



Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Job #:
Date Accepted:
LC:
License #:

<p>PERMANENT EXTENSION OF PREMISES/PATIO PERMIT</p> <p>NON-REFUNDABLE \$50.00 FEE WILL APPLY</p>
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OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR
****Notice: Allow 30-45 days to process permanent change of premises****

License#: _____

Specific purpose for change: _____

1. Agent Name: _____
Last First Middle

2. Business Name: _____

3. Business Location Address: _____
Street City State Zip Code

4. Mailing address: _____
Street City State Zip Code

5. Email Address: _____

6. Business Phone Number: _____ Contact Phone Number: _____

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 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?

IMPORTANT

MUST ATTACH A DIAGRAM, clearly depicting your licensed premises along with the new extended area, *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) _____, 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

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: ___/___/___