

PERMANENT EXTENSION OF PREMISES/PATIO PERMIT

A non-refundable \$50, fee will apply

Job #: Date Accepted: CSR:

DLLC USE ONLY

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 **Notice: Allow 30-45 days to process permanent change of premises**

License#:00610027939	
Specific purpose for change: Adding Front pario	
	Agent/Individual Name: Evans Justin Nicholas Premises Name (Doing Business As-DBA): First Water Couldail Bar
	Premises Location Address: 1545 W Broadway Ave, Suite 101 Apache-Junction, Arizone 85/20 Street State Mailing address: 72910 F Pummelos Noad, Due on Creek, Arizona 85/42
	Email Address: Justing Nans 1892 amail . Com Business Phone Number: 480 673 4883
	Is extension of premises/patio complete? □ N/A □ Yes ☑ No If no, what is your estimated completion date? ①4/01/2025
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	WUB 50 ,52 bM2:25 No SprinianT was roupid bevorage bevieseH seY seY seY seY seY seY seY
11.	What security precautions will be taken to prevent liquor violations in the extended area? Scurity campa, front fencing, one gate exit, one front door entrance, and its

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: 1940 Frans _____, declare under penalty of perjury that I am I, (Print Name) 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. Slanature **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** Agency **DLLC USE ONLY** Director Signature required for Disapprovals: _______ Date: _____

12. <u>IMPORTANT:</u> Attach the revised floor plan, clearly depicting your licensed premises along with the new extended area outlined in black marker or ink, <u>if the extended area is not outlined and marked "extension" we cannot accept</u>