



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

April 17, 2014

Mr. Grant Darien Krueger
Union Public House
4340 N. Campbell Ave., No. 103
Tucson, AZ 85718

RE: Application for Extension of Premises/Patio Permit
License No.: 12104129
Union Public House
Temporary Change for May 8, 15, 18, 22 and 25, 2014

Dear Mr. Krueger:

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, May 6, 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
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: 05/08/2014 through 05/08/2014 List specific purpose for change: EVENT

1. Licensee's Name: Krueger Grant Darien
 2. Mailing Address: 4340 N. Campbell Ave. Suite 103 First Middle
Tucson AZ 85718 City State Zip
 3. Business Name: Union Public House LICENSE #: 12104129
 4. Business Address: 4340 N. Campbell Ave STE 103 Tucson AZ 85718 City COUNTY State Zip
 5. Business Phone: (_____) Residence Phone: (_____) _____
 6. Do you understand Arizona Liquor Laws and Regulations? YES NO Email: _____
 7. Have you received approved Liquor Law Training? NO YES If so, when does your Certificate expire? _____ / _____
 8. What security precautions will be taken to prevent liquor violations in the extended area? _____
 9. Does this extension bring your premises within 300 feet of a church or school? YES NO
 10. **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: _____

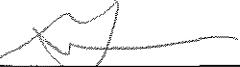
Investigation Recommendation Approval Disapproval by: _____ Date: _____ / _____

****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)
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I, Grant Darien Krueger, 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.

X 
 (Signature of Owner or Agent)

State of Arizona County of Pima
 SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this _____

15th April 2014
 Day Month Year

Delly C. Flores
 (Signature of NOTARY PUBLIC)

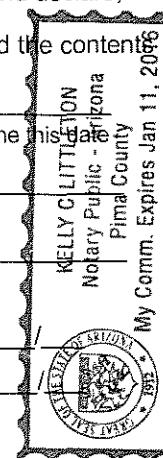
My commission expires on: 01/11/2016

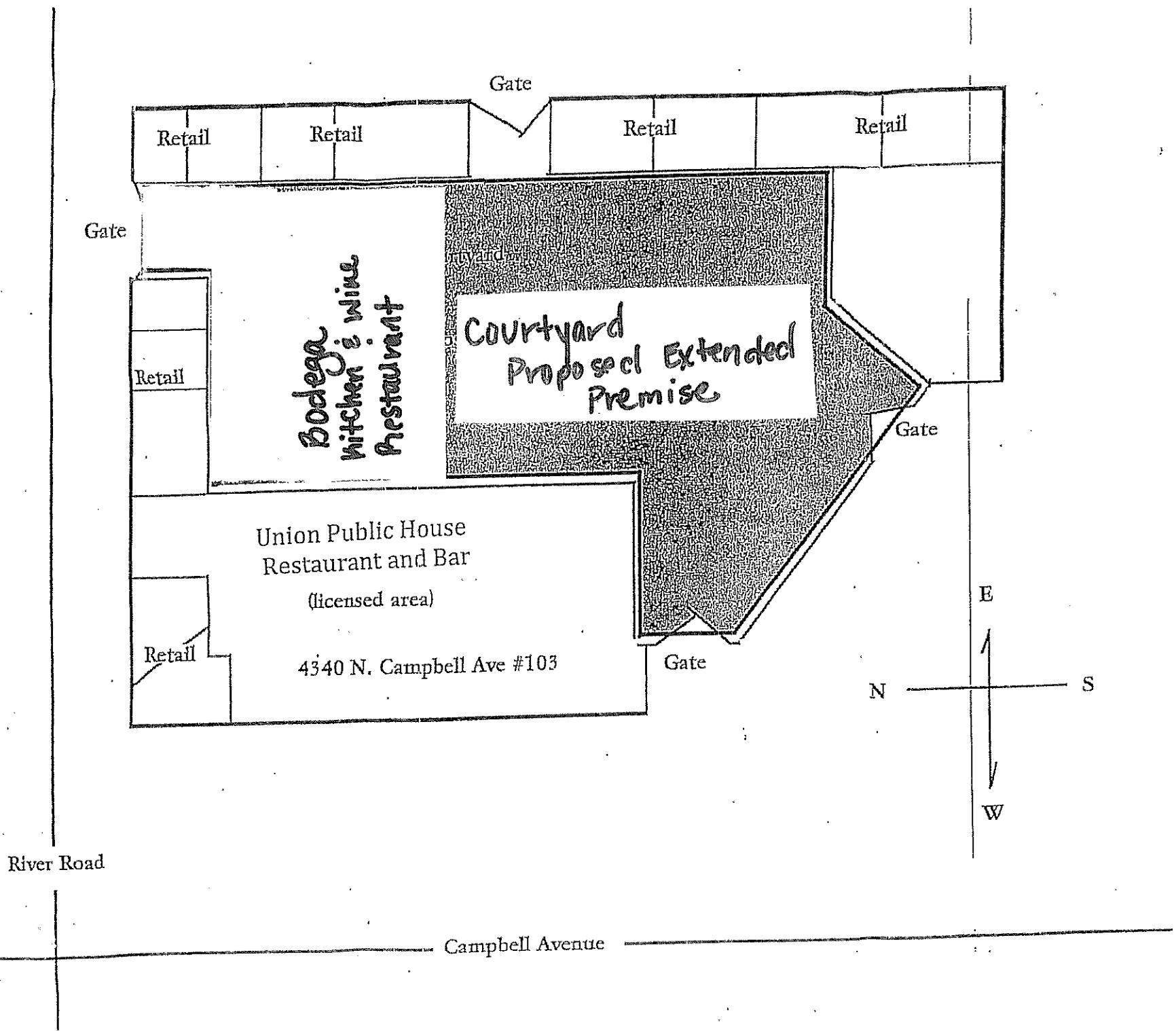
Investigation Recommendation Approval Disapproval by: _____ Date: _____ / _____

Director Signature required for Disapprovals _____ Date: _____ / _____

1/7/2014

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





ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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 Phoenix AZ 85007-2934
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Date payment received _____
 CSR Initials _____

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THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

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Temporary change for date(s) of: 05/15/2014 through 05/15/2014 List specific purpose for change: EVENT

1. Licensee's Name: Grant Krueger First Grant Middle Darien
2. Mailing Address: 4340 N. Campbell Ave STE 103 City AZ State AZ Zip 85718
3. Business Name: Union Public House LICENSE #: 12104129
4. Business Address: 4340 N. Campbell Ave STE 103 City Pima COUNTY AZ State AZ Zip 85718
5. Business Phone: (520) 329-8575 Residence Phone: _____
6. Do you understand Arizona Liquor Laws and Regulations? YES NO Email: Grant@unionpublichouse.com
7. Have you received approved Liquor Law Training? NO YES If so, when does your Certificate expire? 07/30/2014
8. What security precautions will be taken to prevent liquor violations in the extended area? YES, all staff will be trained
9. Does this extension bring your premises within 300 feet of a church or school? YES NO to offset 21 more away
10. **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:

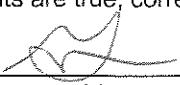
(Authorized Signature)

(Title)

(Agency)

I, Grant Darien Krueger, 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.

X 
 (Signature of Owner or Agent)

My commission expires on: 01/11/2016

State of Arizona County of Pima
 SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this 15 Day of April 2014 Year

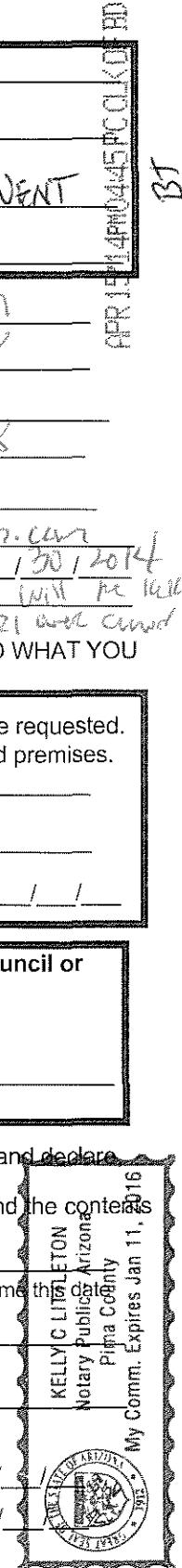
Kelly C. Riddle
 (Signature of NOTARY PUBLIC)

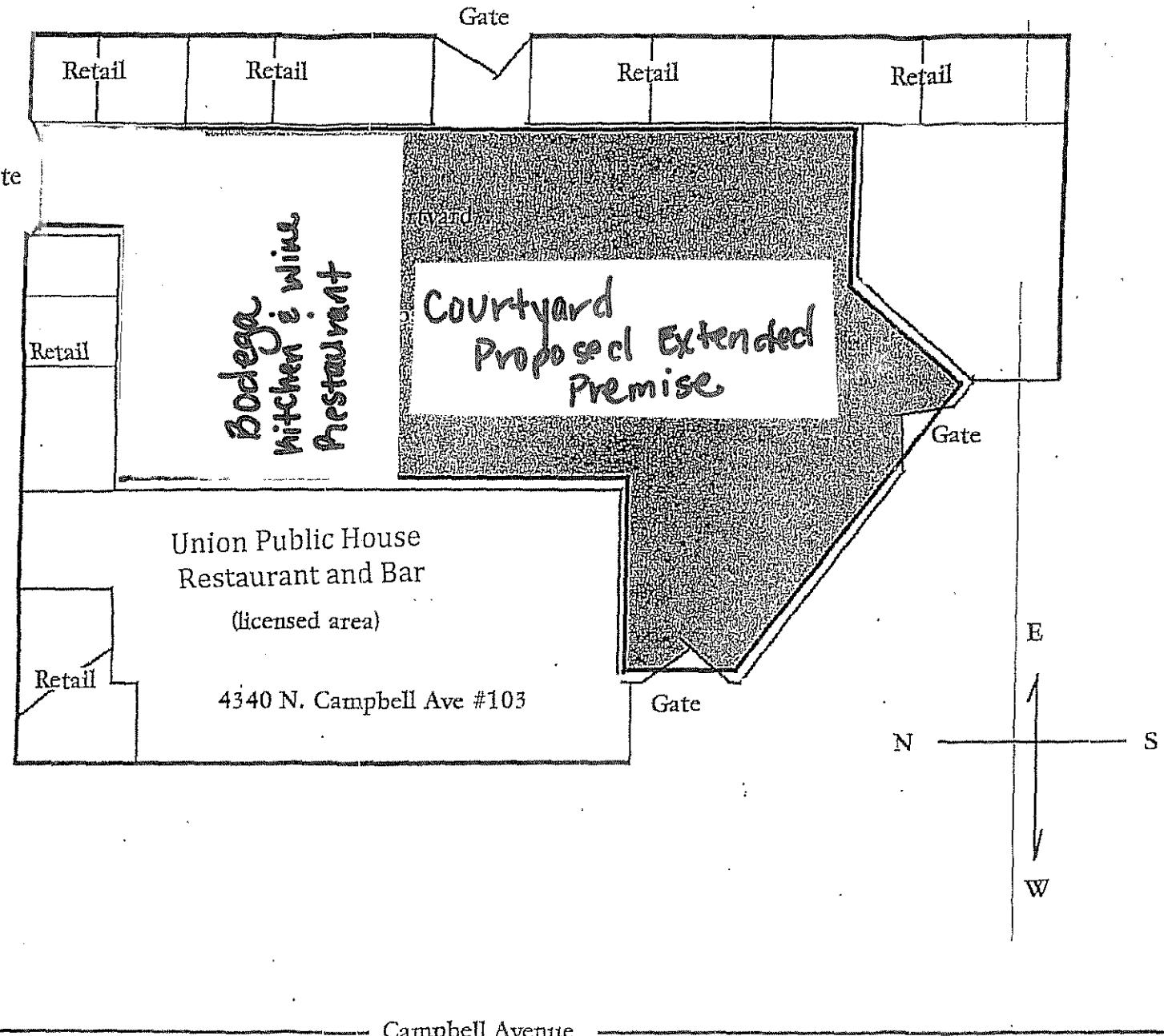
Investigation Recommendation Approval Disapproval by: _____ Date: ____ / ____ / ____

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

1/7/2014

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





ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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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: 05/18/2014 through 05/18/2014 List specific purpose for change: Event

1. Licensee's Name:	Hueger		First	Darien	
2. Mailing Address:	4346 N. Campbell Ave STE 103	Last	First	Middle	SS 718
3. Business Name:	Union Public House		City	State	ZIP
4. Business Address:	4340 N. Campbell Ave STE 103		Rina	AZ	85718
5. Business Phone:	(520) 329-8575		Residence Phone:	()	
6. Do you understand Arizona Liquor Laws and Regulations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Email: _____				
7. Have you received approved Liquor Law Training?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If so, when does your Certificate expire? <u>09/30/2011</u>				
8. What security precautions will be taken to prevent liquor violations in the extended area?	<u>Yes, All sales will be either 21 and over</u>				
9. Does this extension bring your premises within 300 feet of a church or school?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO to inside 21 wet land				
10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.					

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

This change in premises is RECOMMENDED by the local Board of Supervisors, City Council or Designate:

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(Authorized Signature)

(Title)

(Agency)

I, Grant Devion Krueger, 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 _____ State of Arizona County of Yuma
(Signature of Owner or Agent) Grant Darren Krueger SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date of 15th Dec 2014

My commission expires on: 01/11/2016

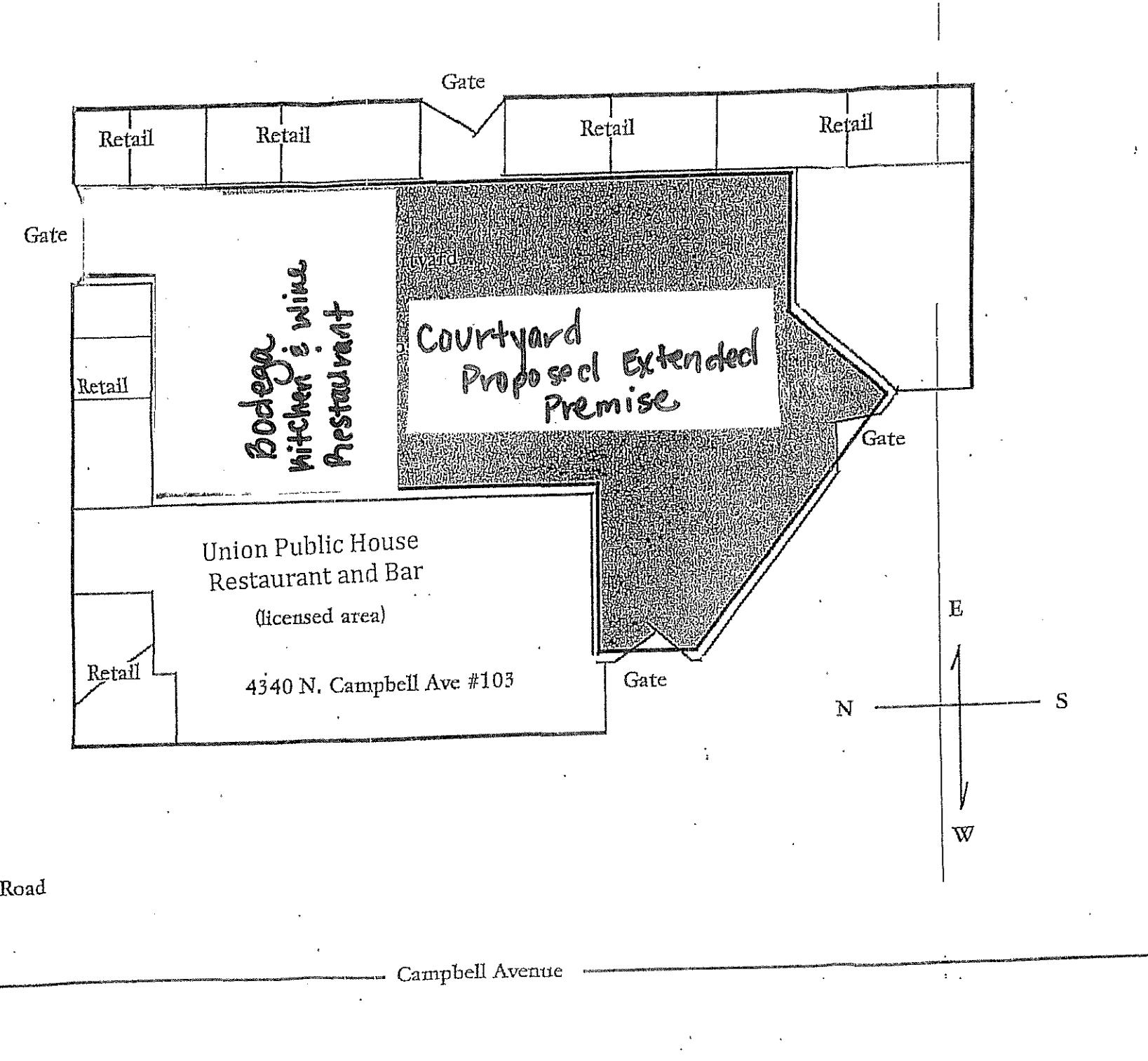
(Signature of NOTARY PUBLIC)

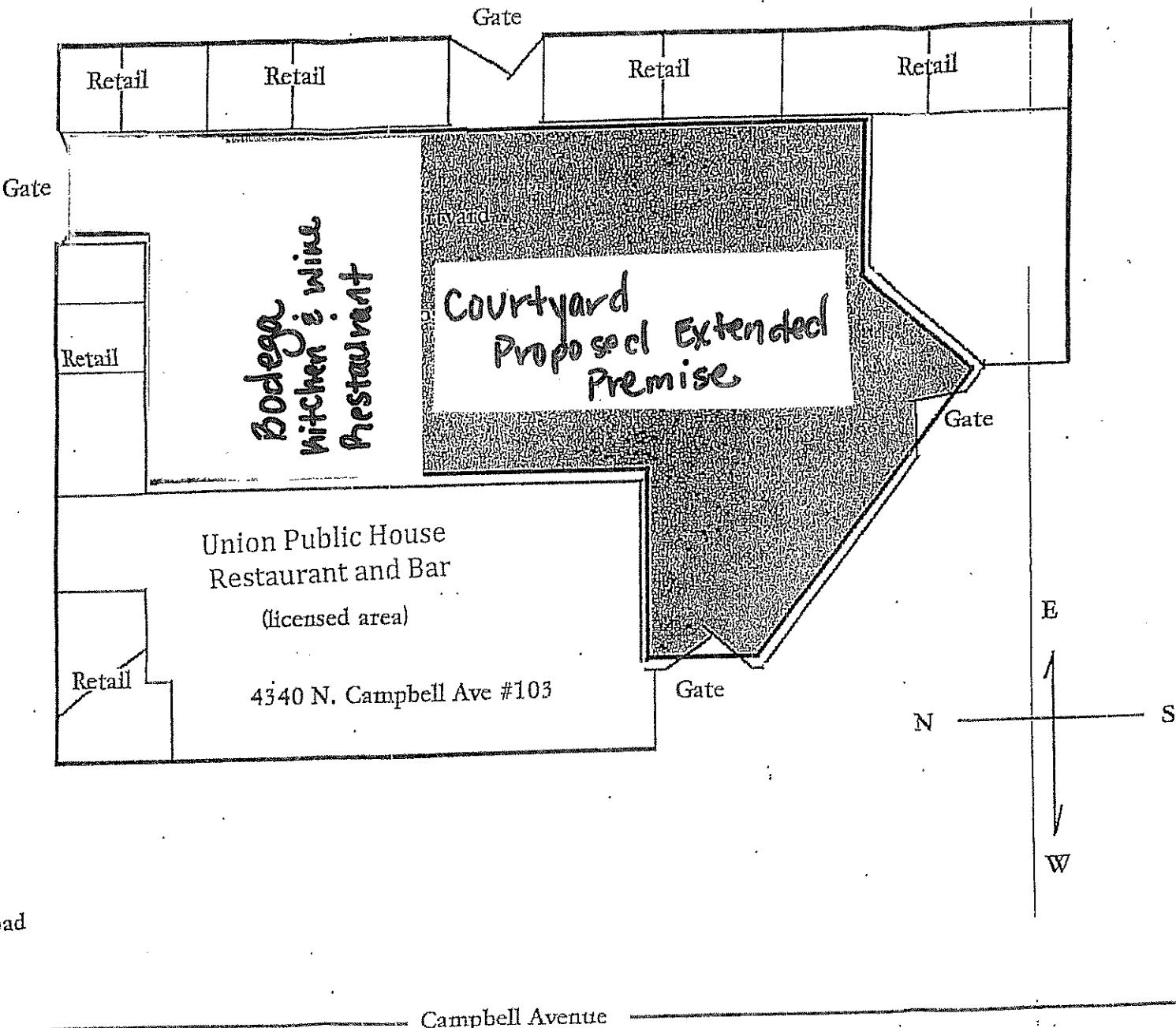
Investigation Recommendation Approval Disapproval by: _____ Date: _____ / _____ / _____

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

1/7/2014

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





River Road

Campbell Avenue

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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 Phoenix AZ 85007-2934
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Date payment received _____
 CSR Initials _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

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Temporary change for date(s) of: 05/25/2014 through 05/25/2014 List specific purpose for change: EVENT

1. Licensee's Name: Krueger Grant Darien

2. Mailing Address: 4340 N. Campbell Last AVN STE 103 First AZ Middle 85718

3. Business Name: Union Public House City State Zip LICENSE #: 1210429

4. Business Address: 4340 N. Campbell Az Pima AZ 85718

5. Business Phone: (520) 329-8575 City COUNTY State Zip Residence Phone: _____

6. Do you understand Arizona Liquor Laws and Regulations? YES NO Email: _____

7. Have you received approved Liquor Law Training? NO YES If so, when does your Certificate expire? 05/13/2014

8. What security precautions will be taken to prevent liquor violations in the extended area? YES, M102A safety will be (02/14/16)

9. Does this extension bring your premises within 300 feet of a church or school? YES NO and see written

10. IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

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(Authorized Signature)

(Title)

(Agency)

I, Grant Darien Krueger, 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 Notary Public Arizona

SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this _____

X 

(Signature of Owner or Agent)

15th April 2014

Day Month Year

Kelly C. Miller
 (Signature of NOTARY PUBLIC)

My commission expires on: 01/11/2016

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

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

1/7/2014

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