



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

2015 OCT 23 A 8:14

DLLC USE ONLY
CSR:
Log #:

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT
 OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR

Permanent change of area of service. **A non-refundable \$50. fee will apply.** Specific purpose for change:

Golf Course is now 18 Holes on ~200 Acres.

Temporary change for date(s) of: ___/___/___ through ___/___/___ list specific purpose for change:

- Licensee's Name: Turquoies Valley, Inc. License#: 06020012
Last First Middle
- Mailing address: 1794 W. Newell St., Naco, AZ 85620
Street City State Zip Code
- Business Name: Turquoise Valley Golf Course
- Business Address: 1794 W. Newell St., Naco, AZ 85620
Street City State Zip Code
- Email Address: rbuspc@gmail.com
- Business Phone Number: 520-432-3091 Contact Phone Number: 520-432-3091

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? ___/___/___

8. Do you understand Arizona Liquor Laws and Regulations?
 Yes No

9. Does this extension bring your premises within 300 feet of a church or school?
 Yes No

10. Have you received approved Liquor Law Training?
 Yes No

11. What security precautions will be taken to prevent liquor violations in the extended area?
This is a Golf Course - The extension is on the Golf Course, all AZ Liquor Control Laws will be followed.

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise, along with the new extended area.

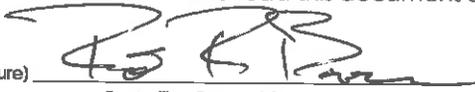
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Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premise. List specific reasons for exemption:

Approval Disapproval by: _____ Date: ___/___/___

I, (Print Full Name) **Robert R. Barnes**, hereby declare that I am a CONTROLLING PERSON/ AGENT
Controlling Person / Agent

filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) 
Controlling Person / Agent

State of Arizona County of Cochise
the foregoing instrument was acknowledged before me this

22 of October 2015
Day Month Year

My commission expires on: 5-15-2017




Signature of NOTARY PUBLIC

GOVERNING BOARD

After completion, and before submitting to the Department of Liquor, 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 _____ Date _____

Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___

