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JUN 03 2026

FOUNTAIN HILLS
FINANCE

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:
PATIOS & OPEN AIR SPACE AND BUILDING

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

1. Licensee's Name: MMDCNG LLC License#: 012070004072
2. Mailing address: [redacted] (Street / City / State / Zip Code)
3. Business Name: PARKVIEW TAPHOUSE
4. Business Address: 16832 PARKVIEW AVE FOUNTAIN HILLS (City) AZ (State) 85268 (Zip Code)
5. Email Address: [redacted]
6. Business Phone Number: 480-837-4884 Contact Phone Number: [redacted]
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
11. What security precautions will be taken to prevent liquor violation s in the extended area? ENCLOSED PATIO AREA / FENCING
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.***

Individuals requiring ADA accommodations please call (602)542-9027

☐ 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: ___/___/___

Notary

I, **(Signature)** _____, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

State of Arizona)
)
County of Maricopa)

On this 4 (Day) Day of June (Month), 20 26 (Year) before me personally appeared Milton Gabaldon (Print Name of Document Signer)

Whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above/attached document.

PHYLLIS A PADGETT-ESPIRITU
Notary Public - Arizona
Maricopa County
Commission # 672434
My Comm. Expires Sep 6, 2028

(Affix Seal Above)

_____
Signature of NOTARY PUBLIC

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.

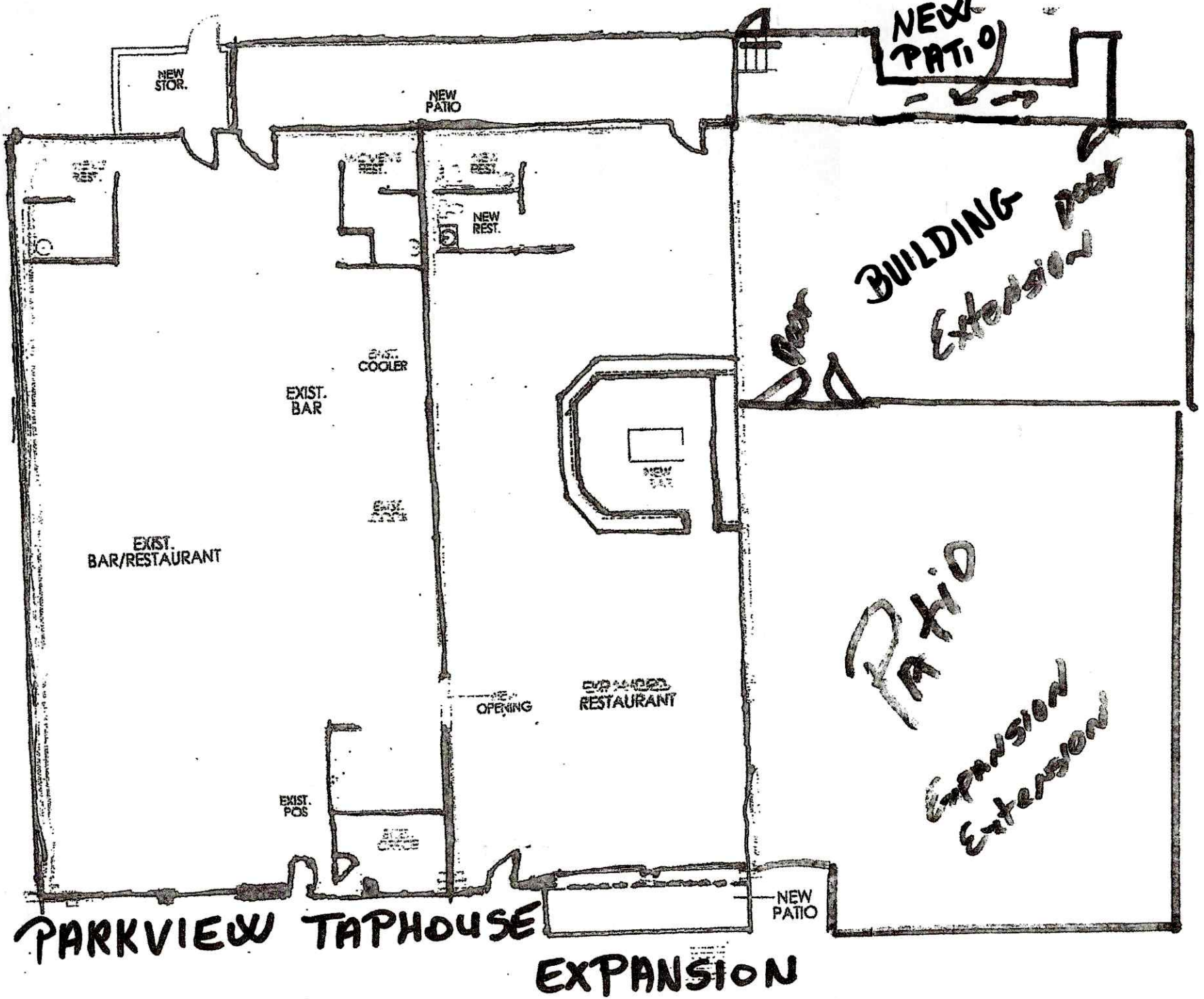
☐ **Approval** ☐ **Disapproval**

_____
Authorized Signature **Title** **Agency** **Date**

DLLC USE ONLY

Investigation Recommendation: ☐ **Approval** ☐ **Disapproval** by: _____ Date: ___/___/___

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


NEW PATIO
NEW STOR.
NEW PATIO
NEW REST.
BUILDING Extension
EXIST. COOLER
EXIST. BAR
NEW BAR
EXIST. BAR/RESTAURANT
PATIO Expansion Extension
OPENING
RESTAURANT
EXIST. POS
NEW PATIO
PARKVIEW TAPHOUSE EXPANSION