ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

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COCHISE COUNTY
BOARD OF SUPERVISORS
2011 FEB -9 P 4:44

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

☐ Permanent change of area of service – Give specific purpose of change: _____

☒ Temporary change for date(s) of: 3-5-2011, 4-2-2011, 5-7-2011, 6-4-2011, 7-2-2011, 8-6-2011, 9-3-2011, 10-1-2011, 11-5-2011, 12-3-2011

1. Licensee's Name: Woolf (Last) Stephen (First) Bruce (Middle)
2. Mailing Address: 70 N. Cherokee Trail (City), Benson (City) AZ (State) 85602 (Zip)
3. Business Name: Mescal Bar & Grill LLC **LICENSE #:** 06020084
4. Business Address: 70 N. Cherokee Trail (City), Benson (City) Cochise (COUNTY) AZ (State) 85602 (Zip)
5. Business Phone: (520) - 586-3905 Residence Phone: (520) - 586-4620
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO **FAX #** (520) - 586-3410
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES When? Dec. 2006
8. What security precautions will be taken to prevent liquor violations in the extended area? Owners & additional bartenders to supervise; Cones to designate areas where drinking is permitted & restricted.
9. Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

******After completing sections 1-9, 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)

I, Stephen Bruce Woolf (Print full name), being first duly sworn upon oath, hereby depose, swear and declare under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the and all statements are true, correct and complete.

X _____ (Signature of Owner or Agent)

State of Arizona County of Cochise
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date 4th (Day) February (Month) 2014 (Year)

My commission expires on: Oct. 30, 2014

_____ (Signature of NOTARY PUBLIC)

KARLA M. VILLEGAS
Notary Public - Arizona
Cochise County
My Commission Expires
October 30, 2014

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

Director Signature required for Disapprovals _____ Date: _____

LIC 0105 05/2009

***Disabled individuals requiring special accommodation, please call the Department(602) 542-9027.**