

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

Date payment received _____
CSR Initials _____

## APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

**THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR**

Permanent change of area of service – List specific purpose for change: Adding banquet building and enclosing outdoor area surrounding building

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Temporary change for date(s) of: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ List specific purpose for change: \_\_\_\_\_

1. Licensee's Name: Gilbert Wendell Harrison
2. Mailing Address: P.O. Box 669 Hereford AZ 85615  
Last City State Middle
3. Business Name: Pizzeria Mimosa, LLC Sierra Vista Cochise AZ 85615  
City State Zip LICENSE #: 06020017
4. Business Address: 4755 E. Neapolitan Way Sierra Vista Cochise AZ 85615  
City COUNTY State Zip
5. Business Phone: ( 520 ) 378-0022 Residence Phone: ( 520 ) 227-8727
6. Do you understand Arizona Liquor Laws and Regulations?  YES  NO Fax #: ( 520 ) 458-8825
7. Have you received approved Liquor Law Training?  NO  YES If so, when does your Certificate expire? \_\_\_/\_\_\_/\_\_\_
8. What security precautions will be taken to prevent liquor violations in the extended area? Area will be fenced and attended.
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.**

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: \_\_\_\_\_

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

**\*\*\*\*After completing sections 1-10, 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)

I, Kim Chi McCoy, 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 Wendell Gilbert State of Arizona County of Cochise  
(Signature of Owner or Agent) SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

My commission expires on: 10/18/15



5th Day June Month 2012 Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

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

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

EXISTING RESTAURANT  
3826sf  
FFE 4839.85

ACCESSIBLE ROUTE FOR  
HANDICAP - ALSO THROUGH

NEW BANQUET FACILITY  
(PHASE 2)  
FFE=4839.85  
BLDG. HT. 20'

RESERVE  
LEACHFIELD  
AREA

B  
FA  
PIZ  
MIM  
(PHA

4755 E.  
Hereford

SHEET ISSUE  
DATE: Apr  
REVISIONS



+483

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+4840.86

+4841.66

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