



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 premises\*\*

☐ 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: 2/20/21 through 2/20/21 list specific purpose for change:  
Western Days

1. Licensee's Name: Kimball William C License #: \_\_\_\_\_

2. Mailing address: 3737 S Bowman Rd Apache Junction AZ 85119  
Street City State Zip Code

3. Business Name: Fraternal Order of Eagles

4. Business Address: 2315 S Coconino Dr Apache Junction AZ 85120  
Street City State Zip Code

5. Email Address: lctmep22day@yahoo.com

6. Business Phone Number: 480-983-5701 Contact Phone Number: 480-776-7033

7. Is extension of premises/patio complete? N/A  
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 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? officers of Eagles will be security

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

\_\_\_\_\_  
\_\_\_\_\_

☐ Approval ☐ Disapproval by DLLC: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, (Print Full Name) William C. Kimball, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: William C. Kimball

#### 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

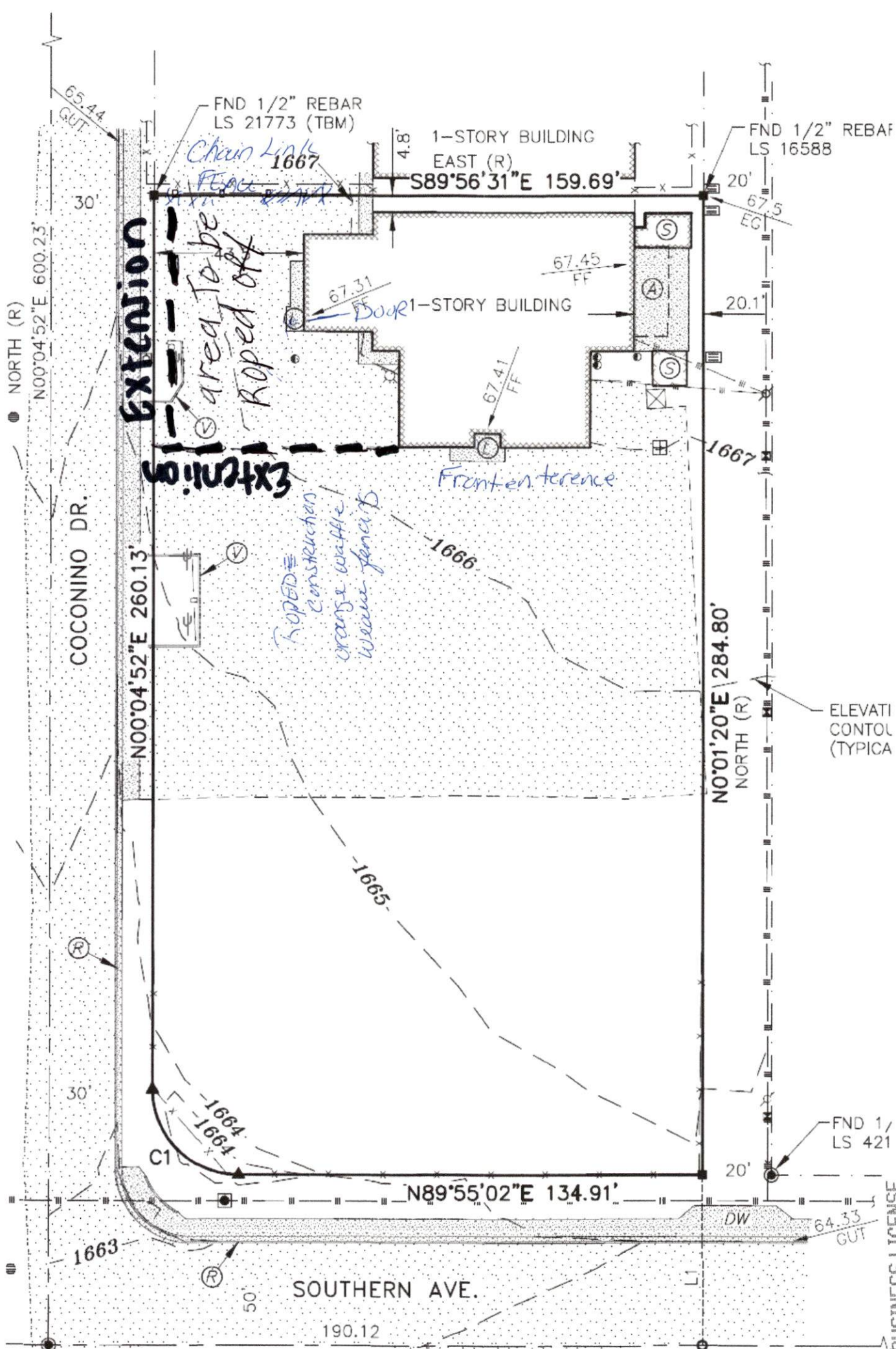
\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

#### DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Director Signature required for Disapprovals: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



BUSINESS LICENSE  
JAN 7 '21 PM 5:00