



**REGIONAL RETAIL SHOPPING CENTER  
EXTENSION OF PREMISES / PATIO PERMIT**  
**Non-refundable \$200 initial application fee  
and \$50 for each licensed location**  
**Allow 60 days to process by Local Governing Board**

<b>DLLC USE ONLY</b>
Job #:
Date Accepted:
CSR:

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

**SUBMIT ORIGINAL APPLICATION TO THE LOCAL GOVERNING BODY, AND SUBMIT A COPY TO THE DEPARTMENT OF LIQUOR, ALLOW 60 DAYS FOR THE LOCAL GOVERNING BODY APPROVAL.**

**OWNER/MANAGER OF RETAIL SHOPPING CENTER**

- Name of Owner/Manager of retail shopping center: \_\_\_\_\_
- Name of Agent: \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
Street City State Zip Code
- Shopping Center Name: \_\_\_\_\_
- Business Address: \_\_\_\_\_  
Street City State Zip Code
- Email Address: \_\_\_\_\_
6. Shopping Center Phone #: \_\_\_\_\_
- Shopping Center Owner/Manager Phone #: \_\_\_\_\_
- Retail Square footage of shopping center: \_\_\_\_\_

**PROXIMITY TO SCHOOL**

Distance from proposed extended premises to nearest School: \_\_\_\_\_  
 (If less than one (1) mile note footage)  
 Name of School: \_\_\_\_\_ Address: \_\_\_\_\_

**HOURS OF OPERATION**

Proposed Extended Premises days and hours of operation: \_\_\_\_\_

**LICENSEE**

- Agent's Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Last First Middle
- Mailing address: \_\_\_\_\_  
Street City State Zip Code
- Business Name: \_\_\_\_\_
- Business Address: \_\_\_\_\_  
Street City State Zip Code
- Email Address: \_\_\_\_\_
7. Business Phone Number: \_\_\_\_\_

**LICENSEE:**

**I, (Print Full Name) \_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-215 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.**

**Licensee Signature:** \_\_\_\_\_

**LICENSEE**

- 1. Agent'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: \_\_\_\_\_ 7. Business Phone Number: \_\_\_\_\_

**LICENSEE:**

I, (Print Full Name) \_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-215 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.

Licensee Signature: \_\_\_\_\_

**LICENSEE**

- 1. Agent's Name: \_\_\_\_\_ License #: \_\_\_\_\_  

Last
First
Middle
- 2. Mailing address: \_\_\_\_\_  

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State
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- 4. Business Address: \_\_\_\_\_  

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State
Zip Code
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**LICENSEE:**

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Licensee Signature: \_\_\_\_\_

**LICENSEE**

- 1. Agent's Name: \_\_\_\_\_ License #: \_\_\_\_\_  

Last
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**LICENSEE:**

I, (Print Full Name) \_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-215 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.

Licensee Signature: \_\_\_\_\_

**Attach additional sheets if needed**

**DIAGRAM OF EXTENDED PREMISES**

Please attached a diagram of the extended premises to this application. The diagram must show the physical arrangement of the extended premises and clearly show the location of entrances and exits from the extended premises and any other features of the extension. The failure to include this diagram will result in the rejection of your application as incomplete.

**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.

*Note: The Director may require different or additional security requirements as a condition of approval.*

*The licensee may only temporarily modify the hours of operation of the extended premises with written approval from the Director upon a showing of good cause. The Director may set day and time limits on the use of the extended premises.*

**OWNER/MANAGER OF RETAIL SHOPPING CENTER:**

I, (Print Full Name) \_\_\_\_\_, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-215 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.

Owner/Manager Signature: \_\_\_\_\_

**GOVERNING BOARD**

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.

Approval                       Disapproval

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Authorized Signature	Title	Agency	Date
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**DLLC USE ONLY**

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

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