Print Form

State of Arizona Department of Liquor Licenses and Control
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Phoenix, AZ 85007
www.azliquor.gov
Phone (602)542-5141
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OFF-SALE STORE SAMPLING NOTICE

A.R.S. § 4-243(B)(3), 4-244.04, and A.C.C. R19-1-404
MUST SUBMIT NOTICE AT LEAST 10 DAYS BEFORE SAMPLING DATE

1. Wholesaler/Producer name: _____

2. Wholesaler/Producer license #: _____

3. Wholesaler/Producer licensee/agent name: _____, _____
Last First

4. Date of sampling: _____/ _____/ _____

5. Time of sampling: From _____ am ☐ pm ☐ To: _____ am ☐ pm ☐ (Time may not exceed 3 hours)

6. Name of entity hosting the sampling: _____

7. Off-sale retailer liquor license #: _____

8. Physical address of sampling location: _____
(street address only, do not use P.O. Box)

9. Product(s) to be sampled: _____

10. Description of proposed barrier: _____

The party filing this notice must be an agent or authorized owner/representative of record for the wholesaler/producer conducting the sampling.

I have read, understand and agree to comply with the statutory requirements for conducting a sampling of liquor at an off-sale retail location - A.R.S. § 4-243(B)(3), 4-244.04, and A.C.C. R19-1-404.

Date: _____/ _____/ _____

Authorized Representative:

Fax # (_____) _____ - _____

_____
Signature

Email: _____

_____
Title

----------FOR DEPARTMENT USE ONLY----------

Approved ☐ Not Approved ☐

Date submitted: ____/ ____/ _____ LCS checked by: _____ _____
Number of events at this location: 1 2 3 4 5 6 7 8 9 10 11 12 (circle one) Acknowledged by DLLC Investigations
10/28/2013