



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 premise

☒ Permanent change of area of service. **A non-refundable \$50. Fee will apply.** Specific purpose for change:

For a Event Center

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

1. Licensee's Name: Mohiuddin Mehmood License #: 06110064

2. Mailing address: 2341 N. Apra Trail Apra Jct, AZ 85119

3. Business Name: Hitching Post LLC

4. Business Address: 2341 N. Apra Trail Apra Jct, AZ 85119

5. Email Address: tm lovebody @ MSN . com

6. Business Phone Number: 480-983-8800 Contact Phone Number: 602-8214-5635

7. Is extension of premises/patio complete?

☐ N/A ☐ Yes ☒ No

If no, what is your estimated completion date? 08/30/2016

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? Its all

fenced in a have Security

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise 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 premise. List specific reasons for exemption:

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

Notary

I, (Print Full Name) Mehmed Mottuddin, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature)

[Signature]
Controlling Person / Agent

State of ARIZONA County of PINAL
the foregoing instrument was acknowledged before me this

26th of July 2016
Day Month Year

My commission expires on: 8-31-16



NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
JANET R MASON

My Commission Expires 08/31/2016

[Signature]
Signature of NOTARY PUBLIC

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.

This change in premises is recommended by the local Board of Supervisors, City Council or Designate:

Authorized Signature

Title

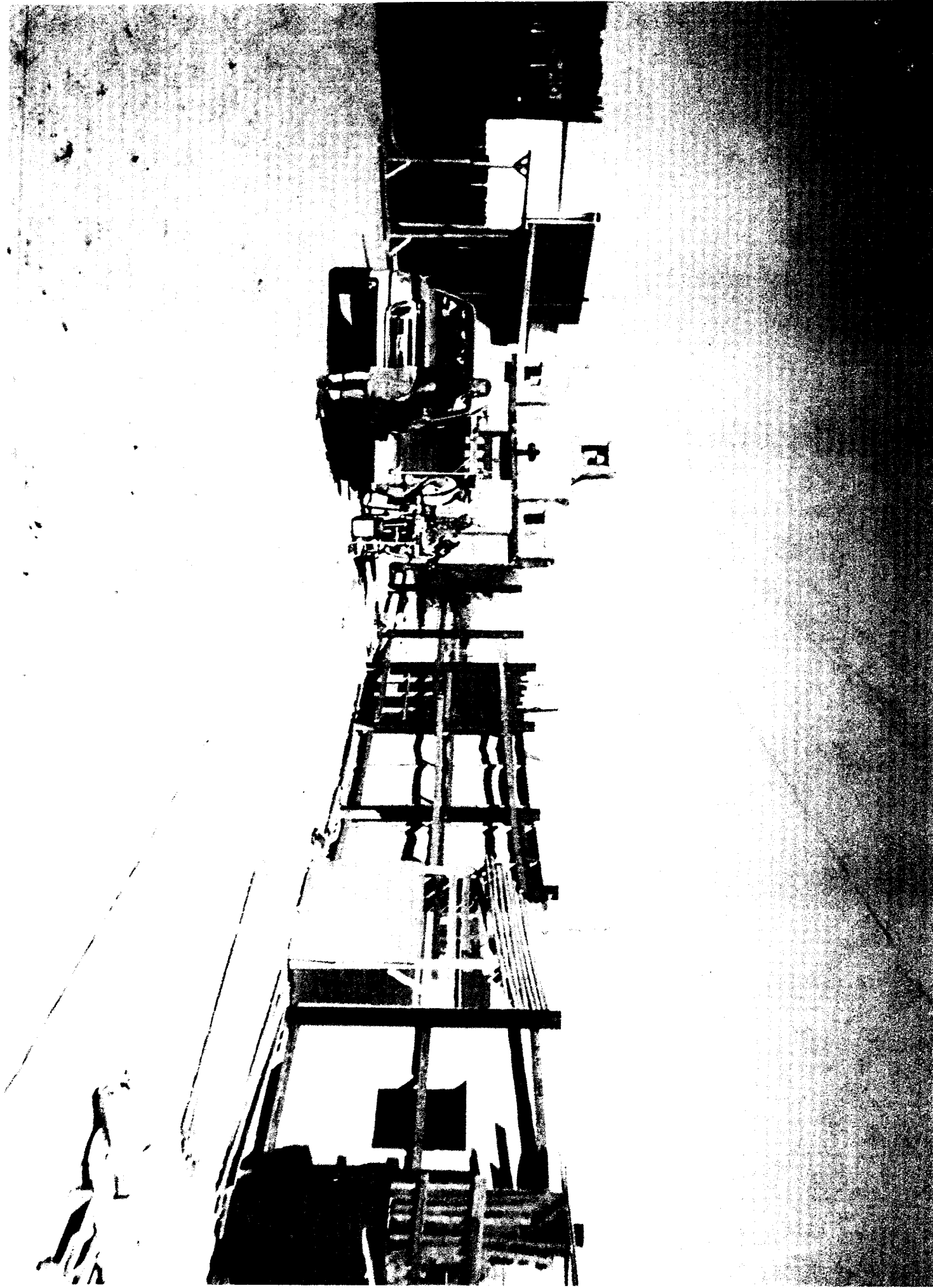
Agency

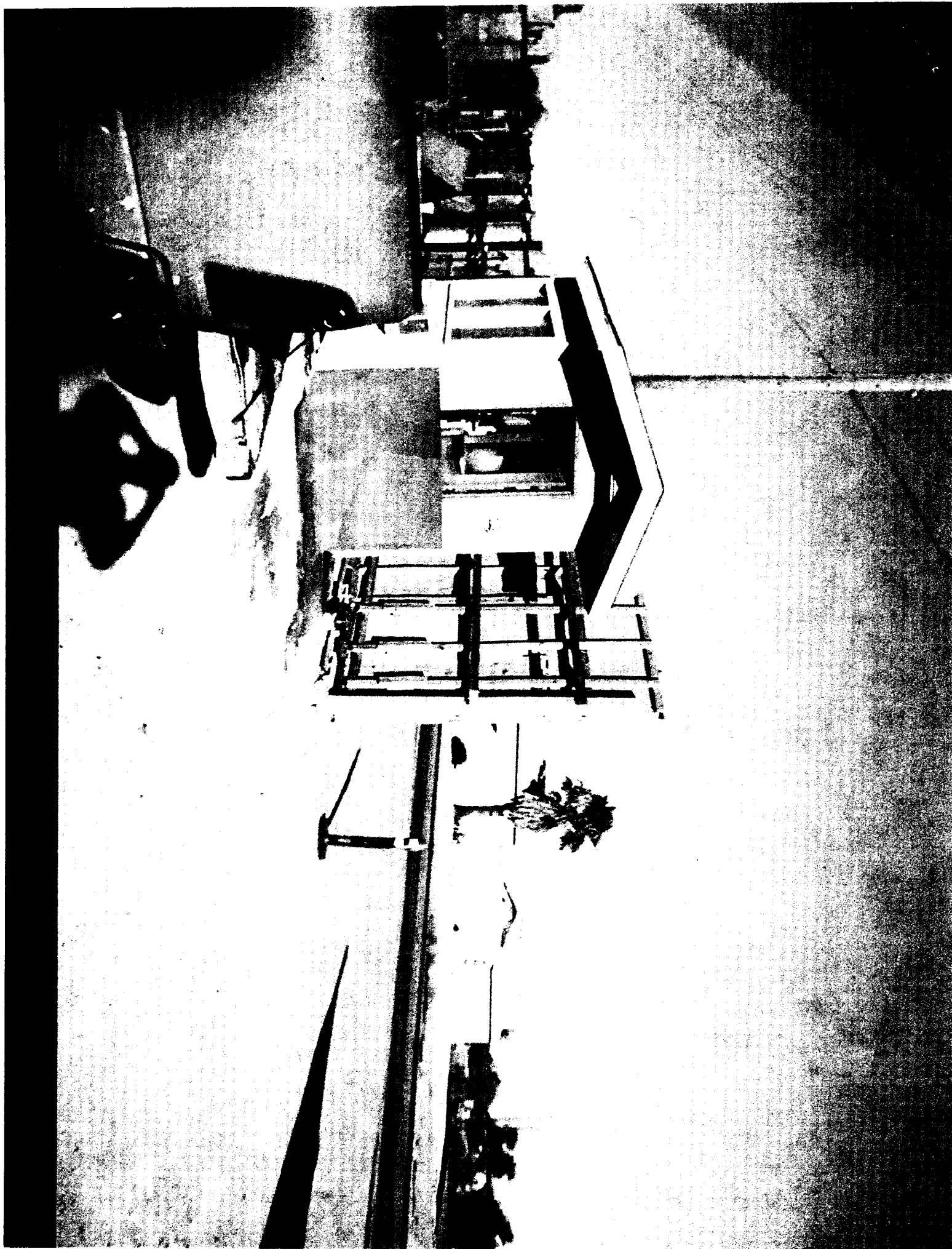
Date

DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

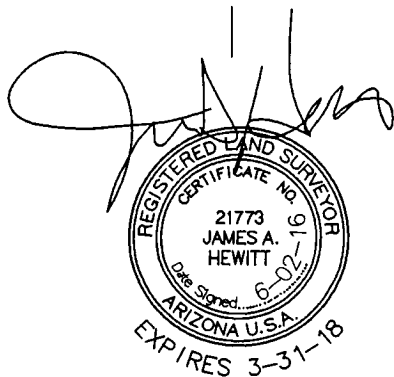
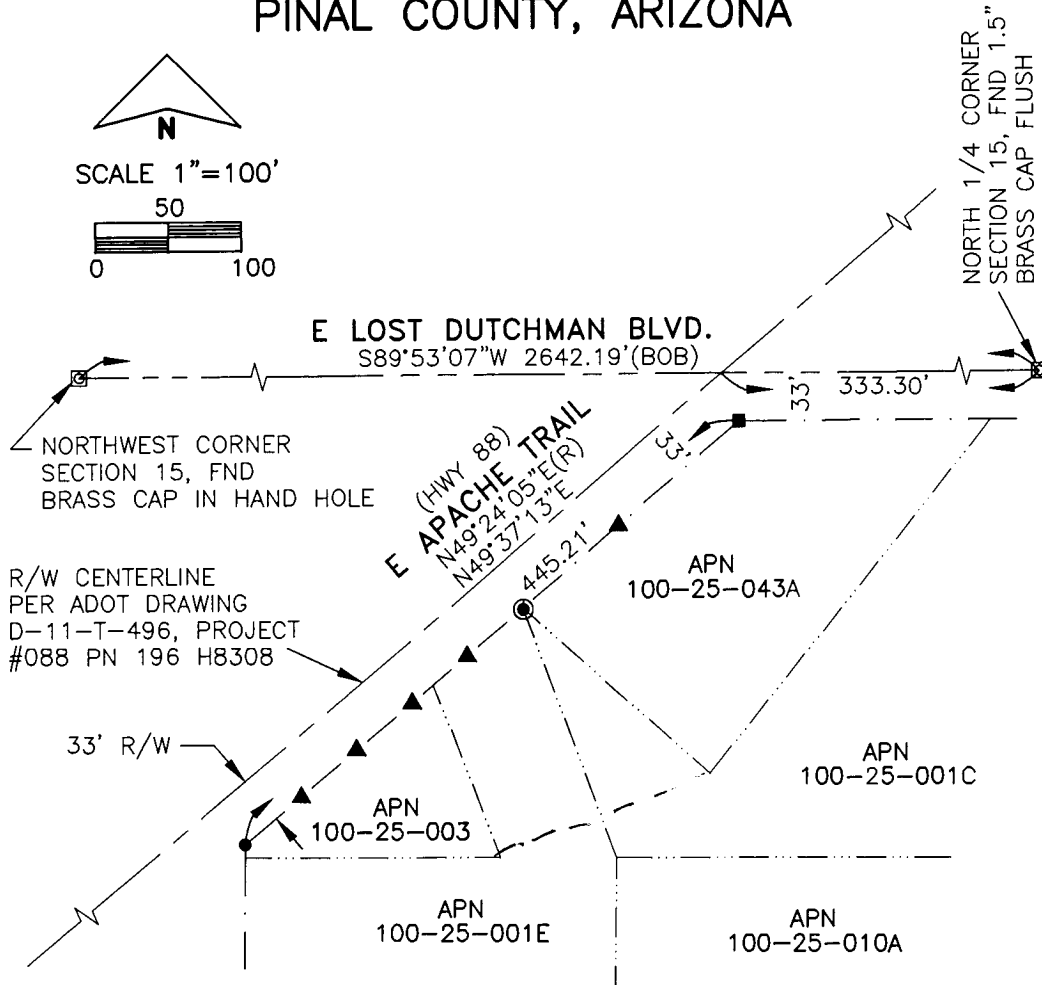
Director Signature required for Disapprovals: _____ Date: ____/____/____





SKETCH OF RIGHT-OF-WAY LINE LAYOUT

A PORTION OF THE NORTHWEST 1/4 OF
SECTION 15, T.1N., R.8E., G.&S.R.B.&M.
PINAL COUNTY, ARIZONA



LEGEND

- ▲ SET 60d NAIL
- SET MAG NAIL, LS 21773
- SET 1/2" REBAR, LS 21773
- FND 1/2" REBAR
- R/W RIGHT-OF-WAY

I HEREBY CERTIFY THAT
THIS RIGHT-OF-WAY LINE
LAYOUT WAS PERFORMED
BY ME AND IS TRUE AND
CORRECT TO THE BEST OF
MY KNOWLEDGE AND BELIEF.

ABILITY LAND SURVEYING, INC.

185 SOUTH MOUNTAIN VIEW ROAD
APACHE JUNCTION, ARIZONA 85119
PH 480-982-0413

SHEET NO.
1 OF 1
DATE
6/16
JOB NO.
16-0504

