CSR:	
Amount:	



GOVERNMENT APPLICATION SERIES 5

DLLC USE ONLY
Job #:
Date Accepted:
CSR:

Arizona Dept. of Liquor Licenses and Control 800 W. Washington St. 5th Floor Phoenix, AZ 85007 (602) 542-5141

77204.	(60	02) 542-5141			
V	Type or Pri	int with <u>Black</u> Ink			
APPLICATION FE	E AND INTERIM PERM	IT FEES (IF APPLICAB	LE) ARE NOT REFUND	<u>ABLE</u>	
SECTION 1 Type of License					
☐Interim Permit					
□New License					
SECTION 2 Applicants					
I. Agent/Individual Name:	Last		PtI		talalia.
	Last		First	M	iddle
 Legal Entity/Individual Name:	in section 2) Last		First	M	iddle
3. Premises Name (Doing Business As	s-DBA):				
Premises Location Address:					
(Do not use PO Box) 5. Mailing Address:	Street	City	State	Zip Code	County
(All correspondence will be mailed to this addres	ss) Street	City	State	Zip Code	
S. Business Phone:		Cell Numl	oer:		
7. Email Address:					
3. Is the Business located within the i	ncorporated limits (of the above city	or town? □Yes □N	lo	
If you checked no, in what City, To	wn, County or Tribal	/Indian Communi	ty is this business loc	ated?	
	Donart	mont lies Only			
	реран	ment Use Only			
Fees: Application Inte	erim Permit Sit	te Inspection	Finger Prints	\$ Total of All	Fees
	J		95	. Siwi vi All	
Is Arizona Statement of	f Citizenship & Alien	Status for State B	enefits complete?	□Yes □No	

SECTION 3 Interim Permit

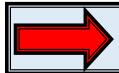
	end to operate bus roval of an interim p							203.01
1. Curre	ent license number	at the location: _			2. Is the lice	nse currently ir	n use? 🛮 Yes 🗖	No
2. If the	license is NOT curre	ently in use, how lor	ng has it bee	en since the	icense was last us	ed at this locat	ion?	
	ull Name) olling Person on the			hereby	declare that I am	the Current Ov	wner, Agent, or	
			Sign in fro	ont of Notary	(Current Agent/Inc	lividual as listed on tl	ne license certificate)	
State	of		<u>N</u>	<u>IOTARY</u>				
	ty of							
Signe	d before me on thi	s day of		_, 20				
Notar	y Signature							
Му сс	ommission expires c	on//_				Notary Seal	:	
SECTION	N 4 Background Ch	eck						
EACH PE	ERSON LISTED MUST	Submit a Questioi	NNAIRE, FINC	GERPRINT C <i>A</i>	RD, AND \$22 PRO	CESSING FEE PI	ER CARD.	
1. If the	applicant is an entit	ty, and not an indiv	vidual, answ	er questions	la-b.			
a)	Date Incorporated	d/Organized:		State wh	ere Incorporated,	/Organized:		
b)	AZ Corporation or	AZ L.L.C. Entity No:			Approval Do	ate:		
	y individual or entit oplicant is owned b							
Lavel	FireI	م الم ل ه ۵	T:11 _	97 Ourmand	AA million oo Andalaan oo	Cit.	Clarks 7	

Last	First	Middle	Title	%Owned	Mailing Address	City	State	Zip

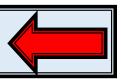
(Attach additional sheet if necessary)

1. Government Entity: 2. Person/Designee: _____ Middle Daytime Contact Phone # SECTION 6 Business Financials A.R.S.§4-202(F) 1. I am the: Tenant: a person who holds the lease of a property; a lessee. \square Subtenant: a person who holds a lease which was given to another person (tenant) for all or part of a property. ☐ Owner ■ Purchaser ☐ Management Company 2. If the premises is leased give lessors: Address: ____ 3. What is the penalty for tenant/sub-tenant if the lease is not fulfilled? \$ _____ 4. Total money borrowed for the Business, not including lease? \$ ______ Please List Lenders/People you owe money to for business. Mailing Address Amount Owed Middle Last Zip (Attach additional sheet if necessary) 5. Has a license or a transfer license for the premises on this application been denied by the state within the past year? ☐ Yes ☐ No If yes, attach explanation. 6. Does any spirituous liquor manufacturer, wholesaler, or employee have an interest in your business? ☐ Yes ☐ No If yes, attach explanation.

SECTION 5 Government (for Cities, Towns or Counties only)



MUST ATTACH DIAGRAM OF PREMISES



Check ALL	L boxes that apply to your business:		
	No Patio		Patio: Contiguous
	Walk-up or drive-through windows		Patio: Non-Contiguous within 30 feet
·	icensed premises now closed due to construction \square No \square If yes, what is your estimated comple		
consume			only the areas where spirituous liquor will be sold, served, s, exits, and interior walls, bar areas, dining areas, dance
	the square footage or outside dimensions of the I parking lots, living quarters, etc.	icens	sed premises. Please do not include non-licensed areas
	DO NC)T I'	NCLUDE
			ess is not conducted under this liquor license. on is North on the diagram.
Licenses of			see's responsibility to notify the Department of Liquor by reas or the square footage of the licensed premises, eithe
SIGNATURI	:E		
read and			_hereby swear under penalty of perjury that I have rmation and statements that I have made herein are
			Applicant Signature