

DIAGRAM OF EXTENDED PREMISES:

Please attach a diagram of the extended premises to this application. The diagram must delineate the physical arrangement of the extended premises and clearly depict your existing licensed premises along with the proposed extended area 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.

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

HOURS OF OPERATION:

Licensee's Hours of Operation: _____

Hours of Operation of Proposed Extended Premises: _____

Note: 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.

LICENSEE:

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.

Licensee Signature: _____

OWNER/MANAGER OF RETAIL SHOPPING CENTER:

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.

Owner/Manager 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: ___/___/___