

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

CR19

800 W Washington 5TH Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

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: SMOKING patio +
HORSESHOE PIT AREA

Temporary change for date(s) of: _____

- Licensee's Name: Williams Last Dale First Gerald Middle
- Mailing Address: 3771 Woodcock Pl City Sierra Vista State AZ Zip 85635
- Business Name: 995 CORNER LOUNGE DBA City Fireside License #: 06020020
- Business Address: 2092 N. HWY 90 City Huachuca County Cochise State AZ Zip 85616
- Business Phone: (520) 456-9815 Residence Phone: (520) 255-5150
- Do you understand Arizona Liquor Laws and Regulations? YES NO FAX # ()
- Have you received approved Liquor Law Training? NO YES When? 5/21/14
- What security precautions will be taken to prevent liquor violations in the extended area? Gates, Fences,
Block walls (No liquor past this point)
- Does this extension bring your premises within 300 feet of a church or school? YES NO
- 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) (Date)

I, Dale Williams, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)
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.

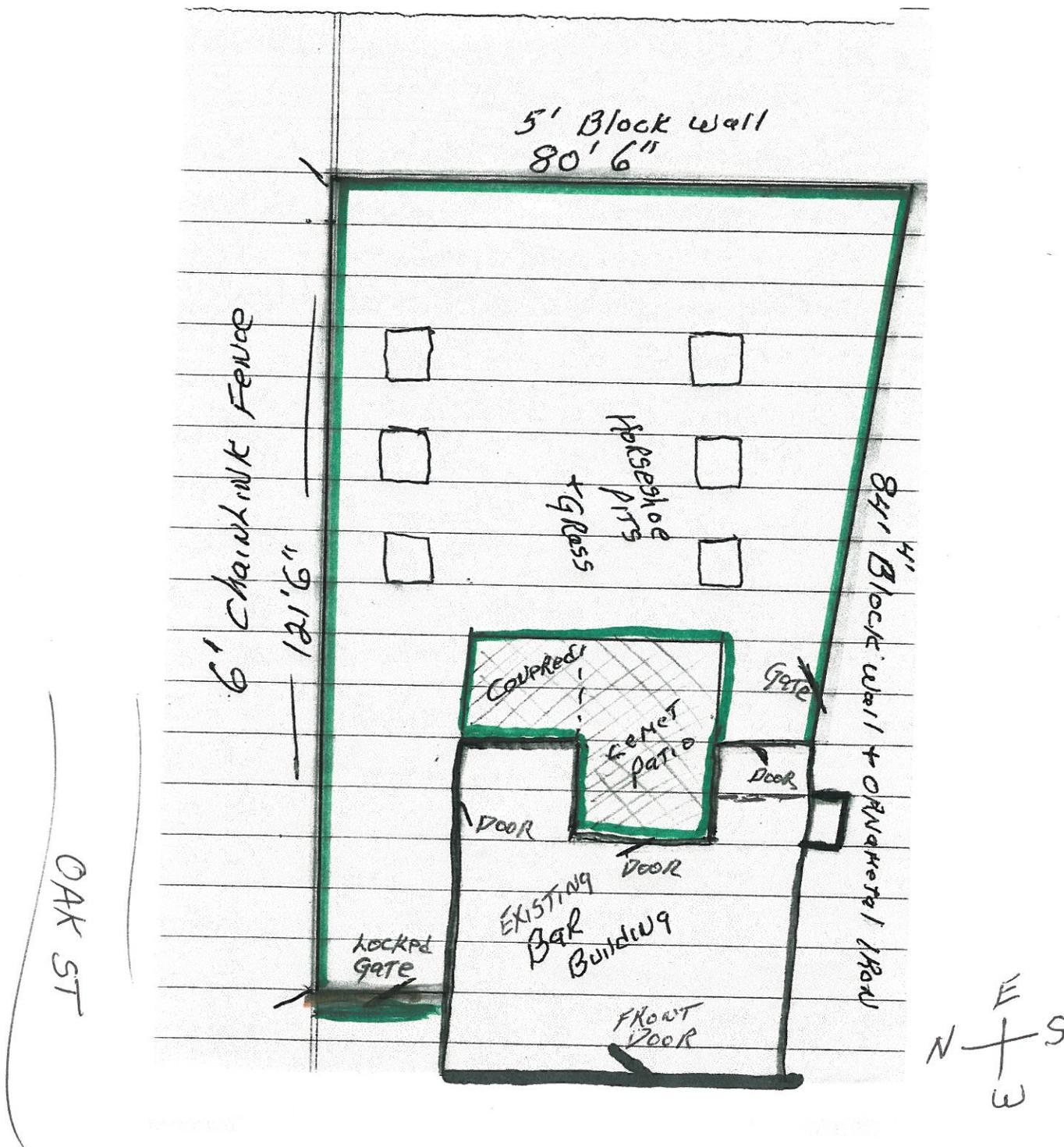
X [Signature]
(Signature of Owner or Agent)

State of Arizona County of Maricopa
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date
27th Day May Month 2014 Year
My Comm. Exp.: September 11, 2016
[Signature]
(Signature of NOTARY PUBLIC)

My commission expires on: 9/11/2014

Investigation Recommendation Approval Disapproval by: _____ Date: _____
Director Signature required for Disapprovals _____ Date: _____

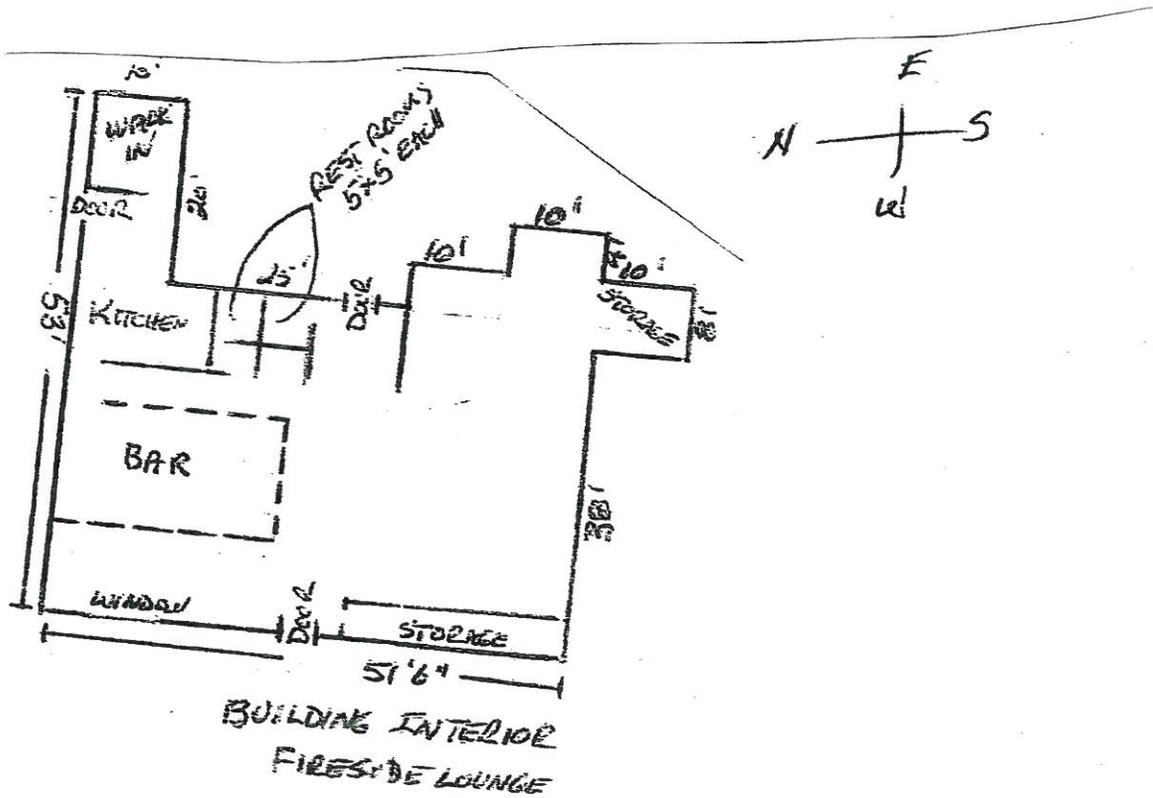
Requested
Area outlined in GREEN



N. Hwy 90

Fireside Lounge
2092 N. Hwy 90
Huachuca City AZ 85616

Fireside Lounge
2092 N. Hwy 90
Huachuca City AZ 85616



Fireside Lounge
2092 N. Hwy 90
Flagstaff City AZ 86616

PICTURES OF REQUESTED AREA
SHOWING WALLS & FENCE

