



Melissa Manriquez
Deputy Clerk

Pima County Clerk of the Board

Julie Castañeda

Administration Division
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1640 East Benson Highway
Tucson, Arizona 85714

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September 21, 2020

Susan Craig
Charron Vineyards & Winery
18585 S. Sonoita Hwy
Vail, AZ 85641

RE: Application for Permanent Extension of Premises/Patio Permit
License No.: 13103003
Charron Vineyards & Winery

Dear Ms. Craig:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above Permanent Extension of Premises/Patio Permit application. Please be advised that the hearing has been scheduled for Tuesday, October 6, 2020, 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 black ink, appearing to read "Castañeda", is written over a horizontal line.

Julie Castañeda
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

DLLC USE ONLY

CSR:

Log #:

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING 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:

To continue having appropriately spaced seating after the temporary extension expires in December

☐ Temporary change (No Fee) for date(s) of: ___/___/___ through ___/___/___ list specific purpose for change:

1. Licensee's Name: Craig Susan License#: 13103003
Last First Middle
2. Mailing address: 18585 S. Sonoita Hwy, Vail, AZ 85641
Street City State Zip Code
3. Business Name: Charron Vineyards & Winery
4. Business Address: 18585 S. Sonoita Hwy, Vail, AZ 85641
Street City State Zip Code
5. Email Address: info@charronvineyards.com
6. Business Phone Number: 520 762 8585 Contact Phone Number: _____
7. Is extension of premises/patio complete? YES
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
11. What security precautions will be taken to prevent liquor violation s in the extended area? _____
The area is completely enclosed by a 8ft fence except for the entry gate which ^{has} will have signange re no open containers past this point.

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premises along with the new extended area outlined in black marker or ink, if the extended area is not outlined and marked "extension" we cannot accept the application.

CR-10710-04 99204002.10-HS

dc

- ☐ 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:

☐ Approval ☐ Disapproval by **DLLC**: _____ Date: ____/____/____

I, (Print Full Name) **Susan Craig**, hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature: *Susan Craig*

GOVERNING BOARD

After completion, and **BEFORE submitting to the Department of Liquor**, 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.

☐ Approval

☐ Disapproval

Authorized Signature

Title

Agency

Date

DLLC USE ONLY

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

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



