

REQUIRED ATTACHMENTS

1. **MUST submit a security plan and identify security measures that will be implemented in order to:**

- Provide for the safety of the patrons.
- Ensure anyone under legal drinking age does not purchase, possesses, or consume alcohol.
- Prevent unauthorized removal of alcohol from the extended premises.
- Prevent unauthorized carrying of alcohol onto the extended premises.

2. **MUST attach a diagram**, clearly depicting your licensed premises along with the new extended area, ***If the extended area is not outlined and marked "extension" we cannot accept the application.***

BARRIER

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| <input type="checkbox"/> 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: _____ _____ |
| <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval by DLLC: _____ |

SIGNATURE

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| <p><u>Declaration:</u></p> <p>I, (Print Name) _____, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature</p> |
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GOVERNING BOARD

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| After completion, <u>and at least 60 days BEFORE submitting to the Department of Liquor</u>, 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. | |
| Date Received: _____ | Agency: _____ |
| Decision Date: _____ | Title: _____ |
| <input type="checkbox"/> Approval | <input type="checkbox"/> Disapproval |
| Authorized Signature: _____ Date: _____ | |

DLLC USE ONLY

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| Investigation Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval by: _____ Date: ___/___/___ |
| Director Signature required for Disapprovals: _____ Date: ___/___/___ |