

# STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## Application For In-House Title 4 Training Course Program

Read carefully. This instrument is a sworn document. It is the responsibility of the to keep all information included in this application current and complete with the Department of Liquor Licenses and Control pursuant to R19-1-304.D Standards for Alcohol Training Programs which states that *Training shall be conducted by an independent trainer except that licensees with 20 or more licenses may submit an in-house training program.*

**Type or print with black ink.**

1. This application is for approval to provide:

<input type="checkbox"/>	In-house Online Title 4 Basic Training
<input type="checkbox"/>	In-house Classroom Title 4 Basic Training
<input type="checkbox"/>	In-house Online Title 4 Management Training
<input type="checkbox"/>	In-house Classroom Title 4 Management Training
<input type="checkbox"/>	In-house Online Title 4 Basic Completion Exam
<input type="checkbox"/>	In-house Online Title 4 Management Completion Exam

2. Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Daytime phone number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax number: (\_\_\_\_\_) \_\_\_\_\_

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WEBSITE: WWW.AZLIQUOR.GOV

3. Is the business a:

<input type="checkbox"/>	Corporation, Corporation # _____
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	LLC
<input type="checkbox"/>	Other, specify _____

4. List the name and title of all owners, partners, or stockholders who own company stock and the percentage of stock owned by each. **PERCENTAGE MUST EQUAL 100%**. Attach an additional sheet if necessary.

Name: Last	First	Middle	Title	Ownership
				%
				%
				%
				%
				%

5. List the name and title of all personnel employed by you who will conduct Title Liquor Law training classes. Attach an additional sheet if necessary.

Name: Last	First	Middle	Title
			<input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Other, _____
			<input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Other, _____
			<input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Other, _____
			<input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Other, _____
			<input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Other, _____

Is your course curriculum attached? Applications submitted without curriculum will not be approved.

I, \_\_\_\_\_, hereby declare that I am the applicant and that all statements are true, correct and complete.  
(Print full name)

\_\_\_\_\_  
(Applicant's signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year  
date month year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

# STATE OF ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

## Employee Information Form

Read carefully.  
**Type or print with black ink.**

NOTE: Each owner, partner, corporate stockholder, manager, and trainer of your company must complete the *Employee Information Form* as part of this application. It is the company's responsibility to keep all information included in this application current and complete with the Department of Liquor Licenses and Control.

1. Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_

2. List your residential addresses during the past five years. Attach an additional sheet if necessary.

From Month/Year	To Month/Year	Street Address	City	State	Zip

3. List your employers during the past five years. Attach an additional sheet if necessary.

From Month/Year	To Month/Year	Type of Business	Your Title	Business Name, Street Address, City, State, Zip

4. Does your current employer own an active Arizona liquor license?  Yes  No

If yes:

Name of licensee: \_\_\_\_\_

What are your current duties at the licensed establishment named above?

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7. Have you ever been arrested, convicted, cited or charged for any crime?  Yes  No

If yes, attach a sheet with details of the situation and outcome.

8. Have you ever been issued an administrative compliance action or consent order or had any administrative action taken against you for violating Title 4 (Arizona liquor law) or liquor laws in any other state?

Yes  No

If yes, attach a sheet with details of the situation and outcome.

9. Will you submit to a voluntary criminal background investigation?  Yes  No

In submitting this Employee Information Form, I agree to comply with any and all requirements of Arizona Revised Statute Title 4, Arizona Administrative Code and Department of Liquor Substantive Policy. I also affirm under penalty of perjury that to the best of my knowledge all statements in this Employee Information Form are true, correct and complete.

\_\_\_\_\_

signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

month

day

year

\_\_\_\_\_

print full name