

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

Meeting Date: May 11, 2015	Time Needed: CONSENT						
Requesting Department: Board of Supervisors	Presenter(s) Name N/A						
Motion before the Board: Application for Extension of Premises/Patio Permit							
Recommendation: (who, what, where, when, how, etc.) Staff recommends Approval							
Background: (why should it be done, what will happen if not approved, etc. include resolution) The Applicant; American Legion Post # 86 requesting a temporary change for dates June 4, 2015 through June 7, 2015 for weekend event – ROMP (Riding on Military Pride)							
Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.) None							
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Reviewed and approved by:</td> <td style="width: 15%;">County Manager <input type="checkbox"/></td> <td style="width: 15%;">County Attorney <input type="checkbox"/></td> <td style="width: 15%;">Human Resources <input type="checkbox"/></td> <td style="width: 15%;">Finance <input type="checkbox"/></td> <td style="width: 15%;">IT <input type="checkbox"/></td> </tr> </table>		Reviewed and approved by:	County Manager <input type="checkbox"/>	County Attorney <input type="checkbox"/>	Human Resources <input type="checkbox"/>	Finance <input type="checkbox"/>	IT <input type="checkbox"/>
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Board Action Taken Approved <input type="checkbox"/> Denied <input type="checkbox"/> No Action <input type="checkbox"/> Continued <input type="checkbox"/> Continued to: _____							
Approved with changes as follows: _____							
Clerk's Notes							
Date:	Initial:						

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.

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: 06/04/2015 through 06/07/2015 List specific purpose for change:

WEEKEND EVENT - ROMP. (RIDING ON MILITARY PRIDE)

1. Licensee's Name: AMERICAN LEGION Post #86
Last First Middle
2. Mailing Address: P.O. Box 215 Overgaard AZ 85933
Street City State Zip
3. Business Name: John D. Wilby AMERICA LEGION Post #86 License # 14090008
4. Business Address: 2068 Lumber Valley Rd. Overgaard, AZ 85933
Street City State Zip
5. Contact phone: (480) 707-2830 Business phone: (928) 535-5266
6. Email: JWWilby@DirectV.com
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: 08/05/2016
11. What security precautions will be taken to prevent liquor violations in the extended area?
SAV & Post Office Officers * Sheriff Auxiliary Volunteers
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:

NA

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, John Robert Martin, 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 JRM/SA Judge/Advoc. 4/27/15 928-535-4860
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 27 April 2015
Day Month Year

State ARIZONA County of MARICOPA



5, 2018
Date

Jessie Carlson
Signature of Notary Public

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

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

SW

Extension of Premises/Partio

HWY 260

