



Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
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1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 351-8456

August 14, 2013

Mr. Myron Christopher Squires
1055 Brew Works LLC
37 S. Shadow Creek Place
Tucson, AZ 85748

RE: Application for Extension of Premises/Patio Permit
License No.: 03103012
1055 Brew Works LLC
Temporary Change for September 7, 14, 21 and 28, 2013

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, September 3, 2013, 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,

A handwritten signature in cursive script that reads "Robin Brigode".

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. Specific purpose for change: _____

☒ Temporary change for date(s) of: 9/7, 9/14, 9/21, 9/26 through 9/7, 9/14, 9/21, 9/26 List specific purpose for change: event to be held in parking lot, will provide barriers etc

- Licensee's Name: Squires Myron Christopher
Last First Middle
- Mailing Address: 37 S Shadow Creek Place Tucson AZ 85748
City State Zip
- Business Name: 1055 Brew Works LLC LICENSE # 03103012
- Business Address: 3810 E 44th Street, # 315 Tucson Pima AZ 85713
City COUNTY State Zip
- Business Phone: (520) 461-8073 Residence Phone: () _____
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Fax #: () _____
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 08 / 01 / 2015
- What security precautions will be taken to prevent liquor violations in the extended area? barriers, trained ID checkers at gate
- 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: ____/____/____

****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:

(Authorized Signature)

(Title)

(Agency)

I, Myron Christopher Squires, 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 [Signature] State of Arizona County of Pima
(Signature of Owner or Agent) SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

My commission expires on: 9/19/14 OFFICIAL SEAL 13th August 2013
KATRINA GRIJALVA MARTINEZ Day Month Year
NOTARY PUBLIC - State of Arizona
PIMA COUNTY
My Comm. Expires Sept. 19, 2014 (Signature of NOTARY PUBLIC)

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

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

[illegible]