



JOINT PREMISES PERMIT
EXTENSION OF PREMISES A.R.S. § 4-207.02
Multiple Licenses of the same series with joint premises
 (A non-refundable \$50 fee per licensee)
Allow 60 days to process by Local Governing Board

Job# _____

LLC use only

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

PROPOSED JOINT PREMISES PERMITS SHALL BE ISSUED FOR ONE (1) YEAR AND MAY BE ANNUALLY RENEWED
****THIS PERMIT IS NON-TRANSFERRABLE, THE DIRECTOR MAY APPROVE THE APPLICATION FOR SOME BUT NOT ALL LISTED LICENSEES****

LICENSEE #1

1. Agent 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. Business Phone Number: _____ Daytime Phone Number: _____

6. Email Address: _____

HOURS OF OPERATION OF JOINT PREMISES: _____

MUST ATTACH DIAGRAM OF EXTENDED PREMISES:

A diagram of the physical arrangement of the joint premises to this application. The diagram must clearly show your existing licensed premises along with the proposed joint premises outlined in black marker or ink. The failure to include this diagram will result in the rejection of your application as incomplete.

I, (Print Full Name) _____, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-207.02 that I have read and understand the foregoing and verify that the information and statements that I have made herein, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #2

1. Agent 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. Business Phone Number: _____ Daytime Phone Number: _____

6. Email Address: _____

HOURS OF OPERATION OF JOINT PREMISES: _____

MUST ATTACH DIAGRAM OF EXTENDED PREMISES:

A diagram of the physical arrangement of the joint premises to this application. The diagram must clearly show your existing licensed premises along with the proposed joint premises outlined in black marker or ink. The failure to include this diagram will result in the rejection of your application as incomplete.

I, (Print Full Name) _____, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-207.02 that I have read and understand the foregoing and verify that the information and statements that I have made herein, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #3

1. Agent 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. Business Phone Number: _____ Daytime Phone Number: _____

6. Email Address: _____

HOURS OF OPERATION OF JOINT PREMISES: _____

MUST ATTACH DIAGRAM OF EXTENDED PREMISES:

A diagram of the physical arrangement of the joint premises to this application. The diagram must clearly show your existing licensed premises along with the proposed joint premises outlined in black marker or ink. The failure to include this diagram will result in the rejection of your application as incomplete.

I, (Print Full Name) _____, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-207.02 that I have read and understand the foregoing and verify that the information and statements that I have made herein, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #4

1. Agent 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. Business Phone Number: _____ Daytime Phone Number: _____

6. Email Address: _____

HOURS OF OPERATION OF JOINT PREMISES: _____

MUST ATTACH DIAGRAM OF EXTENDED PREMISES:

A diagram of the physical arrangement of the joint premises to this application. The diagram must clearly show your existing licensed premises along with the proposed joint premises outlined in black marker or ink. The failure to include this diagram will result in the rejection of your application as incomplete.

I, (Print Full Name) _____, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-207.02 that I have read and understand the foregoing and verify that the information and statements that I have made herein, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

Proximity to School:

Distance to nearest School: _____ Name of School: _____
(If less than one (1) mile, note footage)

School Address: _____

OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR

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: ___/___/___