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COCHISE COUNTY
BOARD OF SUPERVISORS

MAR 31 11 4 29

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

CSR:
Log #:

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

Parcel #
102-57-030

Series 6-Bar

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

Notice: Allow 30-45 days to process permanent change of premise

Permanent change of area of service. A non-refundable \$50. Fee will apply. Specific purpose for change:

Temporary change (No Fee) for date(s) of: 4/23/17 through 4/24/17 list specific purpose for change:

1. Licensee's Name: Urcadez Leonel A License #: 06026071
Last First Middle
2. Mailing address: PO Box 614 Naco AZ 85626
Street City State Zip Code
3. Business Name: Gay Go's Bar
4. Business Address: 3856 S Tower Naco AZ 85626
Street City State Zip Code
5. Email Address: lurcadez@yahoo.com
6. Business Phone Number: 520-432-4677 Contact Phone Number: 520-432-2377

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? ___/___/___

8. Do you understand Arizona Liquor Laws and Regulations?
 Yes No

9. Does this extension bring your premises within 300 feet of a church or school?
 Yes No

10. Have you received approved Liquor Law Training?
 Yes No

11. What security precautions will be taken to prevent liquor violations in the extended area?
Employer's People at the event

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise along with the new extended area outlined in black marker or ink, if the extended area is not outlined and marked "extension" we cannot accept the application.

Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premise. List specific reasons for exemption:

Barriers will be put up

Approval Disapproval by DLLC: _____ Date: ___/___/___

Notary

I, (Print Full Name) LEONEL UREADEZ, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of Arizona County of Cochise
the foregoing instrument was acknowledged before me this

31st of March 2017
Day Month Year

My commission expires on: _____

[Signature]
Signature of NOTARY PUBLIC



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: ___/___/___



BERSERKERS MC



RIDERS FOR

REHAB

april 23 12pm till ??
food, raffles, 50/50

3865 s towner naco

10 person 15 couple



Lumber & Hardware



GAY 90S BAR

SOUTH BY SOUTHWEST
FLOORING

ALTERNATIVE COUNCILING
SERVICES

LOCAL TELCO EMPLOYEES
proceeds to benefit the verhelst
house

live music by one ghost, ciocada, and
more