

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

September 9, 2013

Mr. Scott A. Busse
Territorial
8651 E. Toronto
Tucson, AZ 85730

RE: Application for Extension of Premises/Patio Permit
License No.: 06100228
Territorial
Temporary Change for October 5, 12, 19, 26, November 1, 2, 9, 16, 23 and 30,
2013

Dear Mr. Busse:

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, October 1, 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 – List specific purpose for change: _____

☒ Temporary change for date(s) of: 10/5 / ____ / ____ through ____ / ____ / ____ List specific purpose for change: _____

10/12 10/19 10/26 11/1 11/2 11/9 11/16 11/23 11/30

- Licensee's Name: Busse Scott A.
Last First Middle
- Mailing Address: 8651 E TORONTO TUCSON AZ 85730
City State Zip
- Business Name: TERRITORIAL LICENSE #: 0610022B
- Business Address: 3727 S PALO VERDE TUCSON PIMA AZ 85713
City COUNTY State Zip
- Business Phone: (520) 514-9035 Residence Phone: (520) 409-1117
- 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? 09/15/17
- What security precautions will be taken to prevent liquor violations in the extended area? _____
- 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)

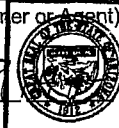
(Title)

(Agency)

I, SCOTT BUSSE, 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

x Scott Busse
(Signature of Owner or Agent)



OFFICIAL SEAL
KATRINA GRIJALVA MARTINEZ
NOTARY PUBLIC - State of Arizona
PIMA COUNTY
My Comm. Expires Sept. 19, 2014

06 September 2013
Day Month Year
Katrina Grijalva Martinez
(Signature of NOTARY PUBLIC)

My commission expires on: _____

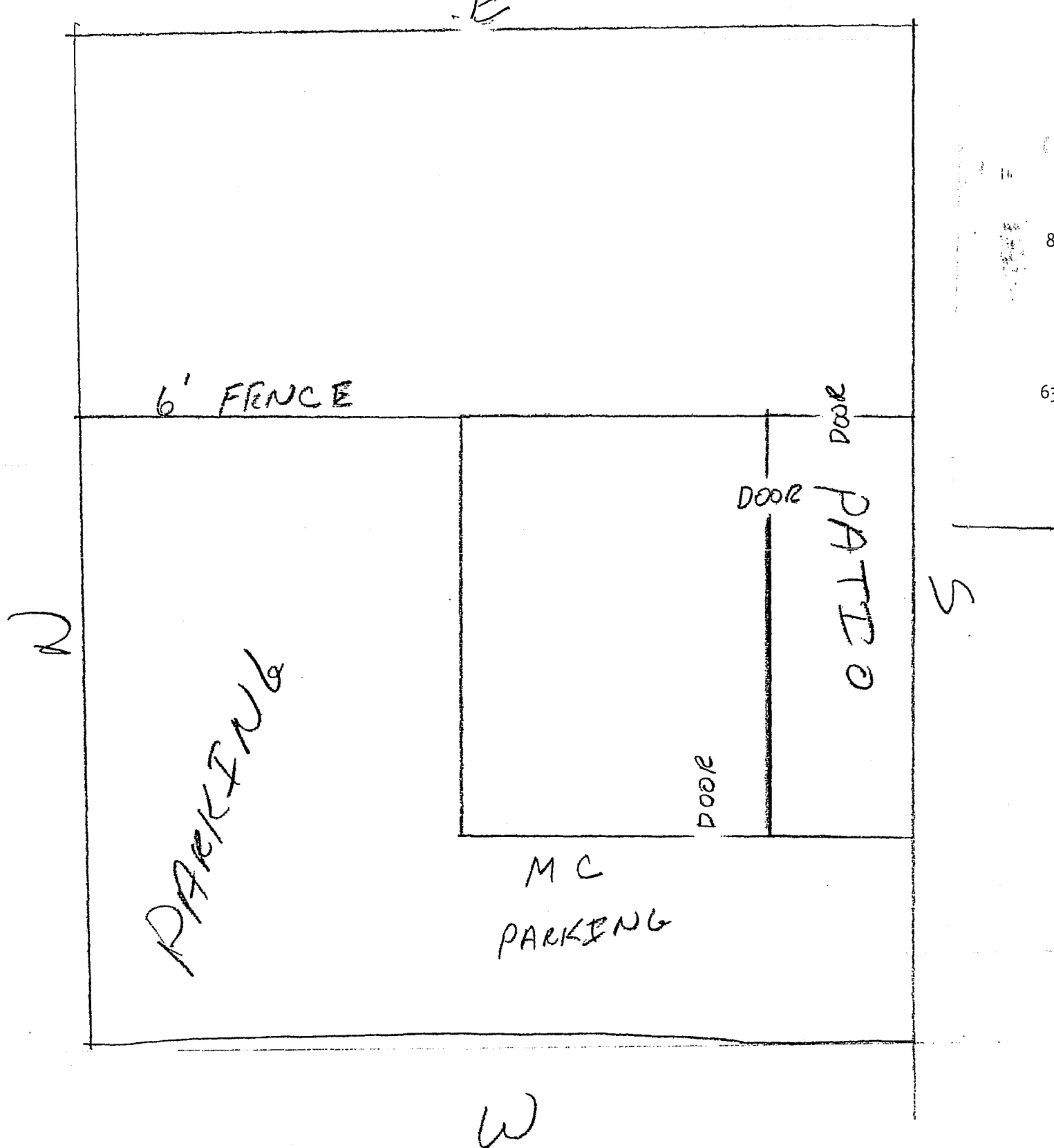
Investigation Recommendation ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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

4/16/2012

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

SEP 06 13 PM 01:49 POC: L...



TERRITORIAL
3727 S PALO VERDE
TRC A2 85713