



Arizona Department of Liquor Licenses and Control
<https://www.azliquor.gov>
(602) 542-5141

DLLC USE ONLY

Job #:
Date Accepted:
LC:
License #:

**PERMANENT EXTENSION OF
PREMISES/PATIO PERMIT**

NON-REFUNDABLE \$50.00 FEE WILL APPLY

OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR

****Notice: Allow 30-45 days to process permanent change of premises****

License#: _____

Specific purpose for change: _____

1. Agent Name: _____

Last

First

Middle

2. Business Name: _____

3. Business Location Address: _____

Street

City

State

Zip Code

4. Mailing address: _____

Street

City

State

Zip Code

5. Email Address: _____

6. Business Phone Number: _____ Contact Phone Number: _____

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 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?

IMPORTANT

MUST ATTACH A DIAGRAM, clearly depicting your licensed premises along with the new extended area, ***If the extended area is not outlined and marked "extension" we cannot accept the application.***

BARRIER

☐ 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:

☐ Approval ☐ Disapproval by DLLC: _____

SIGNATURE

Declaration:

I, (Print Name) _____, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

Signature

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.

☐ Approval

☐ Disapproval

Authorized Signature

Title

Agency

Date

DLLC USE ONLY

Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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