



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:
Job #:

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 will apply)

PROPOSED JOINT PREMISES PERMITS SHALL EXPIRE WITH THE PARENT LICENSE 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. Licensee's Name: _____ License#: _____
Last First Middle

2. Agent's Name: _____
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: _____

LICENSEE #2:

1. Licensee's Name: _____ License#: _____
Last First Middle

2. Agent's Name: _____
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: _____

LICENSEE #3:

1. Licensee's Name: _____ License#: _____
Last First Middle

2. Agent's Name: _____
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: _____

LICENSEE #4:

- 1. Licensee's Name: _____ License#: _____
Last First Middle
- 2. Agent's Name: _____
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: _____

A. Distance from proposed extended premises to nearest School: _____ Name of School: _____
(If less than one (1) mile note footage)

Address: _____

B. Distance from proposed extended premises to nearest Church: _____ Name of Church: _____
(If less than one (1) mile note footage)

Address: _____

DIAGRAM OF EXTENDED PREMISES:

Please attach a diagram of the physical arrangement of the joint premises to this application. The diagram must clearly delineate 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.

***Note: The licensee may not alter the physical arrangement of the extended premises, including points of ingress or egress, after approval.**

SECURITY PLAN:

Please attach a security plan to this application. The security plan must include whether the licensee will use physical barriers, signage, electronic surveillance, security guards, cordons, or a combination of these or other strategies to control the service, consumption, and movement of alcohol and to prevent violations of Title IV. Per A.R.S. § 4-207.02.A.3 Describe how the participating licensees identify the spirituous liquor beverage sold by each licensee using distinguishable containers.

***Note: The Director may deny an application based on the applicant's failure to establish adequate security measures.**

HOURS OF OPERATION: _____

Hours of Operation of Proposed Joint Premises:

***Note: The licensee may only temporarily modify the hours of operation of the extended premises with written approval from the Director.**

LICENSEE #1:

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, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #2:

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, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #3:

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, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

LICENSEE #4:

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, including all attachments, are true and correct to the best of my knowledge.

Licensee Signature: _____

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

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Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

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