

Mary Jo Furphy
Deputy Clerk

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

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,

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

1. Licensee's Name: Krueger Grant Darion
Last First Middle
2. Mailing Address: 4340 N. Campbell Ave Suite 103 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)

I, Grant Darion 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]
(Signature of Owner or Agent)

State of Arizona County of Pima
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this ____ day of ____ 2014

15th April 2014
Day Month Year

[Signature]
(Signature of NOTARY PUBLIC)

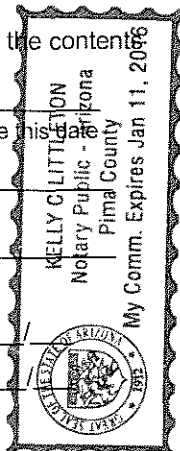
My commission expires on: 01/11/2016

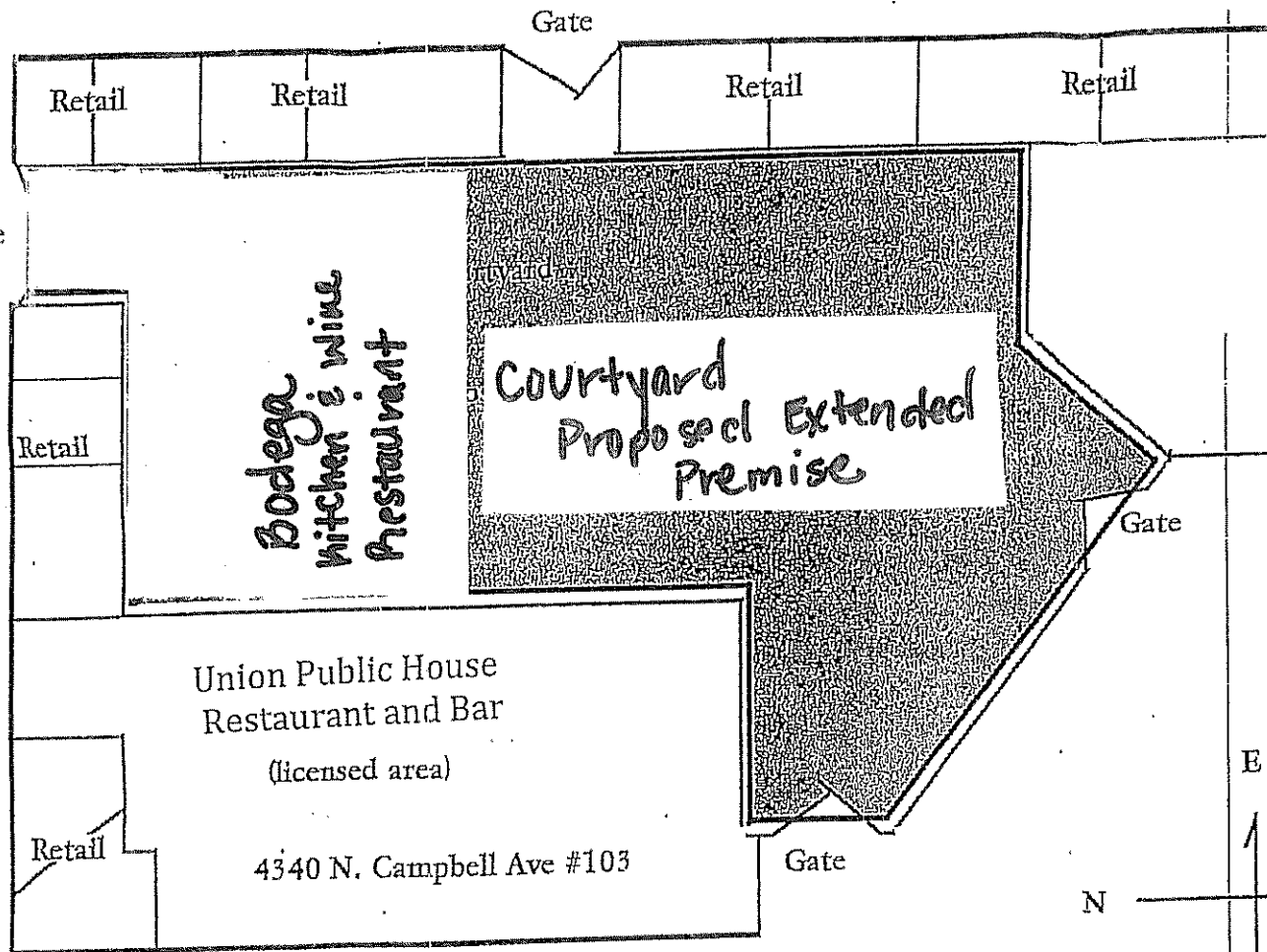
Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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

1/7/2014

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





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Date payment received _____
CSR Initials _____

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☐ Permanent change of area of service. A non-refundable \$50 fee will apply. Specific purpose for change: _____

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

- Licensee's Name: Krueger Last Grant First Darien Middle
- Mailing Address: 4340 N. Campbell Ave STE 103 City Pima State AZ Zip 85718
- Business Name: Union Public House LICENSE #: 12104/29
- Business Address: 4340 N. Campbell Ave STE 103 Pima City Pima COUNTY AZ State AZ Zip 85718
- Business Phone: (520) 329-8575 Residence Phone: ()
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Email: Grant@uniontucson.com
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 07/30/2014
- What security precautions will be taken to prevent liquor violations in the extended area? YES All sales will be limited
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO to where 21 over cannot
- 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: ____/____/____

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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]
(Signature of Owner or Agent)

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

My commission expires on: 01/11/2016

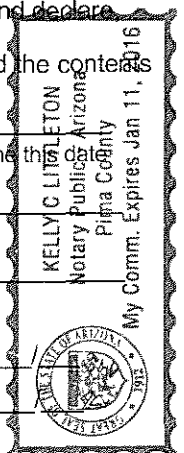
[Signature]
(Signature of NOTARY PUBLIC)

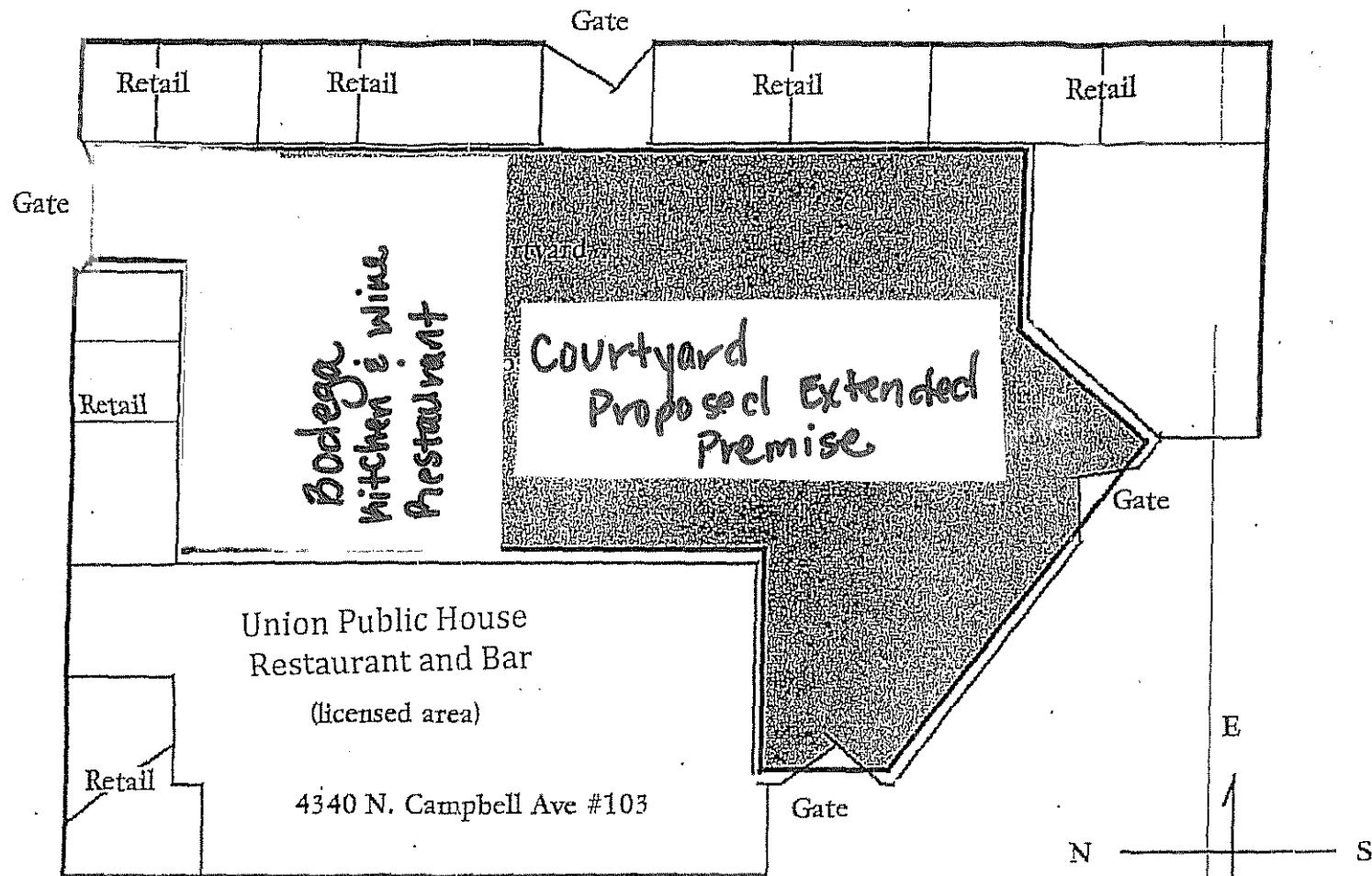
Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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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(602) 542-5141

Date payment received _____
CSR Initials _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

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☐ 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

- Licensee's Name: Knueger Grant Darion
First Middle Last
- Mailing Address: 4346 N. Campbell Ave Ste 103 AZ 85718
City State Zip
- Business Name: Union Public House LICENSE #: 12104129
- Business Address: 4346 N. Campbell Ave Ste 103 Pima AZ 85718
City COUNTY State Zip
- Business Phone: (520) 329-8575 Residence Phone: ()
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Email: _____
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 09/30/2014
- What security precautions will be taken to prevent liquor violations in the extended area? Yes, all gates will be closed
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO to insure 21 over crowd
- 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: ____/____/____

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(Authorized Signature)

(Title)

(Agency)

I, Grant Darion Knueger, 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 Grant Darion Knueger 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: 01/11/2016

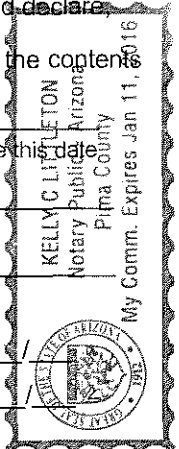
15th April 2014
Day Month Year
Kelly C. Lifferton
(Signature of NOTARY PUBLIC)

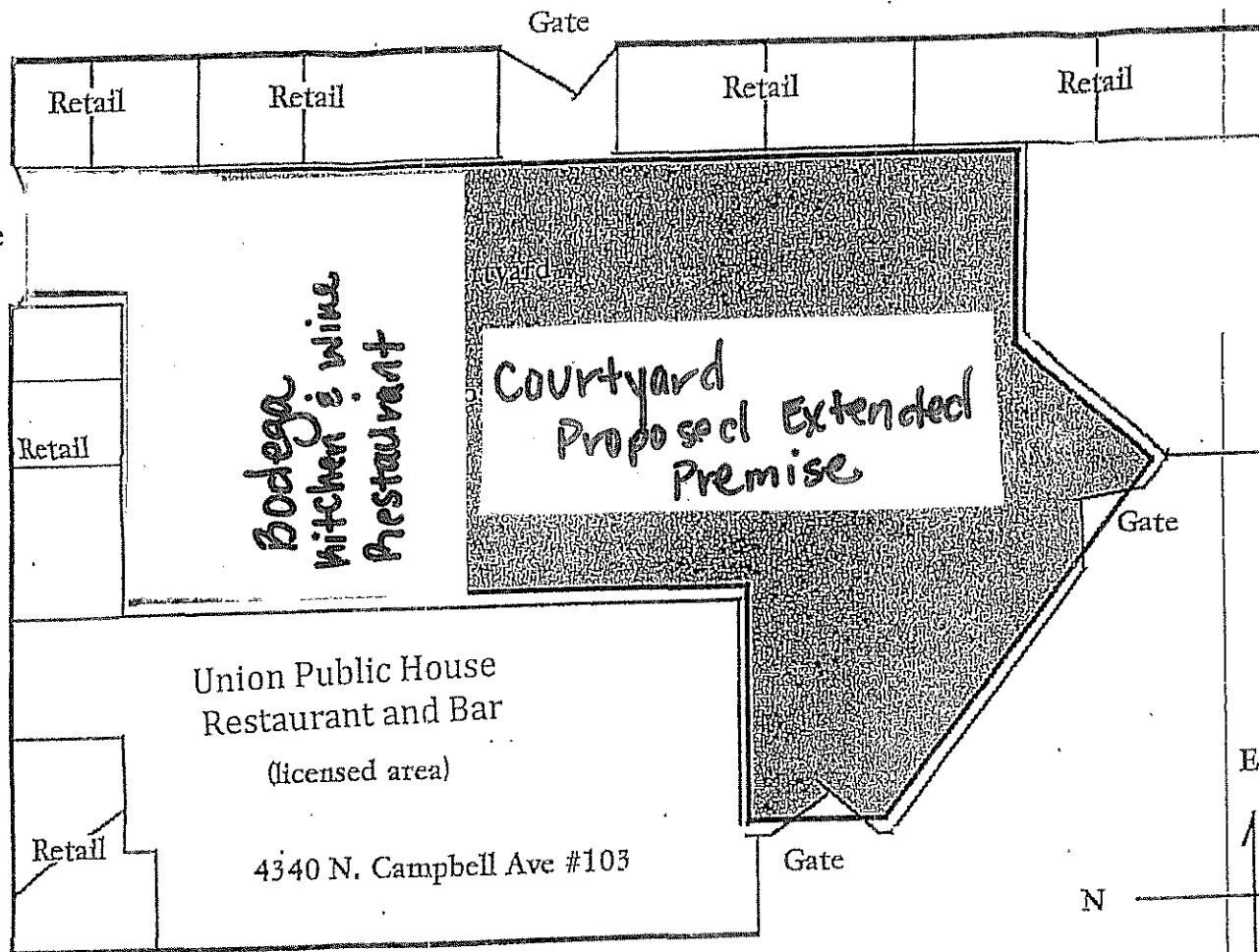
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Director Signature required for Disapprovals _____ Date: ____/____/____

1/7/2014

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☒ Temporary change for date(s) of: 05/22/2014 through 05/22/2014 List specific purpose for change: EVENT

- Licensee's Name: Krueger Grant Darion
Last First Middle
- Mailing Address: 4340 N. Campbell Ave STE 103 AZ 85718
City State Zip
- Business Name: Union Public House LICENSE #: 12104129
- Business Address: 4340 N. Campbell Ave STE 103 AZ 85718
City COUNTY State Zip
- Business Phone: (520) 329-8575 Residence Phone: ()
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Email: _____
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 09/30/2014
- What security precautions will be taken to prevent liquor violations in the extended area? YES, locked front gates
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO and security _____
- 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)

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(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 date
15th April 2014
Day Month Year

My commission expires on: 01/11/2016

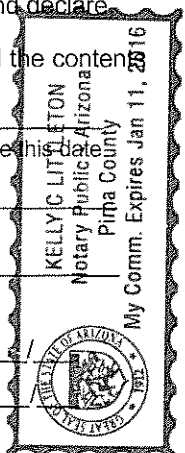
Kelly C. Lutton
(Signature of NOTARY PUBLIC)

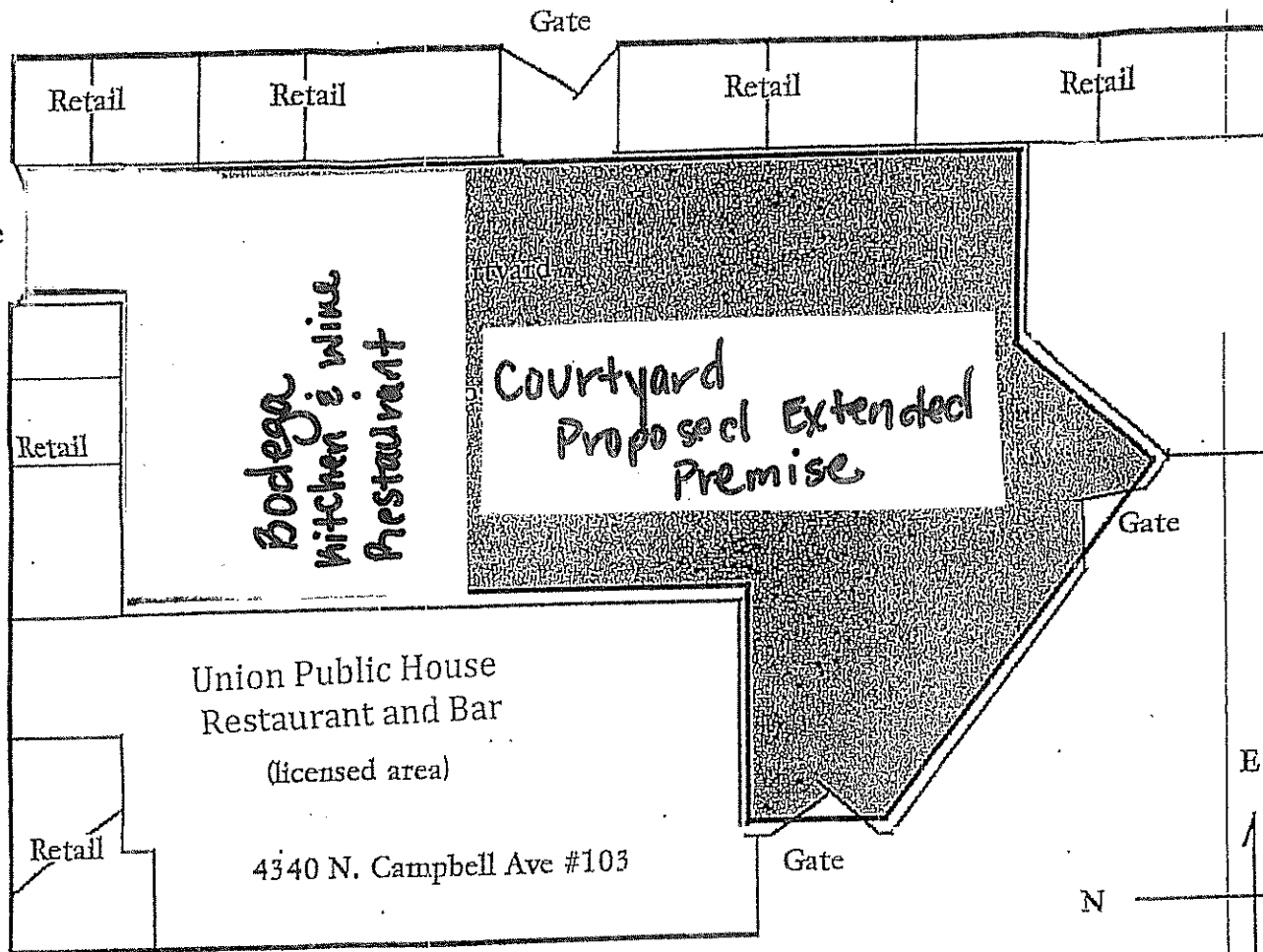
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1/7/2014

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Last First Middle
- Mailing Address: 4340 N. Campbell Ave Ste 105 AZ 85718
City State Zip
- Business Name: Union Public House LICENSE #: 1210429
- Business Address: 4340 N. Campbell Ave Pima AZ 85718
City COUNTY State Zip
- Business Phone: (520) 329-8515 Residence Phone: ()
- Do you understand Arizona Liquor Laws and Regulations? ☒ YES ☐ NO Email: _____
- Have you received approved Liquor Law Training? ☐ NO ☒ YES If so, when does your Certificate expire? 09/30/2014
- What security precautions will be taken to prevent liquor violations in the extended area? YES, VIZA-gates will be locked
- Does this extension bring your premises within 300 feet of a church or school? ☐ YES ☒ NO and so forth.
- IMPORTANT: ATTACH THE REVISED FLOOR PLAN CLEARLY DEPICTING YOUR LICENSED PREMISES AND WHAT YOU PROPOSE TO ADD.

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(Title)

(Agency)

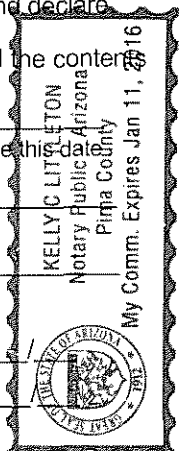
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(Signature of Owner or Agent)

State of Arizona County of Pima
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date
15th April 2014
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My commission expires on: 01/11/2016

[Signature]
(Signature of NOTARY PUBLIC)

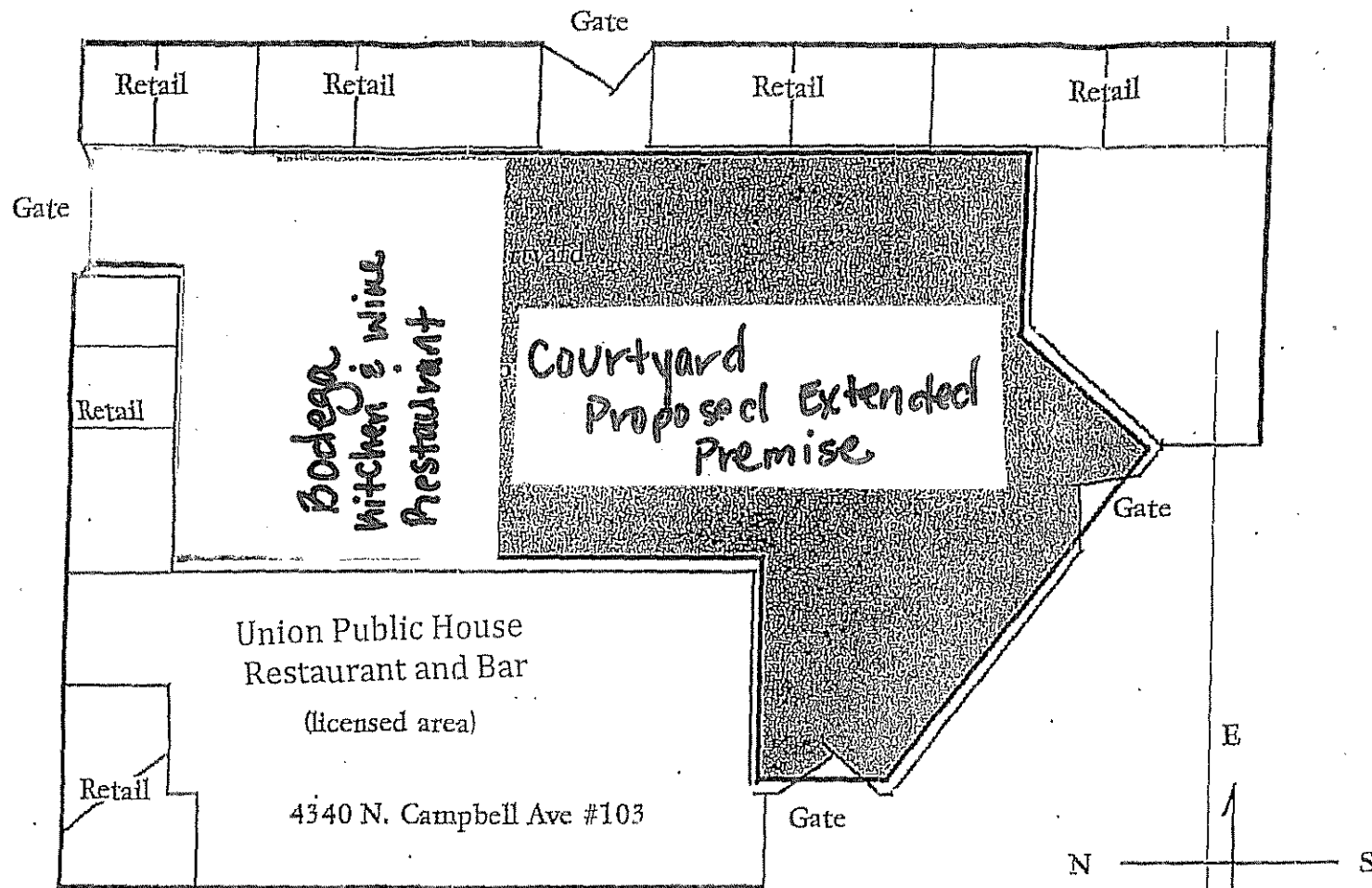


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1/7/2014

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