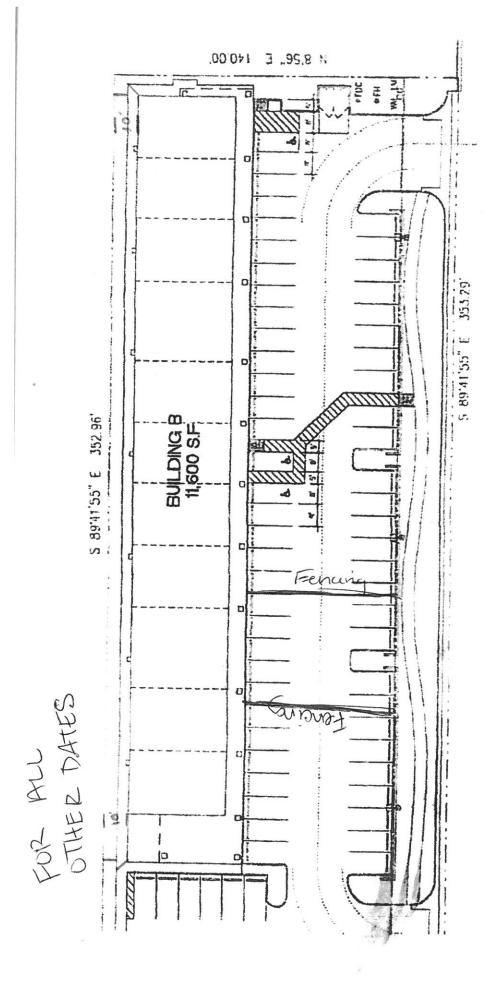
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	Permanent change of area of service. A non-r	refundable \$50. Fee will appl	y. Specific purpose	for change:
	✓ Temporary change (No Fee) for date(s) of: 5 DANCE NIGHT 7PM-2AM		21 list specific purpo	ose for change:
1.	Licensee's Name: MILLER, JEFFREY		licens	e#: 012110012288
	Mailing address: PO BOX 2502 CHANDLER AZ 852	First 244	Middle	O
	Street Business Name: HONEYCUTT COFFEE CAFE	City	State	Zip Code
4.	Business Address: 44400 W HONEYCUTT Road #1			
5.	Email Address: LIQUORLICENSE@AZLIC.COM	City	State	Zip Code
5.	Business Phone Number: 5205104468	Contact Phone N	umber: <u>4807302675</u>	i
7.	Is extension of premises/patio complete? If no, what is your esting	nated completion date?	J	
3.	Do you understand Arizona Liquor Laws and Regul ☑ Yes ☐ No	lations?		
9.	Does this extension bring your premises within 300 f	feet of a church or school?		
10	Have you received approved Liquor Law Training ? ☑ Yes ☐ No	Ş		
11	What security precautions will be taken to prevent	t liquor violation s in the exter	nded area? AREA	WILL BE
	ENCLOSED AND UNDER CONSTANT EN			

Barrier Exemption: an exception to the requirement of barrier requested. Barrier exemptions are granted based on public so licensed premises. List specific reasons for exemption:	
☐ Approval ☐ Disapproval by DLLC :	Date:/
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GOVERNING BOARD	
After completion, and <u>BEFORE submitting to the Department of Liqu</u> of Supervisors, City Council or Designate for their recommendat Department of Liquor.	or, please take this application to your local Board ion. This recommendation is not binding on the
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1	Permanent change of area of service. A non-refundable \$50. I	Fee will apply. Specific p	urpose for cho	inge:
I	Temporary change (No Fee) for date(s) of: 6/12/21 throug	h 6 /12/21 list specif	ic purpose for	change:
	DANCE NIGHT / FIVI-ZAIVI			300000
1.	. Licensee's Name: MILLER, JEFFREY		License#: 012	2110012288
	Last First Mailing address: PO BOX 2502 CHANDLER AZ 85244	Middle		
۷.	Street City	/ Sto	ıte Z	ip Code
3.	Business Name: HONEYCUTT COFFEE CAFE			
4.	. Business Address: 44400 W HONEYCUTT Road #109 MARICOPA	Arizona 85138		
	Street City		te Zi	p Code
5.	. Email Address: LIQUORLICENSE@AZLIC.COM			
5.	Business Phone Number: 5205104468 Conto	act Phone Number: 480	7302675	
7	. Is extension of premises/patio complete?			
•	If no, what is your estimated completic	on date? / /		
	ii iio, whans you caimhaica completic	// daic +//	*	
3.	. 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			
	1 163 2 10			
10	0. Have you received approved Liquor Law Training?			
	☑ Yes ☐ No			
	Difes Dino			
11	What security precautions will be taken to prevent liquor violation:	s in the extended area?	AREA WILL	BE
	ENCLOSED AND UNDER CONSTANT EMPLOYEE OB			
	LITOLOGED AND ONDER CONSTANT EMPLOTEE OB	OLIVATION.)—(i.e.

	e granted based on public safety, pede	ding a patio/outdoor serving area may be estrian traffic, and other factors unique to a
☐ Approval ☐ Disapproval by DLLC :_		Date:/
I, (Print Full Name) WILLER, JE with A.R.S. § 4-210(A)(2) and (3) that I I statements that I have made herein are		Jeffy Mit
GOVERNING BOARD		
		take this application to your local Board recommendation is not binding on the
	☐ Approval ☐ Disapproval	
Authorized Signature	Title Agency	Date
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	_	
Investigation Recommendation: 🗖 Appro	oval Disapproval by:	Date:/

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APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

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	Permanent change of area of service. A non-refu	ndable \$50. Fee will ap	ply. Specific purpose f	for change:
ı	\blacksquare Temporary change (No Fee) for date(s) of: $\frac{6}{1}$	9 _/ 21 _{through} 6 _/ 19	/21 list specific purpo	ose for change:
	DANCE NIGHT 7PM-2AM			
1.	Licensee's Name: MILLER, JEFFREY		License	e#: 012110012288
	Mailing address: PO BOX 2502 CHANDLER AZ 85244	irst	Middle	
	Business Name: HONEYCUTT COFFEE CAFE	City	State	Zip Code
	Business Address: 44400 W HONEYCUTT Road #109	MARICOPA Arizona 85	138	
	Street Email Address: LIQUORLICENSE@AZLIC.COM	City	State	Zip Code
6.	Business Phone Number: 5205104468	Contact Phone	Number: 4807302675	
7.	Is extension of premises/patio complete?			
	If no, what is your estimate	ed completion date? _	//	
8.	Do you understand Arizona Liquor Laws and Regulation	ons?		
	☑ Yes ☐ No			
9.	Does this extension bring your premises within 300 feet	t of a church or school	Ş	
	☐ Yes ☐ No			
10	. Have you received approved Liquor Law Training?			
	☑ Yes ☐ No			
11	. What security precautions will be taken to prevent liq	uor violation s in the ex	tended area? AREA	WILL BE
	ENCLOSED AND UNDER CONSTANT EMP			

requested. Barrier exem	exception to the requirement of bo ptions are granted based on public secific reasons for exemption:		
☐ Approval ☐ Disapproval b	y DLLC:		Date:/
	R, JEFFREY 3) that I have read and understoerein are true and correct to the I		perjury and in compliance by that the information and
GOVERNING BOARD			
After completion, and BEFORE s	submitting to the Department of r Designate for their recommer		
After completion, and BEFORE sof Supervisors, City Council or	Designate for their recommer		
of Supervisors, City Council or	Designate for their recommer	dation. This recommenda	
After completion, and BEFORE sof Supervisors, City Council or Department of Liquor.	Designate for their recommer	dation. This recommenda	tion is not binding on the
After completion, and BEFORE sof Supervisors, City Council or Department of Liquor. Authorized Signature DLLC USE ONLY Investigation Recommendation:	Designate for their recommer	Disapproval Agency	Date:/

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✓ Temporary change (No Fee) for date(s) of: 6 /2	26 _/ 21 _{through} 6_/26	21 list specific purpo	ose for change:
DANCE NIGHT 7PM-2AM			
1. Licensee's Name: MILLER, JEFFREY			e#: 012110012288
2. Mailing address: PO BOX 2502 CHANDLER AZ 8524	First 4	Middle	
Street	City	State	Zip Code
3. Business Name: HONEYCUTT COFFEE CAFE			
4. Business Address: 44400 W HONEYCUTT Road #109			
5. Email Address: LIQUORLICENSE@AZLIC.COM	City	State	Zip Code
6. Business Phone Number: <u>5205104468</u>	Contact Phone	Number: 4807302675	j
7. Is extension of premises/patio complete?			
If no, what is your estima	ited completion date? _	/	
8. Do you understand Arizona Liquor Laws and Regulat	tions?		
☑ Yes ☐ No			
9. Does this extension bring your premises within 300 fee	et of a church or school	ş	
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☐ Approval ☐ Disapproval b	py DLLC:		Date:/
I, (Print Full Name) with A.R.S. § 4-210(A)(2) and (3 statements that I have made he	 that I have read and underserein are true and correct to the 	stand the foregoing and	
GOVERNING BOARD			
After completion, and BEFORE of Supervisors, City Council of Department of Liquor.			
After completion, and BEFORE of Supervisors, City Council o			
After completion, and BEFORE of Supervisors, City Council o	r Designate for their recomme	endation. This recommer	
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[✓ Temporary change (No. 1)	• Fee) for date(s) of: 7	3 /21 through 7 /3		rpose for change:
	DANCE NIGHT 7PM-2AM			- Nice - 15 (1)	\$100 mm - 100 mm - 10
1.	I. Licensee's Name: MILLER	, JEFFREY		Lice	ense#: 012110012288
	Las 2. Mailing address: PO BOX 2		First 44	Middle	
	Streets. Business Name: HONEYCL	et	City	State	Zip Code
4.	4. Business Address: 44400 V				
5.	5. Email Address: LIQUORLIC		City	State	Zip Code
6.	6. Business Phone Number:	5205104468	Contact Phon	e Number: 48073026	575
7.	7. Is extension of premises/po	31	ated completion date?		
8.	3. Do you understand Arizon	a Liquor Laws and Regulo	ations?		
9.	P. Does this extension bring yYes No	our premises within 300 fe	eet of a church or schoo	plś	
	10. Have you received appro ☑ Yes ☐ No				
11	11. What security precautions	will be taken to prevent	liquor violation s in the e	xtended area? ARE	A WILL BE
	ENCLOSED AND UN	DER CONSTANT EM	IPLOYEE OBSERVA	TION.	

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☐ Approval ☐ Disapproval b	by DLLC:		
I, (Print Full Name) with A.R.S. § 4-210(A)(2) and (3 statements that I have made he	 that I have read and undeerein are true and correct to the 	rstand the foregoing and ve	
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After completion, and <u>BEFORE s</u> of Supervisors, City Council or Department of Liquor.			
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After completion, and BEFORE sof Supervisors, City Council or	r Designate for their recomm	nendation. This recommend	
After completion, and BEFORE sof Supervisors, City Council or Department of Liquor.	r Designate for their recomm	nendation. This recommend	ation is not binding on the
After completion, and BEFORE sof Supervisors, City Council or Department of Liquor. Authorized Signature	Title Approval Disapproval by	Disapproval Agency	Date:/

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