

# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

RECEIVED  
COCHISE COUNTY  
BOARD OF SUPERVISORS

2013 MAY 14 A 11:00

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. A non-refundable \$50 fee will apply. Specific purpose for change: \_\_\_\_\_  
ENLARGE SERVING AREA TO INCLUDE OUTDOOR RECREATIONAL AREA - ENTIRE 4.8 ACRES

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

1. Licensee's Name: PERMENTER Last JOHN First LESLEY Middle \_\_\_\_\_  
2. Mailing Address: 4207 S PERMENTER RD City WILLCOX State ARIZONA Zip 85643  
3. Business Name: P-C CATTLE REST BAR LICENSE #: 06020076  
4. Business Address: 933 S HASKELL City WILLCOX COUNTY COCHISE State ARIZONA Zip 85643  
5. Business Phone: (520) 384-9213 Residence Phone: (602) 717-9215  
6. Do you understand Arizona Liquor Laws and Regulations?  YES  NO Fax #: (\_\_\_\_) \_\_\_\_\_  
7. Have you received approved Liquor Law Training?  NO  YES If so, when does your Certificate expire? 10 12 15  
8. What security precautions will be taken to prevent liquor violations in the extended area? PERSONEL SUPERVISION AND SECURITY CAMERAS  
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: RECREATIONAL ACTIVITIES WILL VARY IN QUANTITY AND DEMENSION. FLEXIBILITY IN ESTABLISHING BOUNDRIES WOULD BE EXTREMELY VALUABLE. EXIT FROM THE SERVING AREA WILL BE CLEARLY MARKED BY SIGNAGE.

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

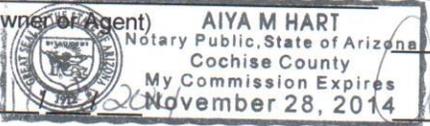
\*\*\*\*After completing sections 1-10, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

\_\_\_\_\_  
(Authorized Signature) (Title) (Agency)

I, JOHN LESLEY PERMENTER, 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] State of Arizona County of Cochise  
(Signature of Owner or Agent) SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date  
13 Day 5 Month 2013 Year  
[Signature]  
(Signature of NOTARY PUBLIC)

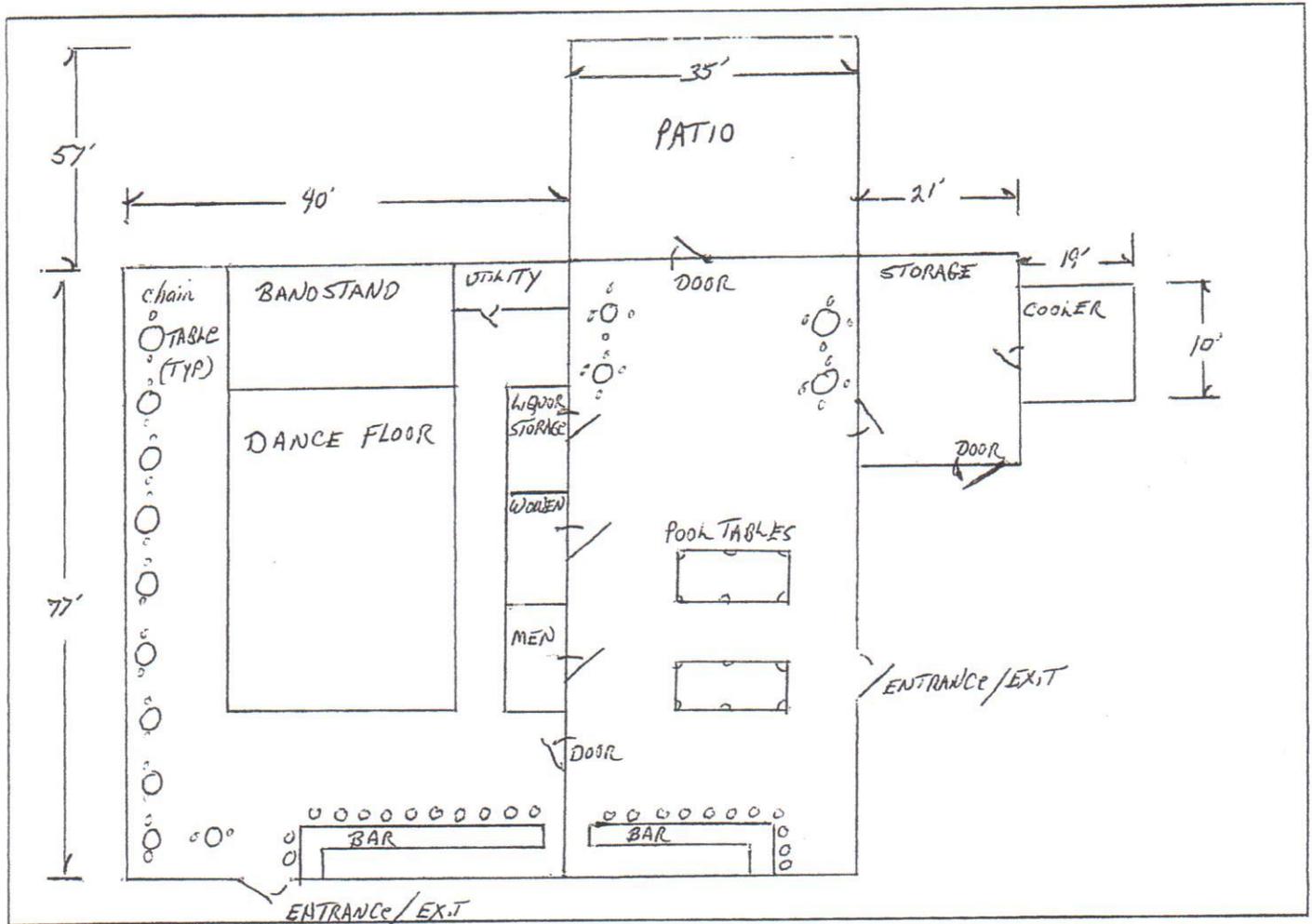


Investigation Recommendation  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Director Signature required for Disapprovals \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**SECTION 15** Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



**SECTION 16** Signature Block

I, JOHN LESLEY PERMENTER, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X \_\_\_\_\_  
(signature of applicant listed in Section 4, Question 1)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My commission expires on : \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
signature of NOTARY PUBLIC

*See attached map.*

