



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY

License #:
Date Accepted:

PROTEST OF LIQUOR LICENSE APPLICATION
 Type or Print with Black Ink
 Submit to Denise Bale, Board Administrator
 at the address above or email to protests@azliquor.gov

Person Submitting Protest

1. Complete Name: _____
Last First Middle

2. Filing as Individual Filing as Spokesperson (Authority to speak on behalf of legal entity or association must be attached.)

3. I reside, own, or lease property within a one-mile radius from the premises proposed to be licensed.

No: You do not qualify as a public protestor per A.R.S. § 4-201 (B).

Yes: Print your Street Address that is within one mile of the proposed location:

Street City State Zip Code

4. Mailing Address: (The Notice of Hearing will be mailed by certified mail, return receipt requested, to this address.)

Street City State Zip Code

5. Email Address: _____

Required Documentation of Spokesperson (A.R.S. § 4-201 (B))

6. Name of Entity: _____

- Required organizing document is attached.
- Designation of office or position is attached.
- Appointment to speak on behalf of entity is attached.

7. Name of Association (unincorporated): _____

- Letter of authority to speak on behalf of association is attached.

Authorization

I, (Written or Electronic Signature) _____ declare that I am the person filing this protest, I have read this document and verify the content and all statements are true, correct and complete, to the best of my knowledge, and that I authorize the Arizona State Liquor Board to serve notice and decisions via certified mail, return receipt requested, pursuant to A.R.S. § 41-1092.04, to the Mailing Address listed above.

