



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5th Floor  
 Phoenix, AZ 85007-2934  
 www.azliquor.gov  
 (602) 542-5141

DLLC USE ONLY

CSR: \_\_\_\_\_

Log #: \_\_\_\_\_

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-refundable \$50. Fee will apply.** Specific purpose for change:

\_\_\_\_\_

Temporary change (**No Fee**) for date(s) of: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ list specific purpose for change:

\_\_\_\_\_

1. Licensee's Name: \_\_\_\_\_ License#: \_\_\_\_\_

Last    First    Middle

2. Mailing address: \_\_\_\_\_

Street    City    State    Zip Code

3. Business Name: \_\_\_\_\_

4. Business Address: \_\_\_\_\_

Street    City    State    Zip Code

5. Email Address: \_\_\_\_\_

6. Business Phone Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

7. Is extension of premises/patio complete?

If no, what is your estimated completion date? \_\_\_/\_\_\_/\_\_\_

8. 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

10. Have you received approved Liquor Law Training?

Yes  No

11. What security precautions will be taken to prevent liquor violations in the extended area? \_\_\_\_\_

\_\_\_\_\_

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premises along with the new extended area outlined in black marker or ink, **if the extended area is not outlined and marked "extension" we cannot accept the application.**

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**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, (Print Full Name) \_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

### GOVERNING BOARD

After completion, and **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.

Approval  Disapproval

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

### DLLC USE ONLY

Investigation Recommendation:  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director Signature required for Disapprovals: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_