



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
 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: 8/10/19 through 8/10/19 list specific purpose for change:

1. Licensee's Name: WILSON KEITH License #: 14020001
Last First Middle

2. Mailing address: 12 THEATER DR SIERRA VISTA AZ 851635
Street City State Zip Code

3. Business Name: The American Legion 502 SIERRA VISTA AZ 851635
Street City State Zip Code

4. Business Address: _____
Street City State Zip Code

5. Email Address: _____

6. Business Phone Number: 520-459-6050 Contact Phone Number: 520-249-6103

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? 8/10/19

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? 6' CHAINLINK FENCE
ARIZONA RANGER AND DOR STAY AT ARMS

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.

2019 JUL -3 PM 3:03
 BOARD OF SUPERVISORS

Road Closure Map





AMERICAN LEGION RIDERS



ALR POST 52

15TH ANNUAL BIKEFEST

& CENTENNIAL CELEBRATION

Saturday 10 August 2019

12 Theater Drive Sierra Vista, AZ 85635

THE AMERICAN LEGION



- ❖ Bike Games
- ❖ Bike Trophies for multiple categories
- ❖ 50/50
- ❖ Live Auction
- ❖ DJ MATA in the House all day!
- ❖ Live Band (6-10 pm)
- ❖ Food Vendors all day!

Pre Order Bikefest 100th Anniversary
Commemorative MILSPEC-Wicking shirt!

[SMALL](#)

[MEDIUM](#)

[LARGE](#)

[EXTRA-LARGE](#)

[2XL](#)



(Click hyperlink to pre pay on PayPal or go to Facebook link on this flier for PayPal link; lower left side)

Registration: 0700 to 0900

Last Bike out: 0930

Poker Run:

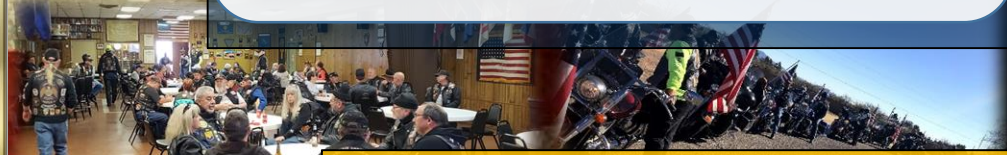
\$15 Single : (Click hyperlink to **pre pay** on PayPal or go to Facebook link on this flier for PayPal link; below



\$20 Couple : (Click hyperlink to **pre pay** on PayPal or go to Facebook link on this flier for PayPal link; below

- ❖ High/Low hand winner
- ❖ All hands in by 1430
- ❖ Additional Poker Run Sheets available for \$5 (limit of 2)
- ❖ **OPEN TO ALL!!**

❖ [Email us about Sponsorships](#)



<https://www.facebook.com/events/399562544136833/>

Email: thealrpost52@gmail.com

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:

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

Notary

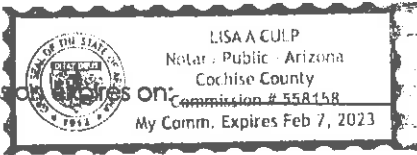
I, (Print Full Name) DAVE SUTHERLAND, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

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

3rd of July 2019
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.

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

Authorized Signature Title Agency Date

DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ____/____/____

Director Signature required for Disapprovals: _____ Date: ____/____/____