



Mary Jo Furphy
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Pima County Clerk of the Board

Robin Brigode

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March 18, 2015

Frank Macias Jerez
American Citizens Social Club
820 W. Ocotillo Street
Ajo, AZ 85321

RE: Application for Extension of Premises/Patio Permit
License No.: 14100031
American Citizens Social Club
Temporary Change for May 2, 2015

Dear Mr. Jerez:

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, April 7, 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: 05/02/15 through 05/02/15 List specific purpose for change:
Cinco de Mayo Celebration & Horseshoe Tournament Fund-Raiser for Scholarship Fund

1. Licensee's Name: Jerez Frank Macias
Last First Middle
2. Mailing Address: 820 W Ocotillo St Ajo Arizona 85321
Street City State Zip
3. Business Name: American Citizens Social Club License # 14100031
4. Business Address: 811 N 2nd Ave P.O. Box 4 Ajo Arizona 85321
Street City State Zip
5. Contact phone: (520) 975-5482 Business phone: (520) 975-5482
6. Email: eddiesmith43@hotmail.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: 02/14/17
11. What security precautions will be taken to prevent liquor violations in the extended area?
Security Personnel, 4' barrier fencing around perimeter to control movement of alcoholic beverages
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, Frank Macias Jerez, 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.

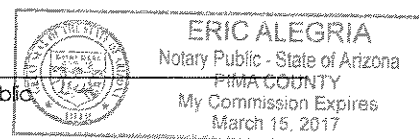
x [Signature] AGENT/MEMBER 3-6-2015 (520) 975-5482
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 6th March 2015
Day Month Year

State AZ County of Pima

My Commission Expires on: March 15, 2017
Date

[Signature]
Signature of Notary Public

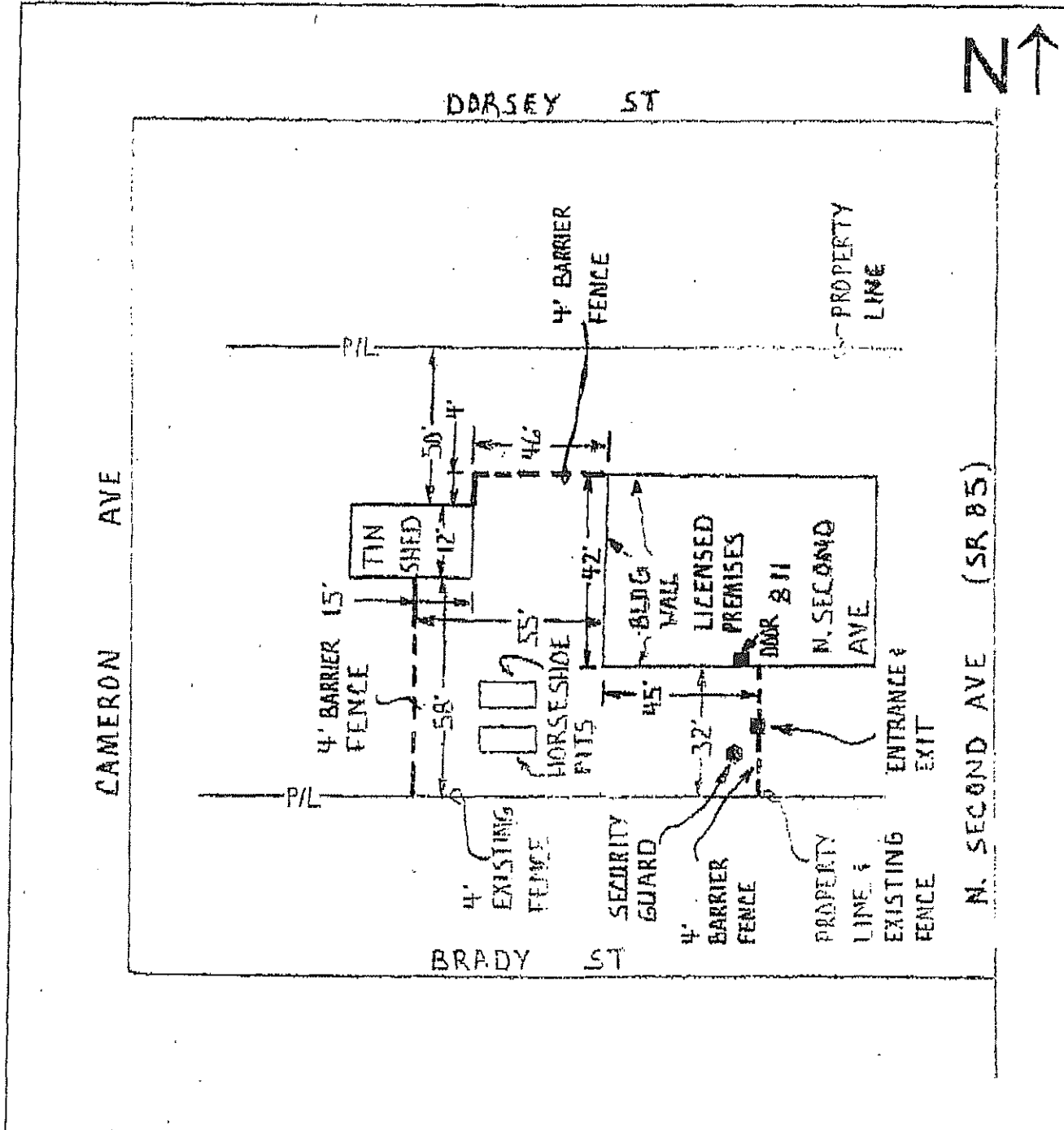


Investigation Recommendation: ☐ Approval ☐ Disapproval by: _____ Date: ____/____/____

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

SPECIAL EVENT LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



NO. 1715ANC844 PC CLK OF RT