



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: _____

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 premises****

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: 4/14/18 through 4/15/18 list specific purpose for change:

1. Licensee's Name: Urcadez Leonel License #: 06020071
Last First Middle

2. Mailing address: P.O. Box 614 NACO AZ 85620
Street City State Zip Code

3. Business Name: Gay 90's Bar

4. Business Address: 3856 S. Townel Ave. NACO AZ 85620
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?
Gay 90's personnel

RECEIVED
 COCHISE COUNTY
 BOARD OF SUPERVISORS
 2018 MAR -9 PM 2:16

IMPORTANT: Attach the revised floor plan, clearly depicting your licensed premises 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 premises. List specific reasons for exemption:

Road will be closed.

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

Notary

I, (Signature) [Signature] 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.

State of Arizona }
County of Cochise }

On this 8 Day of March, 2018 before me personally appeared [Signature]
(Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

[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: ___/___/___

FRANKS
CROCIERES
NOT USED

Thunder
Mountain
NOT USED

COPY 90'S

SIDEWALK
20 feet

COPY 90'S
PARKING

242 feet

170 feet

S

TOWER

No through
traffic

Permit
AREA



NOT
USED