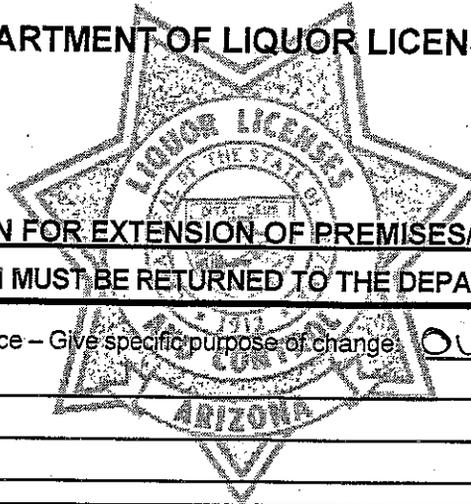


ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5TH Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595



APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT

THIS APPLICATION MUST BE RETURNED TO THE DEPARTMENT OF LIQUOR

Permanent change of area of service – Give specific purpose of change: Outside Smoking Area

Temporary change for date(s) of: _____

1. Licensee's Name: Soto Cheryl Ann
Last First Middle
2. Mailing Address: 1471 Vyne St. Prescott AZ 86305
City State Zip
3. Business Name: Barefoot Bob's Billiards LICENSE #: 06130055
4. Business Address: 8367 E Pecos Dr. Pres. Valley Yavapai AZ 86314
City COUNTY State Zip
5. Business Phone: (928) 925-4788 Residence Phone: (928) 771-1659
6. Do you understand Arizona Liquor Laws and Regulations? YES NO FAX # (____) _____
7. Have you received approved Liquor Law Training? NO YES When? _____
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.

**** After completing sections 1-9, 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, Cheryl Soto, 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 and all statements are true, correct and complete.

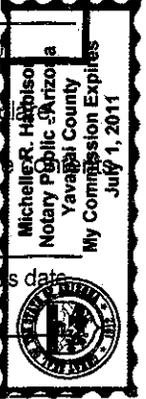
x Cheryl Soto
(Signature of Owner or Agent)

State of Arizona County of Yavapai
SUBSCRIBED IN MY PRESENCE AND SWORN TO before me this date

21 April 2010
Day Month Year

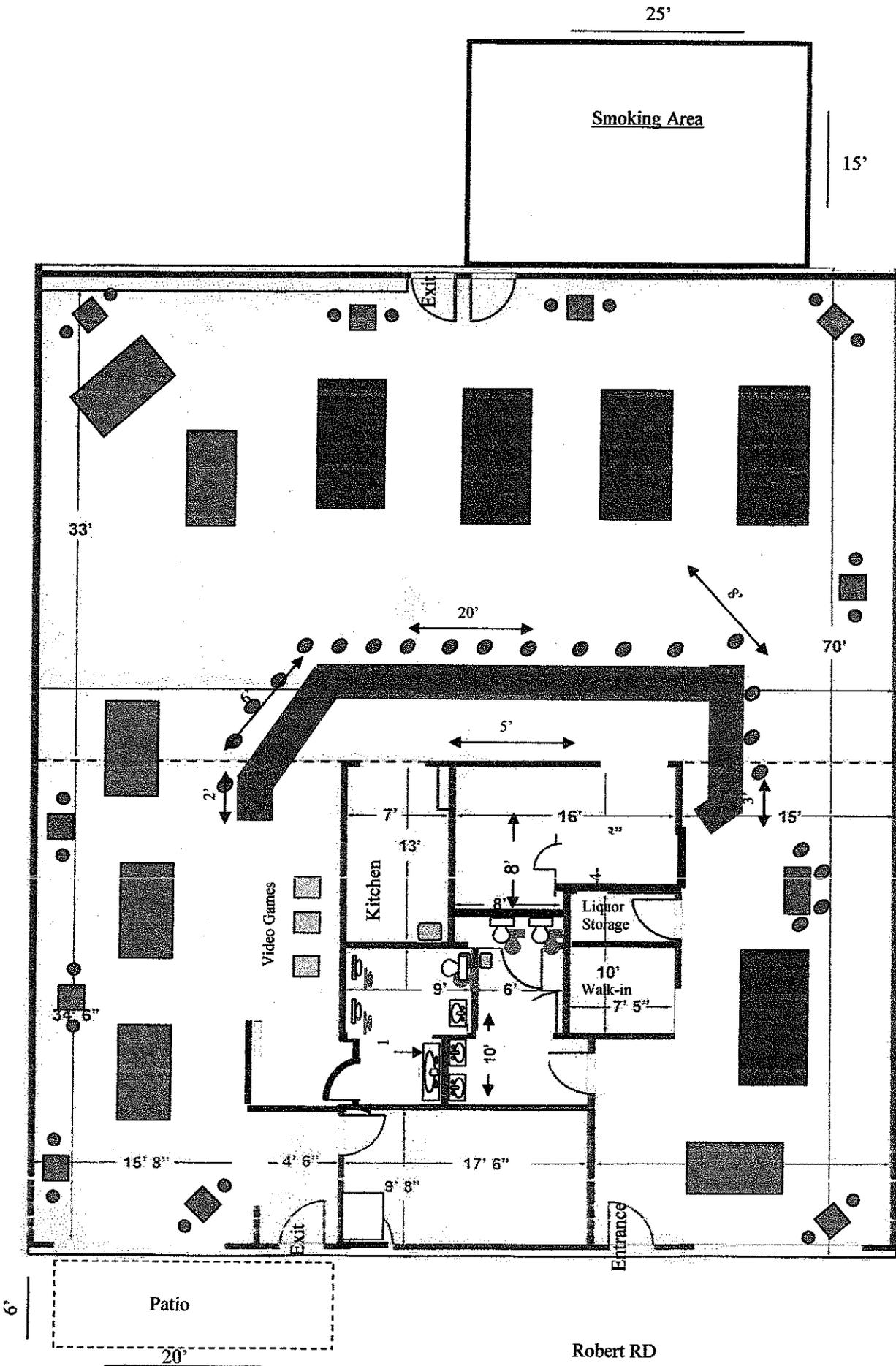
My commission expires on: July 1, 2010

Michelle R Brannock
(Signature of NOTARY PUBLIC) Michelle R Brannock



Investigation Recommendation Approval Disapproval by: _____ Date: _____

Director Signature required for Disapprovals _____ Date: _____



E. Pecos Dr.

20
30