



Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
Deputy Clerk

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

July 29, 2013

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

RE: Application for Extension of Premises/Patio Permit
License No.: 03103012
1055 Brew Works, L.L.C.
Temporary Change for August 17, 24, and 31, 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, August 6, 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, appearing to read "Mary Jo Furphy".

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: 8/17, 8/24, 8/31 through _____ / _____ / _____ List specific purpose for change: Expanding taproom, special event to celebrate

- Licensee's Name: Squires Last Myron First Christopher Middle
- Mailing Address: 37 S Shadow Creek Place Tucson City AZ State 85748 Zip
- Business Name: 1055 Brew Works LLC LICENSE #: 03103012
- Business Address: 3810 E 44th Street. #315 Tucson City Pima COUNTY AZ State 85713 Zip
- Business Phone: (520) 461-8073 Residence Phone: (520) 461-8073
- 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 / 05 / 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 Squires, being first duly sworn upon oath, hereby depose, swear and declare, (Print full name)

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.

State of Arizona County of Pima

SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

(Signature of Owner or Agent)



OFFICIAL SEAL
KATRINA GRIJALVA MARTINEZ
NOTARY PUBLIC - State of Arizona
PIMA COUNTY
My Comm. Expires Sept. 13, 2014

29th Day

July Month

2013 Year

My commission expires on: 9/19/2014

(Signature of NOTARY PUBLIC)

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

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

12/26/2012

*Disabled individuals requiring special accommodation, please call the Department(602) 542-9027.

