ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5TH Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

RECEIVED
JUL 15 2013
BOARD OF SUPERVISORS

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service – Give specific purpose of change: _____

☒ Temporary change for date(s) of: Feb 4, Mar 3, Apr 7, May 5, June 2, July 7, Aug 4, Sept 1, Oct 6, Nov 3, Dec 1 (all 2012) Jan 5 (2013)

1. Licensee's Name: Woolf (Last) Stephen (First) Bruce (Middle)
2. Mailing Address: 3217 W. Acoma Pl Benson (City) AZ (State) 85602 (Zip)
3. Business Name: Mescal Bar & Grill LLC LICENSE #: 06020084
4. Business Address: 70 N. CheroKee Tr. Benson (City) Cochise (COUNTY) AZ (State) 85602 (Zip)
5. Business Phone: (520) 586-3905 Residence Phone: (520) 586-4620
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO FAX # (520) 586-3410
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES When? Nov. 29, 2006
8. What security precautions will be taken to prevent liquor violations in the extended area? Additional security posted on premesis, owners & bartenders restricting access to unsupervised areas, cones used to designate areas.
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

****After completing sections 1-9, 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.**

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

_____ (Authorized Signature) _____ (Title) _____ (Agency)

I, Stephen B Woolf (Print full name), being first duly sworn upon oath, hereby depose, swear and declare, under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X Stephen B Woolf (Signature of Owner or Agent)

State of Az County of Cochise

SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date 5 Day Jan Month 2012 Year

My commission expires on: Sept 25 2015

(Signature of NOTARY PUBLIC)

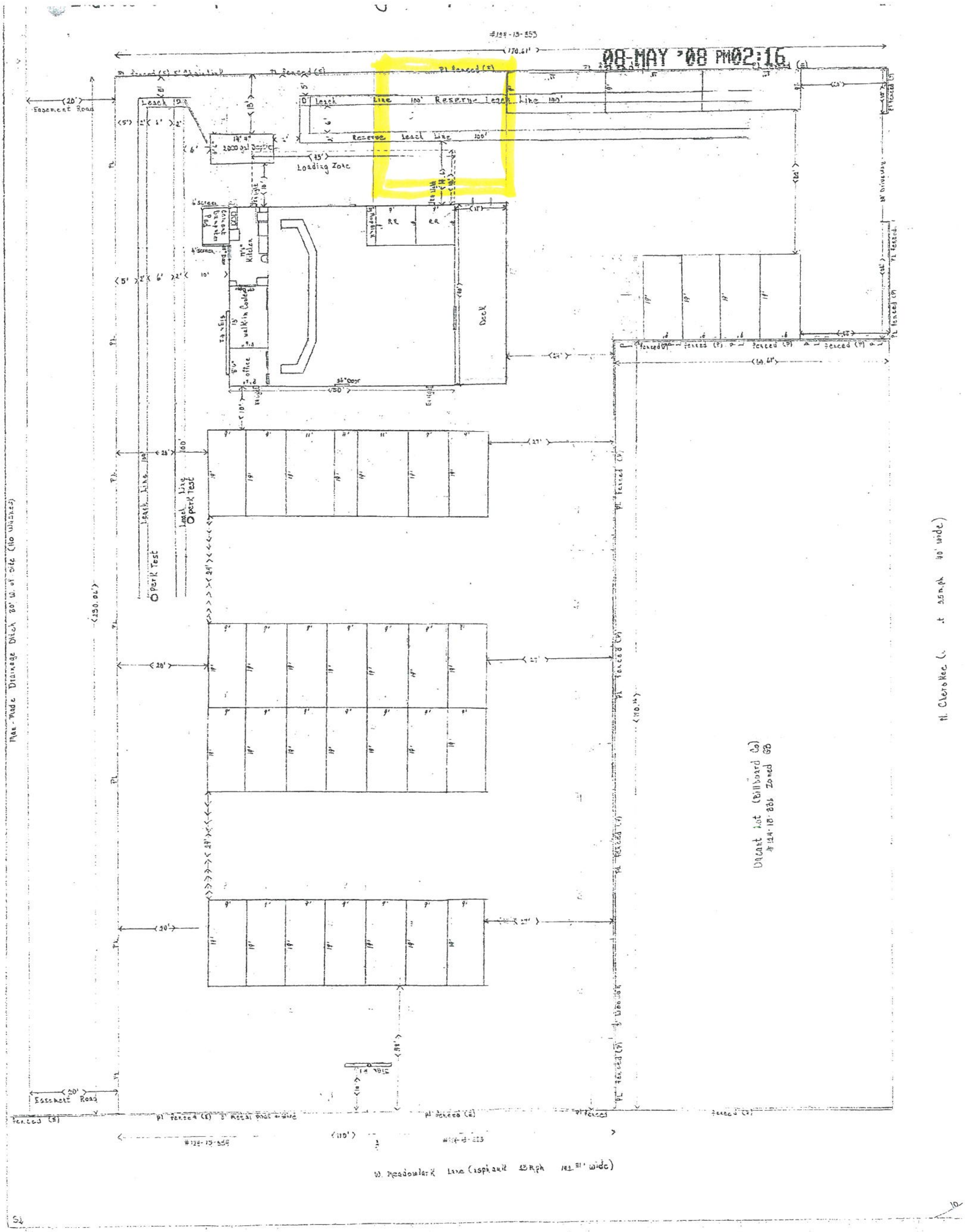
JEFF MCDOLE
NOTARY PUBLIC - ARIZONA
Cochise County
My Commission Expires
September 25, 2015

Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: _____

ector Signature required for Disapprovals _____ Date: _____

LIC 0105 08/07

*Disabled individuals requiring special accommodation, please call the Department (602) 542-9627.



08-MAY '08 PM02:16
Easement Road
Leach Line
Reserve Leach Line
2000 gal Septic
Loading Zone
Kitchen
walk-in Cooler
office
RR
Deck
Perk Test
Man-Made Drainage Ditch 80' W. of Site (No Washes)
Vacant Lot (Billboard Co)
N. Cherokee
40' wide
W. Meadowlark Lane