

For 9/16
Agenda

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: 9, 27, 14 through 9, 28, 14 List specific purpose for change: Oktoberfest (annual event - 11 yrs)

- Licensee's Name: Morken Tamara Lynne
- Mailing Address: PO Box 90 Pine AZ 85544
- Business Name: THAT Brewery / Riverside Grill LICENSE #: 111043006
- Business Address: 3270 N. Hwy 87 Pine Gila AZ 85544
- Business Phone: 928 476 3349 Residence Phone: (602) 290 94790
- 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? May 12015
- What security precautions will be taken to prevent liquor violations in the extended area? Fencing, security, training
- 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: 1/1

****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:
Michael J. Sauter Chairman BOS Gila County
(Authorized Signature) (Title) (Agency)

I, Tamara Lynne Morken, being first duly sworn upon oath, hereby depose, swear and declare, 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 Amara Lynne Morken State of Arizona County of Gila
(Signature of Owner or Agent) SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date
Notary Public State of Arizona
Gila County
Julie Pugel Day September Year 2014
My commission expires on: 8/21/2016 (Signature of NOTARY PUBLIC)

Investigation Recommendation Approval Disapproval by: _____ Date: 1/1
Director Signature required for Disapprovals _____ Date: 1/1

LC# 11043006

Application for extension of patio permit
THAT Brewery / Riverside Grill

