

Hand-delivered on 6/2/14 BOS

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. **A non-refundable \$50 fee will apply.** Specific purpose for change: _____

 Temporary change for date(s) of: 19 / 07 / 2014 through 19 / 07 / 2014 List specific purpose for change: _____
American Legion Riders 10 Anniversary Celebration

- Licensee's Name: WILSON Last KEITH First Middle
- Mailing Address: 18 E. JAMES DRIVE City SIERRA VISTA State AZ Zip 85635
- Business Name: AMERICAN LEGION #52 LICENSE #: 14020001
- Business Address: 12 THEATHER DRIVE City SIERRA VISTA COUNTY COCHISE State AZ Zip 85635
- Business Phone: (520) 459-6050 Residence Phone: (520) 227-4744
- Do you understand Arizona Liquor Laws and Regulations? YES NO Email: _____
- Have you received approved Liquor Law Training? NO YES If so, when does your Certificate expire? / /
- What security precautions will be taken to prevent liquor violations in the extended area? See Attachment
- 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.**

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: _____

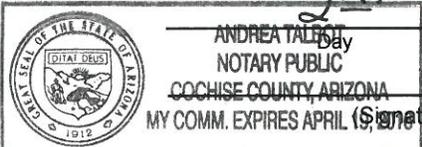
Investigation Recommendation Approval Disapproval by: _____ Date: / /

******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, KEITH WILSON, 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 Cochise
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date 2nd June 2014
Month Year

My commission expires on: 4/19/16


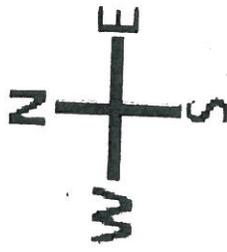
(Signature of NOTARY PUBLIC)

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

Len Roberts Park

Theater Drive

Calvary Rock Church



Canyon Drive

Beer Garden (extended premises)

12' x 40'

Canopies

RV

sign

American Legion Post 52

American Legion Hall

SECURITY PROCEDURES

- 1. FENCED OFF AREA
- 2. WRIST BANDS 21 YEAR+
- 3. "NO ALCOHOL BEYOND THIS POINT" SIGNS.
- 4. SECURITY GUARD AT EXITS