



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 premises****

Permanent change of area of service. **A non-refundable \$50. Fee will apply.** Specific purpose for change:
ENCLOSURE OF THE EXTERIOR AREA FOR SEATING (OUTDOOR GAMES)

Temporary change (**No Fee**) for date(s) of: ___/___/___ through ___/___/___ list specific purpose for change:

1. Licensee's Name: DOUGLAS BOBB EVANE License #: 012620011913
Last First Middle

2. Mailing address: 7216 HWY 92 HANSON AZ 85615
Street City State Zip Code

3. Business Name: JUSTY'S CHUCKWAGON GRILL & SALOON

4. Business Address: 13510 S. HIGHWAY 191 EUFONIA AZ 85625
Street City State Zip Code

5. Email Address: CHUCKWAGONLLC@GMAIL.COM

6. Business Phone Number: (520) 642-7580 Contact Phone Number: (520) 285-6612

7. Is extension of premises/patio complete?
 YES 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? ENTIRE PROPERTY
ENCLOSED WITH 4'-5' BARBWERE FENCING

12. **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:

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

I, (Print Full Name) ROBERT EUGENE SULLIVAN, 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.

Applicant 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: ____/____/____

