



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:

☒ Temporary change (No Fee) for date(s) of: 5/3/17 through 5/8/17 list specific purpose for change:

CINCO DE MAYO CELEBRATION

1. Licensee's Name: FLORES SILVIA License #: 12113009

2. Mailing address: 1422 E. BROADWAY APACHE JUNCTION AZ 85119
Street City State Zip Code

3. Business Name: TRES BANDERAS

4. Business Address: 1422 E. BROADWAY APACHE JUNCTION AZ 85119
Street City State Zip Code

5. Email Address: AJTRES2017@GMAIL.COM

6. Business Phone Number: 480-671-9671 Contact Phone Number: 757-227-0649

7. Is extension of premises/patio complete?

☐ N/A ☐ Yes ☒ No

If no, what is your estimated completion date? 5/3/2017

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? AT EVERY

ENTRY-EXIT THERE WILL BE SECURITY CHECKING.

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) SILVIA FLORES, 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)

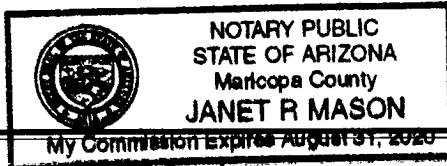
[Signature]
Controlling Person / Agent

State of

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

22nd of March 2017
Day Month Year

My commission expires on: 8-31-20



[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.

☐ Approval

☐ Disapproval

Authorized Signature

Title

Agency

Date

DLLC USE ONLY

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

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

[illegible]

PROPOSED
ADDITION

EXPERIMENTAL

~~GATE~~
EMERGENCY
EXIT

EXTENSION

~~EXCERPT~~

~~GATE~~
~~ENTRY-EXIT~~

EXTENSION

117

2007-14

EXISTING BALANCE

EXTENSION

~~X GATE~~
ENTRY
EXIT

EXTENSION

15-22-034 C

Exhibit

BROADWAY ROAD