

Pima County Clerk of the Board

Robin Brigode

Administration Division 130 W. Congress, 5th Floor Tucson, AZ 85701 Phone: (520)724-8449 • Fax: (520) 222-0448 Document and Micrographics Mgt. Division 1640 East Benson Highway Tucson, Arizona 85714 Phone: (520) 351-8454 • Fax: (520) 351-8456

December 24, 2013

Mr. Myron Christopher Squires 1055 Brew Works, L.L.C. 37 S. Shadow Creek Pl. Tucson, AZ 85748

RE: Application for Extension of Premises/Patio Permit

License No.: 03103012 1055 Brew Works, L.L.C.

Temporary Change for February 1, 2014

Dear Mr. Squires:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above Extension of Premises/Patio Permit application. Please be advised that the hearing has been scheduled for Tuesday, January 7, 2014, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building Board of Supervisors Hearing Room 130 West Congress, 1st Floor Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

Robin Brigode Clerk of the Board

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

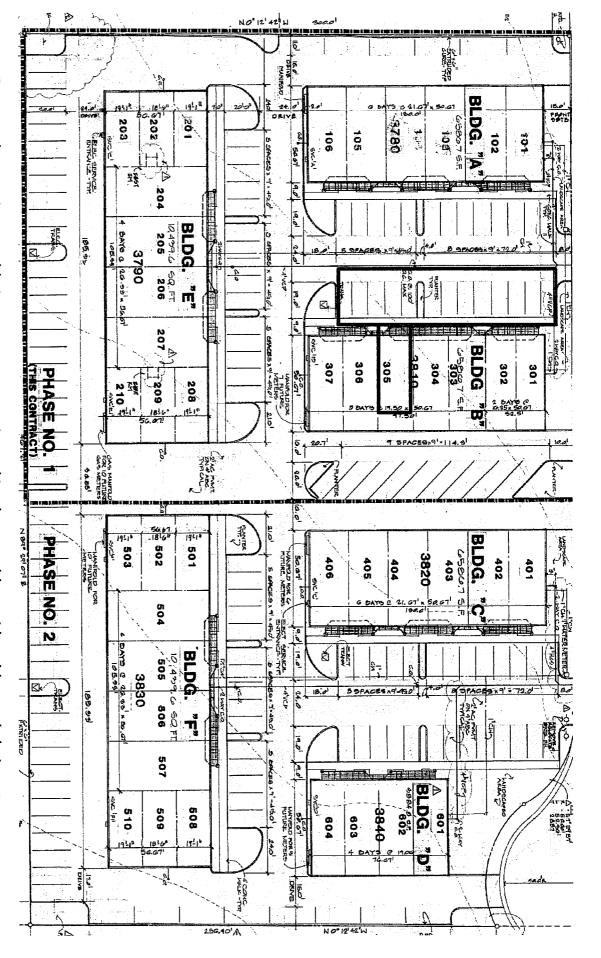
800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

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. Sp	ecific purpose	for change:			
	Temporary change for date(s) of 92 /01	/2014 through _02/	01 /2014 List	specific purpo	ose for change: hav	ving our		
	1 year anniversary party, block off portion of p	parking lot with barriers a	nd extend seati	ng area outside				
1.	Licensee's Name: SQUIRES	MY	RON		CHRISTOPHER			
2.	Last Mailing Address: 37 S Shadow Creek Place	Tucson	First	AZ	Middle 85748			
3.	Business Name: 1055 Brew Works LLC	City	LI	State CENSE #: 0310	Zip 03012			
4.	Business Address: 3810 E 44th St	Tucson	PIMA	AZ	85713			
5.	Eusiness Phone: (520) 461-8073	City Resid	COUNTY ence Phone:(State)	Zip			
6.	Do you understand Arizona Liquor Laws and			:()		······································		
7.	Have you received approved Liquor Law Train	ining? 🔲 NO 🔳 YES	If so, when de	oes your Certif	icate expire? 11	/01 /2015		
8. 9.	What security precautions will be taken to pre Does this extension bring your premises with					P T		
0.	IMPORTANT: ATTACH THE REVISED FLO	OR PLAN CLEARLY D	EPICTING YO	UR LICENSEI	PREMISES AND	WHAT YOU		
<u></u>	PROPOSE TO ADD.				···	112		
ŀ	Barrier Exemption: an exception to the re Barrier exemptions are granted based on							
l	List specific reasons for exemption:	public salety, pedestri	an name, and	Outer ractors u	mique to a licenset	premises.		
ı						T.		
	Investigation Recommendation Approval	Disapproval by:			Date: _	-'		
	*****After completing sections 1-10, please	take this application	to your local	Board of Sun	ervisors. City Co	uncil or		
	****After completing sections 1-10, please Designate for their recommendation. This	s recommendation is	not binding o	n the Departm	ent of Liquor.			
	This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:							
	(Authorized Signature)	(Title)	<u> </u>		(Agency)			
	/YRON CHRISTOPHER SQUIRES							
٠,	(Print full name)				oy depose, swear a			
	inder penalty of perjury, that I am the APPLIC. and all stafenients are true, correct and comple		oing application	n. I have read	this application an	id the content		
c	and all states here's are true, correspond complete	State of						
X _			53rd 53rd MY PR		SWORN TO before r	me this date		
	Signature of Owner of Agent)	OFFICIAL SEAL	7	De Cember Month	- 2013 Year			
N As a		KATRINA GRIJALVA MARTI NOTARY PUBLIC		va Marti	raf			
iviy	COMMINISSION EXPIRES ON TOTAL	PIMA COUNTY My Comm. Expires See: 19, 2	1000	re of NOTARY	PUBLIC)	······································		
Inv	restigation Recommendation Approval	Disapproval by:	U14		Date:/	1		
	ector Signature required for Disapprovals	.,			Date:/			
	/26/2012 *Disabled individuals requiring sp	agial accommodation al	acce call the De	mortment(602)				



- Proposed extension would give us some room in parking lot, would provide tables and chairs, etc
- Will provide designated ID checkers at gate, using hand stamp system for service
- Owners will be on-site to enforce