

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

FOR DLLC USE ONLY

Date payment received:

____/____/____

CSR initials: _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

This application must be returned to the Department of Liquor
(Notice: Allow 30-45 days to process permanent change of premises)

Permanent change of area of service. **A NON-REFUNDABLE \$50 FEE WILL APPLY.** Specific purpose for change:

Temporary change for date(s) of: 05/09/15 through 05/09/15 List specific purpose for change:

1. Licensee's Name: Nations Randy D.
Last First Middle

2. Mailing Address: PO Box 2502 Chandler Arizona 85244
Street City State Zip

3. Business Name: Sidewinders Tavern & Grill License # 06040050

4. Business Address: 6112 W. Hardscrabble Rd. Pine Arizona 85544
Street City State Zip

5. Contact phone: (480) 730-2675 Business phone: (928) 476-6434

6. Email: miranda@azlic.com

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? 05/09/15

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? 2-19-17 Per Records DLLC (Ann) AK
 Yes No If yes, when does your Certificate expire? Date: ____/____/____ I am a certified trainer.

11. What security precautions will be taken to prevent liquor violations in the extended area?
Area of ext will be surrounded by a fence & security will be on duty.

12. **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 premise. List specific reasons for exemption:

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

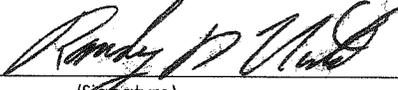
Ⓢ OBTAIN APPROVAL FROM LOCAL GOVERNING BODY BEFORE SUBMITTING TO THE DEPARTMENT Ⓢ

➡ After completing the application, 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:

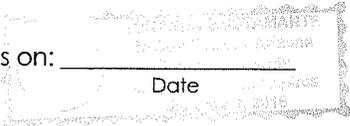
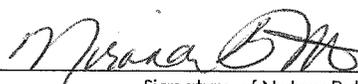
(Authorized Signature) (Title) (Agency) Date

I, Randy D. Nations, declare that I am the APPLICANT and, under penalty of perjury, making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.
(Print full name)

X  Randy D. Nations 04/13/15 480-730-2675
(Signature) Title/ Position Date Phone #

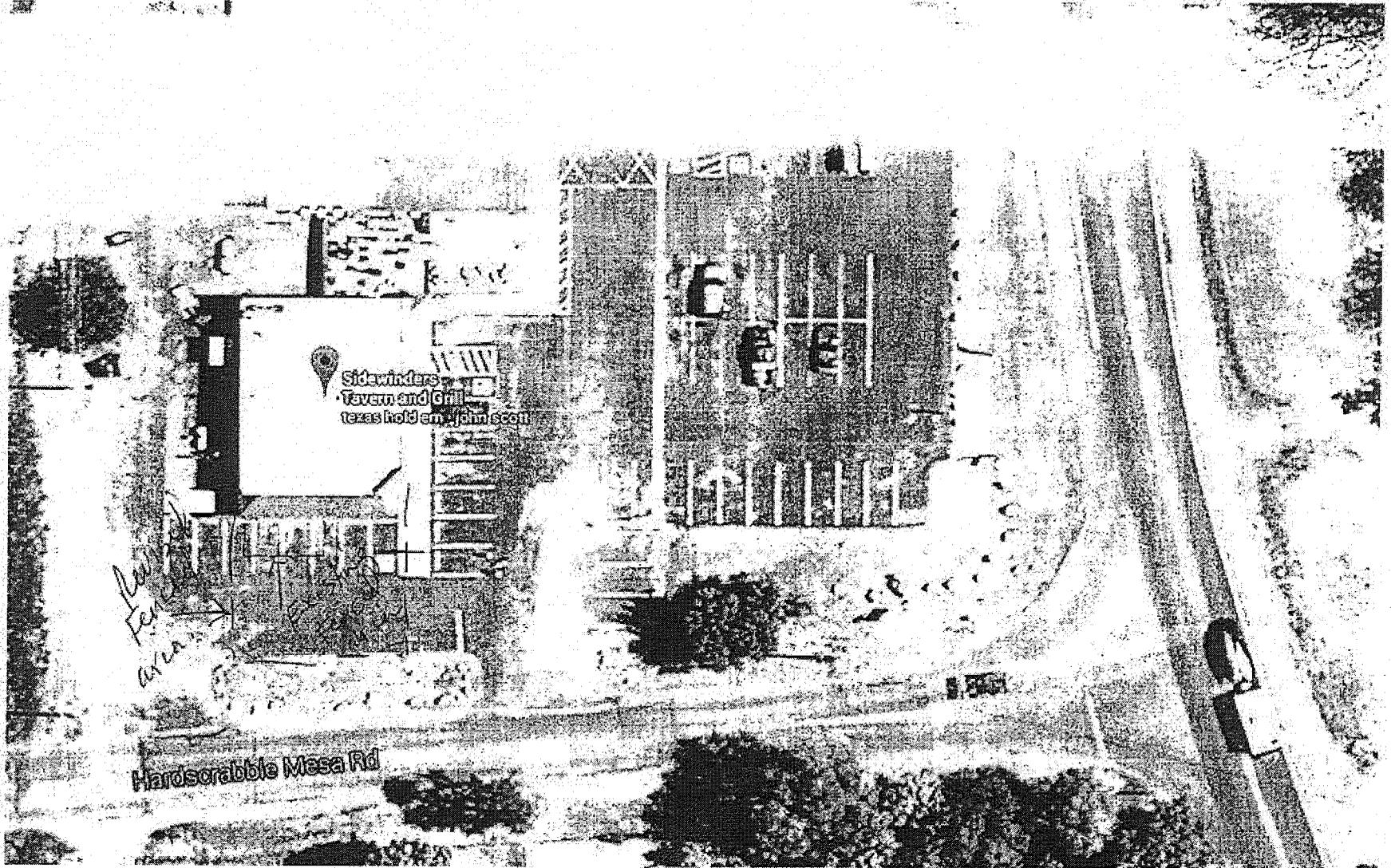
The foregoing instrument was acknowledged before me this 13th April 2015
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: _____
Date  
Signature of Notary Public

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

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

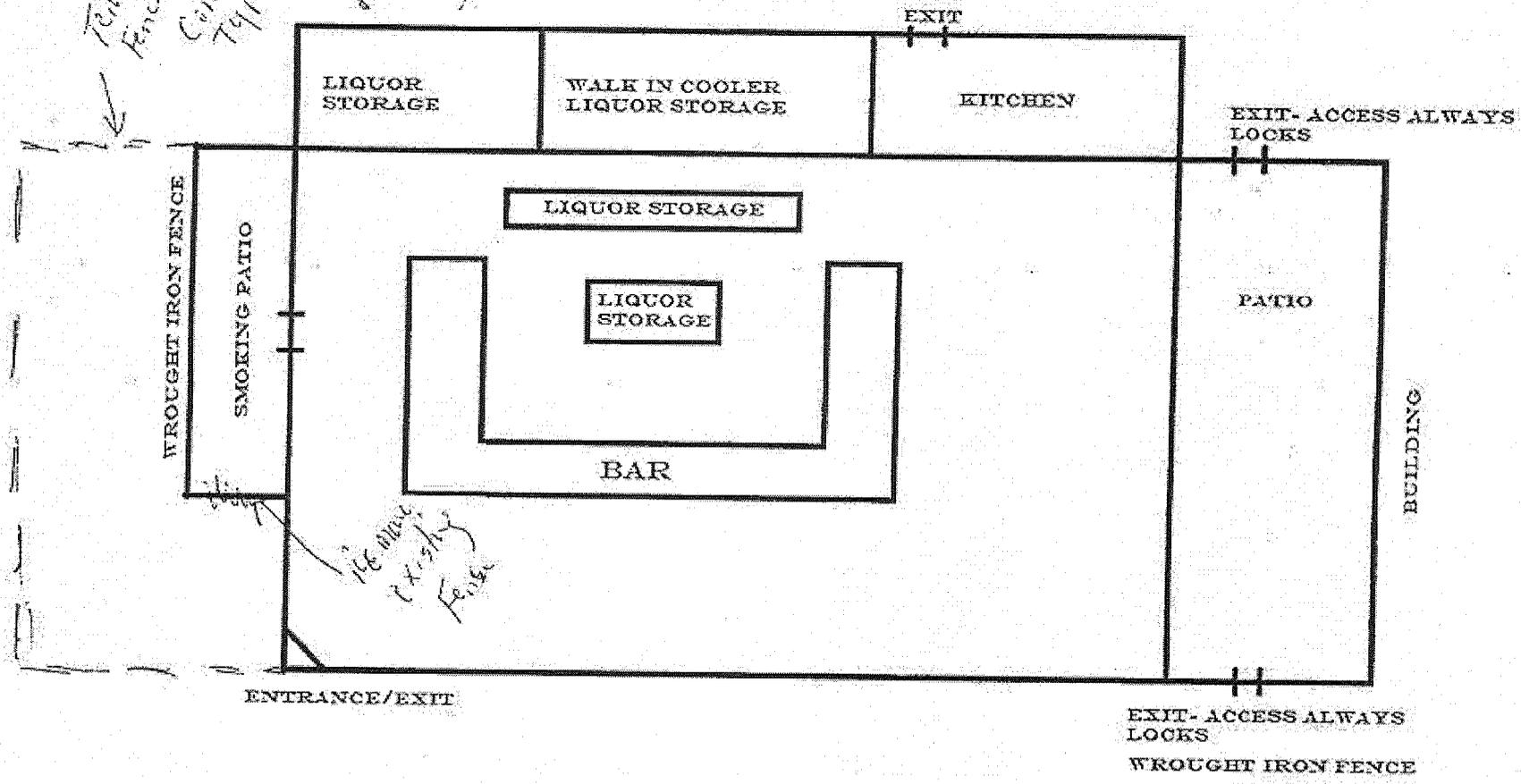


Sidewinders
Tavern and Grill
Texas hold em. Johnson

*Pav.
Tennis
area*

Hardscrabble Mesa Rd

Fence (Kojima Construction Type) w/ security staff in the area



WROUGHT IRON FENCE
SMOKING PATIO

1/2" MIN. CHICKEN FENCE

ENTRANCE/EXIT

EXIT- ACCESS ALWAYS LOCKS
WROUGHT IRON FENCE

BUILDING

EXIT- ACCESS ALWAYS LOCKS

EXIT

LIQUOR STORAGE

WALK IN COOLER LIQUOR STORAGE

KITCHEN

LIQUOR STORAGE

LIQUOR STORAGE

BAR

PATIO