

PERMANENT EXTENSION OF PREMISES/PATIO PERMIT

A non-refundable \$50, fee will apply

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 <u>Black</u> Ink

OBTAIN APPROVAL FROM LOCAL	GOVERNING BOARD BEFORE SUBMITTING	10	THE	DEP	ARTMEN	IT C	OF LIQUO	OR*

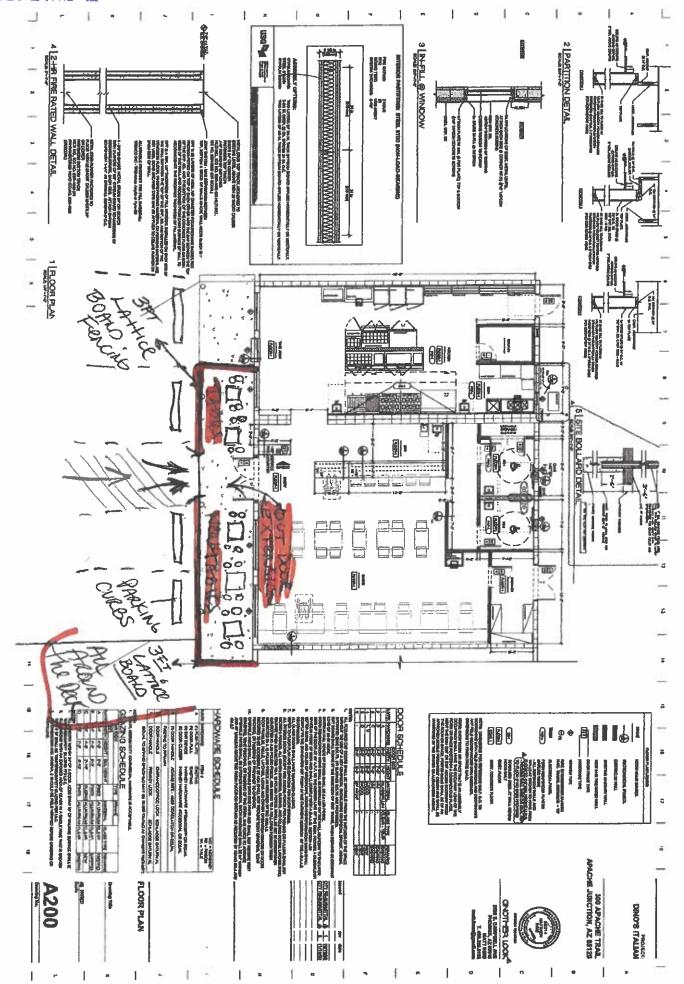
Notice: Allow 30-45 days to process permanent change of premises

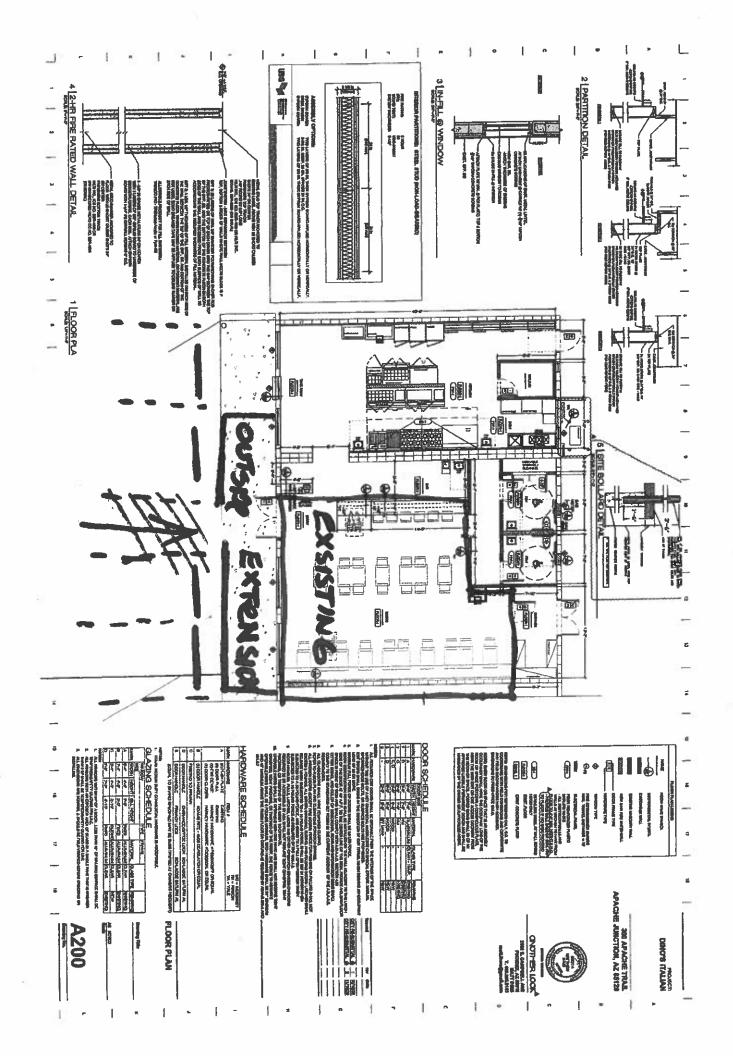
License#: 012	1100123	13				
Specific purpose f	for change:	900 TABLES				
Agent/Individu	ual Name:	SLAYTON	KICHAN		THOMAS Middle	
2. Premises Name	e (Doing Busin	ess As-DBA): PALAO	INO'S ITT	MIN A	my =	3/8 18
3. Premises Loca	tion Address: _	300 w APActle	THAL AU	H2 State	85120 E	
) APACHETRASC	AT	A2 State	85120 Zlp Code	
		DPALAOINOS		ATERY.C	on	
6. Business Phone	e Number: 🗳	80-983-097	23 Contact Pho	ne Number 12	<u> </u>	<u> 110</u>
7. Is extension of	premises/patio	complete?			1	
□N/A □ Yes	IX No	f no, what is your estimated	l completion date	09,01, 20	124	
	stand Arizona	iquor Laws and Regulation	şş			
Yes No						
/	psion bring you	r premises within 300 feet o	of a school?			
☐ Yes ☐ No						
/	eived approve	d Liquor Law Training?				
Yes No						
		ill be taken to prevent liquo				
THE TA	BIES OU	TSIDE WILL !	be CONT.	An 150	to 4	
		A WHICH IS		Kom IN	sige Din	ING
10/03/2022	li	Page 1 odividuals requiring ADA accomm		02]542-2999	LOOM.	

CITY CLERK'S OFFICE AUG 20 '24 PM5: 42

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 the application.</u>

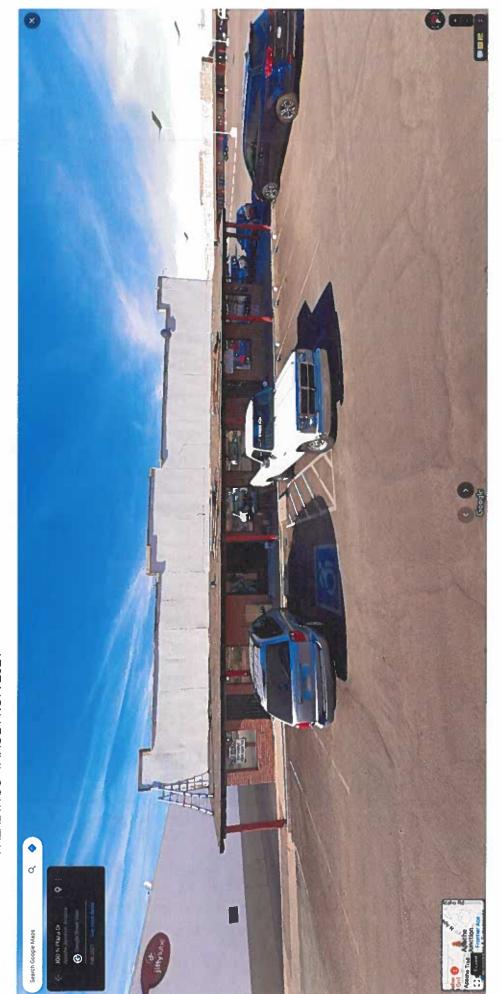
area may be requested.	ception to the requirement of Barrier exemptions are grante to a licensed premises. List spe	barriers surrounding a patio/o ed based on public safety, pe ecific reasons for exemption:	outdoor serving destrian traffic,
Approval Disapprova	al by DLLC:		
SIGNATURE			
Declaration: I, (Print Name) authorized to submit this applications and the submit the	ication.*I have read the c	, declare under penalty ontents of this application, to be true, correct and com- Signate	and to the best of my later.
GOVERNING BOARD			
After completion, and <u>BEFORE</u> s Board of Supervisors, City Counthe Department of Liquor.	submitting to the Department	nt of Liquor, please take this commendation. This recomme	application to your local endation is not binding on
After completion, and <u>BEFORE</u> s Board of Supervisors, City Coun	submitting to the Department cill or Designate for their rec	nt of Liquor, please take this ommendation. This recomme	application to your local endation is not binding on
After completion, and <u>BEFORE</u> s Board of Supervisors, City Coun	cil or Designate for their rec	ommenadiion. Tiis recomme	application to your local endation is not binding on
After completion, and BEFORE s Board of Supervisors, City Count the Department of Liquor.	Approval	Disapproval	TICOLOGI IS NOT BINGING
After completion, and BEFORE s Board of Supervisors, City Counthe Department of Liquor. Authorized Signature	Approval Approval Disapproval	Disapproval Agency	Date:/







Jaladinos



PALADINOS IMAGE FROM 2021