

# 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**

<input type="checkbox"/> Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: _____ _____
<input checked="" type="checkbox"/> Temporary change for date(s) of: ___/___/___ through ___/___/___ List specific purpose for change: _____ September 20, 2014 Charity Event for Justice McKneely Foundation

1. Licensee's Name: \_\_\_\_\_ Nations Randy D. \_\_\_\_\_  
 Last First Middle
2. Mailing Address: PO Box 2502 Chandler Arizona 85244  
 City State Zip
3. Business Name: Sidewinders Tavern & Grill LICENSE #: 06040050
4. Business Address: 6112 W. Hardscrabble Rd. Pine Gila Arizona 85544  
 City COUNTY State Zip
5. Business Phone: (928) 476-6434 Residence Phone: (480) 730-2675
6. Do you understand Arizona Liquor Laws and Regulations?  YES  NO Email: miranda@azlic.com
7. Have you received approved Liquor Law Training?  NO  YES If so, when does your Certificate expire? I am a/certified trainer
8. What security precautions will be taken to prevent liquor violations in the extended area? The ext area will be surrounded by a fence
9. Does this extension bring your premises within 300 feet of a church or school?  YES  NO & we will have security on duty.
10. **IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.**

<input type="checkbox"/> 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 <input type="checkbox"/> Approval <input type="checkbox"/> 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)

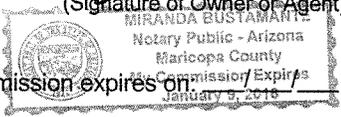
I, Randy D. Nations, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)  
 under penalty of perjury, that I am the APPLICANT making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

X *Randy D. Nations*  
 (Signature of Owner or Agent)

State of Arizona County of Maricopa  
 SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

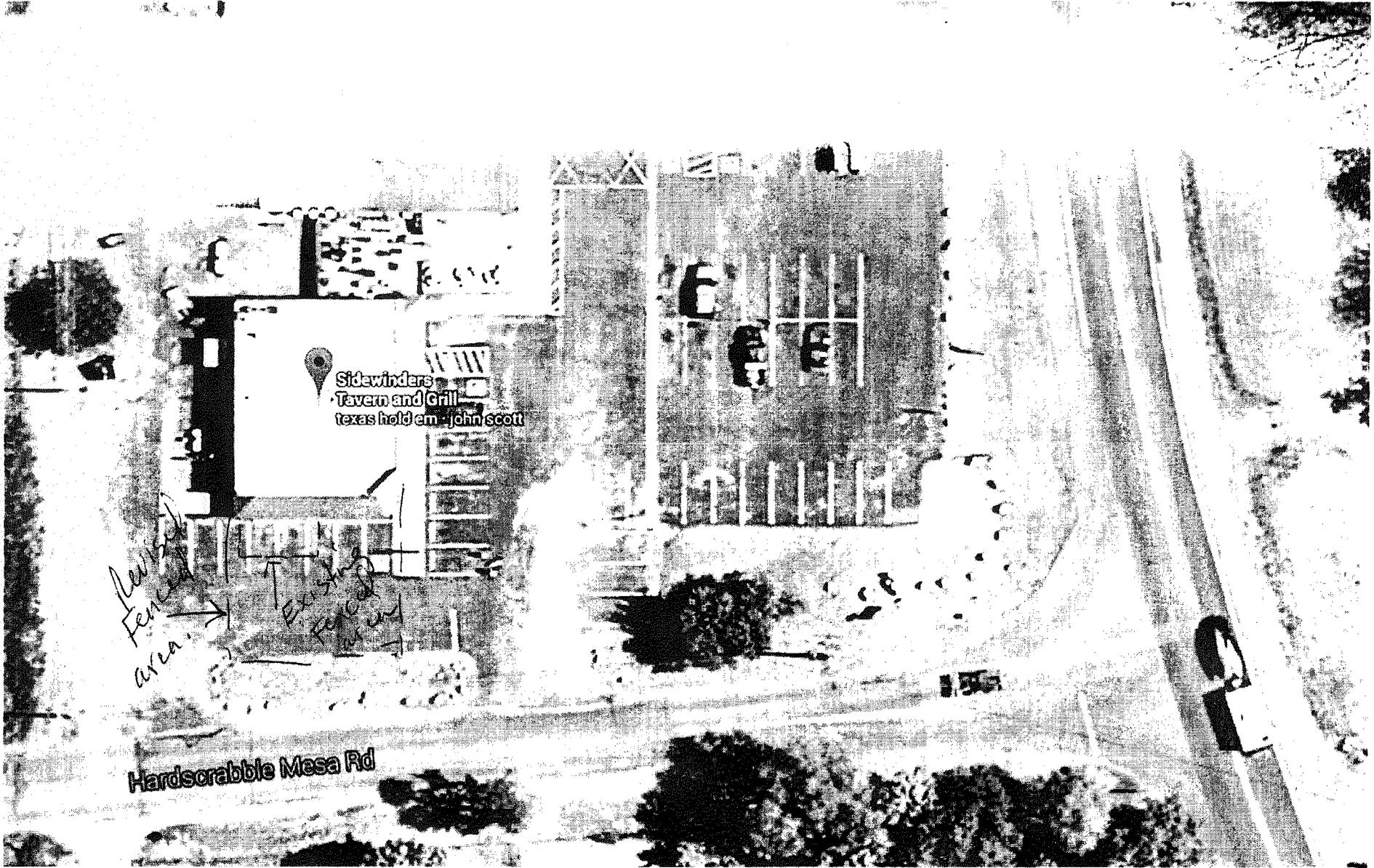
26th August 2014  
 Day Month Year

*Miranda Bustamante*  
 (Signature of NOTARY PUBLIC)



My commission expires on \_\_\_\_\_

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



Sidewinders  
Tavern and Grill  
texas hold em john scott

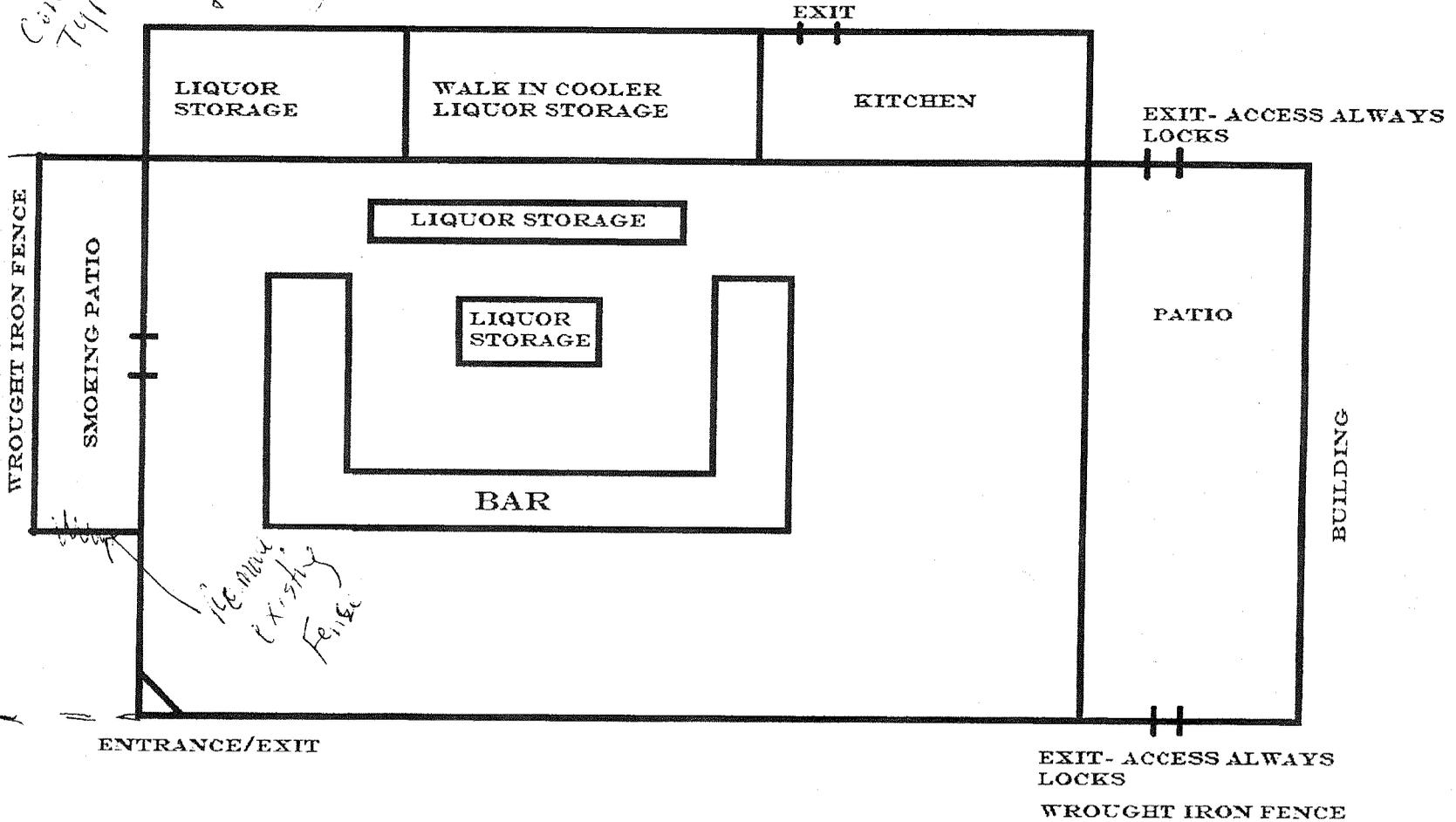
Revised  
Fencing  
area

Existing  
Fencing

Hardscrabble Mesa Rd

135

*Temp Fence (Orange Construction Type) w/ security staff in the area*



*the main existing fence*