ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

RECEIVED COCHISE COUNTY BOARD OF SUPERVISORS 2011 AUG 30 P 2:34

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

☒ Temporary change for date(s) of: SEPT. 3~~4~~, 2011

1. Licensee's Name: GOMEZ ROGERS (Last) LORENA (First) GUADALUPE (Middle)
2. Mailing Address: 1598 W MUZEDEER ST. (City) BISBEE, (State) AZ (Zip)
3. Business Name: LA RAMADA STEAK HOUSE & CANTINA LICENSE #: 06020061
4. Business Address: 1948 S. NACO HWY (City) BISBEE (COUNTY) AZ (State) 85603 (Zip) (COCHISE)
5. Business Phone: (520) 432 4078 Residence Phone: (520) 432 6825
6. Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO FAX # (520) 432 6806
7. Have you received approved Liquor Law Training? ☐ NO ☒ YES When? ~~IN SIERRA VISTA DATE~~ 3/22/06 (Management & Basic Training) JR
8. What security precautions will be taken to prevent liquor violations in the extended area? EXTRA PERSONNEL DURING EVENT & ONGOING VIGILANCE
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, LORENA GUADALUPE GOMEZ ROGERS (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 contents 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
30 (Day) August (Month) 2011 (Year)

ARLETHE G. RIOS
NOTARY PUBLIC - ARIZONA
COCHISE COUNTY
My Comm. Exp. September 11, 2012

My commission expires: 9/11/2012

_____ (Signature of NOTARY PUBLIC)

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

Director Signature required for Disapprovals _____ Date: _____

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

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