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TEMPORARY EXTENSION OF PREMISES/PATIO PERMIT

DLLC USE ONLY

Job #:
Date Accepted:
CSR:

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with **Black Ink**

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

Temporary change (**No Fee**) for date(s) of: 09/24/22 through 09/24/22.

License#: 14020001

Specific purpose for change: American Legion Post 52 will be conducting a Birthday celebration along with motorcycle games and a bike show.

1. Agent/Individual Name: Callaghan Bruce Michael
Last First Middle

2. Premises Name (Doing Business As-DBA): American Legion Post 52

3. Premises Location Address: 12 E Theater Dr Sierra Vista AZ 85635
Street City State Zip Code

4. Mailing address: 12 E Theater Dr Sierra Vista AZ 85635
Street City State Zip Code

5. Email Address: commander.disrict3.az@gmail.com

6. Business Phone Number: 520-459-6050 Contact Phone Number: 520-266-2649

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

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

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

10. What security precautions will be taken to prevent liquor violation s in the extended area? A 6' chain link fence will be erected around the perimeter and security personnal will man a entry exit access.

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

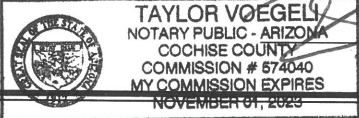
Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premises. List specific reasons for exemption:

Approval Disapproval by DLLC: _____

SIGNATURE

Declaration:
I, (Print Name) Bruce Callaghan, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

[Signature] 8/10/2022



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: ___/___/___

American Legion Post 52
12 E Theater Dr
Sierra Vista, AZ 85635

6' Chain Link Fence

