

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

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1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

January 30, 2015

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

RE: Application for Extension of Premises/Patio Permit
License No.: 06100228
Territorial
Temporary Change for March 7, 14 and 21, 2015

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, February 17, 2015, 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 and Control
800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY

Date payment received:

____/____/____

CSR initials: _____

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

This application must be returned to the Department of Liquor
(Notice: Allow 30-45 days to process permanent change of premises)

☐ Permanent change of area of service. **A NON-REFUNDABLE \$50 FEE WILL APPLY.** Specific purpose for change:

☒ Temporary change for date(s) of: 3/14/15 through 5/1/15 List specific purpose for change:

BENEFIT

1. Licensee's Name: Busse Scott A
Last First Middle

2. Mailing Address: 8651 E TORONTO PL TUCSON AZ 85730
Street City State Zip

3. Business Name: Territorial License # 06/00228

4. Business Address: 3727 SPALO VERDE TUCSON AZ 85713
Street City State Zip

5. Contact phone: (520) 409-1117 Business phone: (520) 514-9035

6. Email: SCOTT+BUSSE84@YAHOO.COM

7. Is extension of premises/patio complete?

☒ N/A ☐ Yes ☐ No If no, what is your estimated completion date? ____/____/____

8. Do you understand Arizona Liquor Laws and Regulations?

☒ Yes ☐ No

9. Does this extension bring your premises within 300 feet of a church or school?

☐ Yes ☒ No

10. Have you received approved Liquor Law Training?

☒ Yes ☐ No If yes, when does your Certificate expire? Date: 3/15/16

11. What security precautions will be taken to prevent liquor violations in the extended area?

6' FENCE AND SECURITY PERSONALIZE

12. **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 premise. List specific reasons for exemption:

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

Ⓢ OBTAIN APPROVAL FROM LOCAL GOVERNING BODY BEFORE SUBMITTING TO THE DEPARTMENT Ⓢ

- Ⓢ After completing the application, 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)

Date

I, Scott A Busse, declare that I am the APPLICANT and, under penalty of
(Print full name)
perjury, making the foregoing application. I have read this application and the contents and all statements are true, correct and complete.

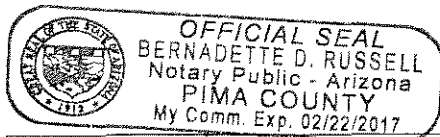
x Scott A Busse OWNER 1/29/15 (520)409-1117
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 29th January 2015
Day Month Year

State Arizona County of Pima

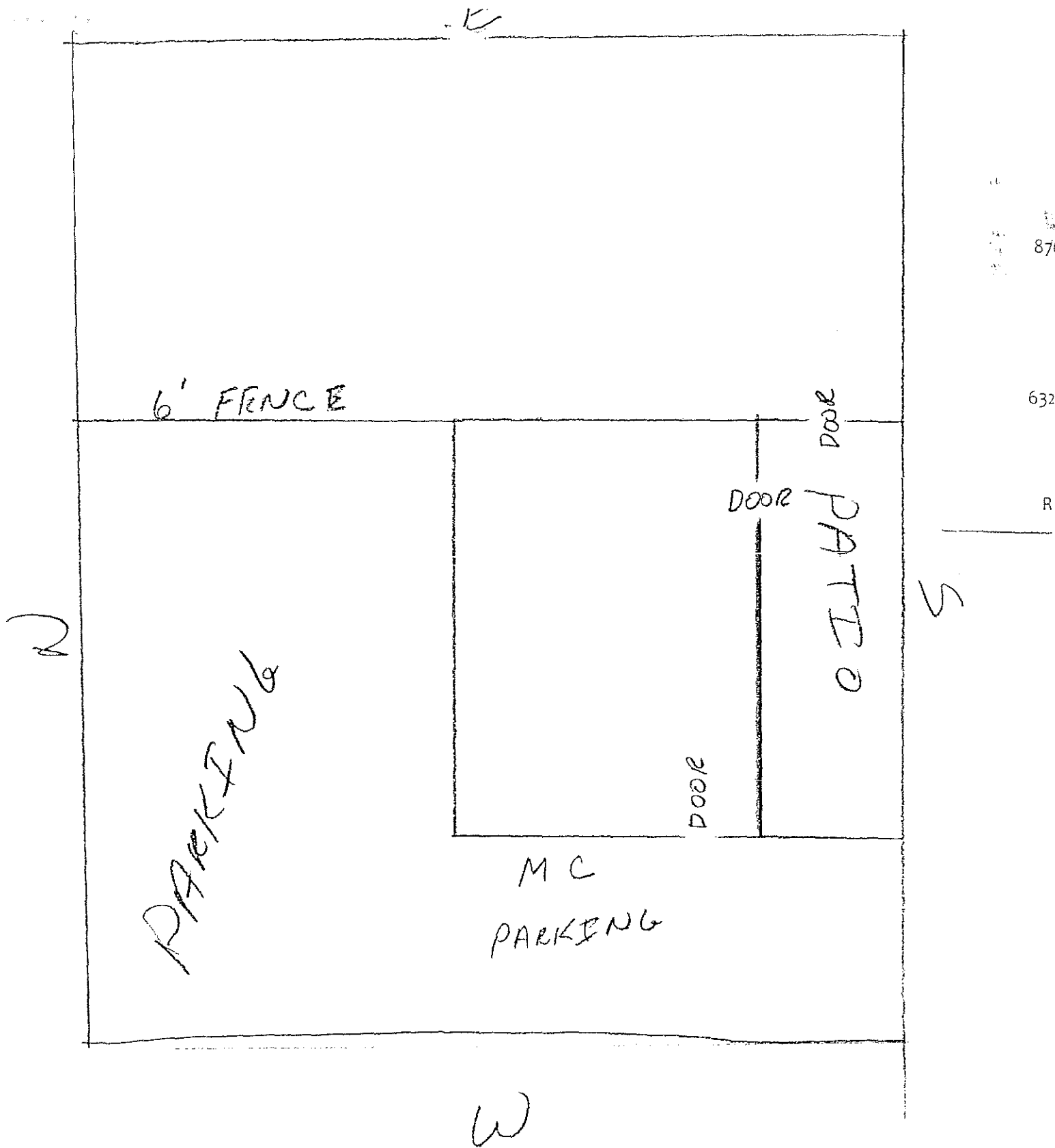
My Commission Expires on: 2-22-17
Date

Bernadette D. Russell
Signature of Notary Public



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

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



TERRITORIAL
3727 S PALO VERDE
TUC AZ 85713