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: 6/27/15 through 6/27/15 List specific purpose for change:
Modified Motorcycle Association, Charitable Bikini Bike wash

1. Licensee's Name: MacLean (Last) Alexander (First) Douglas (Middle)
2. Mailing Address: 5079 Hwy 87 (Street) Strawberry (City) Az. (State) 85544 (Zip)
3. Business Name: Flying Grizzly License # 07040008
4. Business Address: 5079 Hwy 87 (Street) Strawberry (City) Az (State) 85544 (Zip)
5. Contact phone: (1) 970-210-6718 Business phone: (___) 928-476-3064
6. Email: N/A
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 If yes, when does your Certificate expire? Date: 3/19/2017
11. What security precautions will be taken to prevent liquor violations in the extended area?
    Security Guards
12. **IMPORTANT**: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

Individuals requiring ADA accommodations call (602)542-9027.

☐ 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:

_____, Chairman Gila County BOS 5-19-2015

(Authorized Signature) (Title) (Agency) Date

I, Douglas Alexander MacLean (Print full name), 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.

x Douglas Alexander MacLean (Signature) | Owner (Title/ Position) | 4/15/15 (Date) | (970) 210-6718 (Phone #)

The foregoing instrument was acknowledged before me this 15th (Day) April (Month) 2017 (Year)

State Arizona County of Gila

My Commission Expires on: May 22, 17 (Date) Cheryl Sluyter (Signature of Notary Public)

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

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

CHERYL SLUYTER
Notary Public - State of Arizona
GILA COUNTY
My Commission Expires
May 22, 2017

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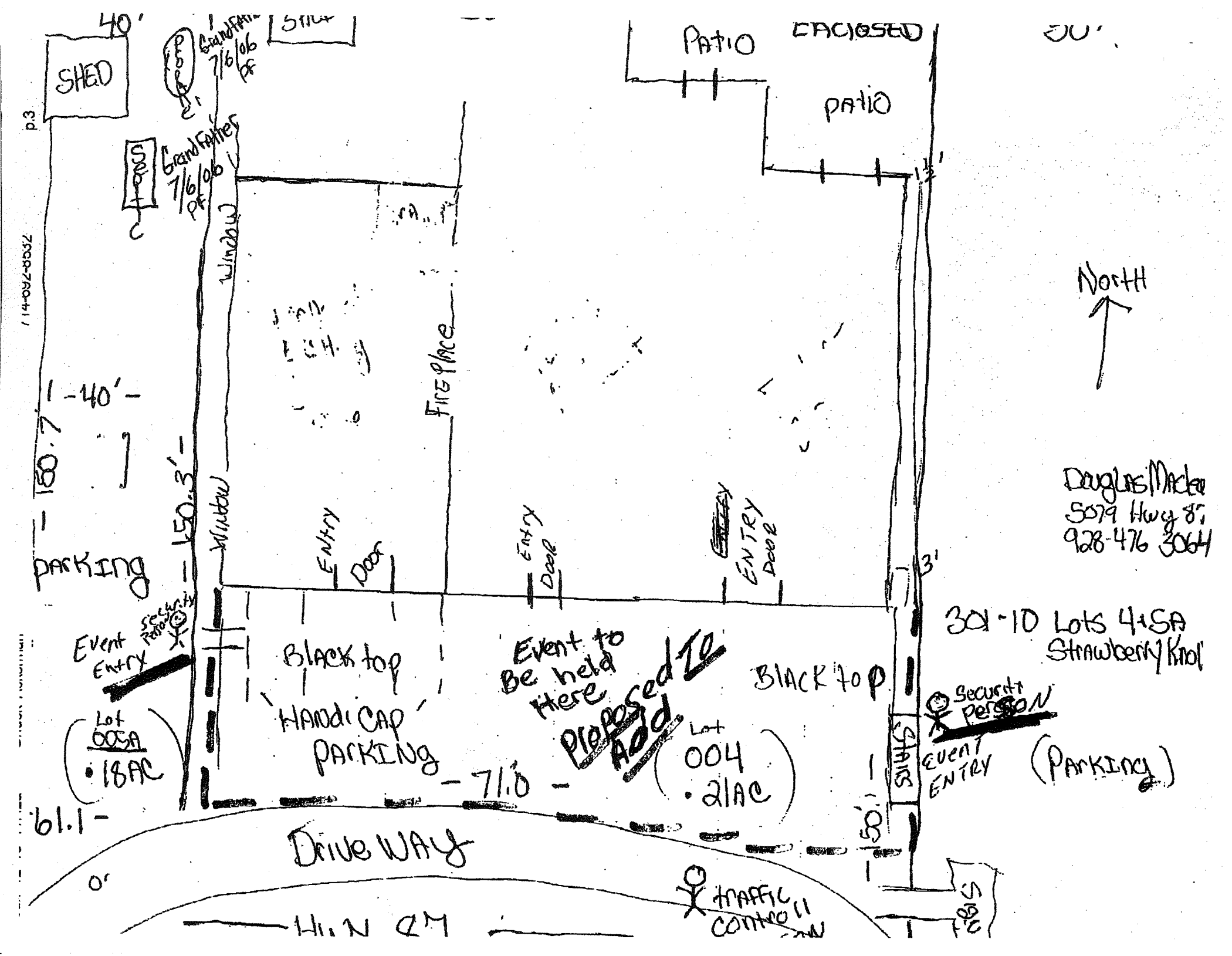

SHED
40'
Grandfather 7/6/06 PF
Grandfather 7/6/06 PF
Patio
Patio
Enclosed
North
Window
Fireplace
Window
Entry Door
Entry Door
Entry Door
-40'-
150.7
150.3'
Parking
Event Entry
Security Person
Black top
Handicap Parking
Event to Be held Here
Proposed To Add
Black top
Lot 005A
.18AC
Lot 004
.21AC
-71.0-
61.1-
Drive Way
Stairs
Event Entry
Security Person
(Parking)
Douglas Macleo
5079 Hwy 87
928-476 3064
301-10 Lots 4+5A
Strawberry Knol
traffic control

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CERTIFICATE OF TITLE 4 TRAINING COMPLETION

Do Not Duplicate This Form

Certificates must be completed by a state-approved training course provider, in black ink, on an original form.

JAMES MACLEAN
Full Name (please print)

Signature

20 March 2012
Training Completion Date

March 19, 2017
Certificate Expiration Date
(MANAGEMENT - 5 years from completion date)
(BASIC - 3 years from completion date)

Type of Training Completed (check Yes or No)

☒ Yes	☐ No	BASIC	☒ Yes	☐ No	ON SALE
☒ Yes	☐ No	MANAGEMENT	☐ Yes	☒ No	OFF SALE
☒ Yes	☐ No	BOTH	☐ Yes	☒ No	OTHER

If Trainee Is Employed By A Licensee

Name of Licensee | Business Name | Liquor License #

Alcohol Training Program Provider Information

Arizona Alcohol Traffic & Firearms
Company or Individual Name (please print)

P.O. Box 6252
Address

Chandler, AZ 85246
City State Zip

(480) 664-0389
Daytime Contact Phone #

I certify the above named individual has successfully completed the training specified above in accordance with Arizona Revised Statue, Arizona Administrative Code, and the training course curriculum approved by the Department of Liquor Licenses and Control:

Jared Repinski
Name of Trainer (please print)

Trainer Signature

20 March 2012
Date

Pursuant to A.R.S.§ 4-112(G)(2), mandatory Title 4 liquor law training is required prior to the issuance of all new liquor license applications submitted after November 1, 1997.

The persons(s) required to attend both the BASIC and MANAGEMENT Title 4 liquor law training, on- or off-sale, will include all of the following:
Owner(s)
Licensee/agent or manager(s) actively involved in daily business operation

A valid (not expired) Certificate of Title 4 Training Completion must be submitted to the Department of Liquor Licenses and Control before a liquor license application is considered complete.

Before acceptance of a manager's questionnaire and/or agent change for an existing liquor license, proof of attendance for the BASIC and MANAGEMENT Title 4 liquor law training (on- or off-sale) is required.

3/2009

Disabled individuals requiring special accommodations, please call (602) 542-9027