

CSR:
Amount:



PROBATE/ WILL / ASSIGNMENT/ DIVORCE DECREE APPLICATION

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

DLLC USE ONLY	
Job #:	
Date Accepted:	
CSR:	

Type or Print with **Black Ink**

SECTION 1 Type of License

- Interim Permit
- New License

SECTION 2 Type of Ownership (Legal Entity)

- J.T.W.R.O.S.
- Corporation
- Corporation
- Individual
- Limited Liability Co
- Tribe
- Partnership
- Club
- Other
(Explain) _____

Apply to become an Arizona Lottery retailer.

- SECTION 3 Type of Privilege**
- Add Sampling Privilege for Series 9 and 10 only (Complete Sampling Privilege application) A.R.S.§4-206.01 (G), (H), (I) & (L)
 - Add Growler privileges (restaurant, series 12 license only. 300-foot restriction applies) A.R.S.§4-207(A) & (B)

1. Series Type of License: _____ 2. LICENSE #: _____

SECTION 4 Applicants

1. Agent's Name: _____

Last
First
Middle
2. Legal Entity/Sole Proprietorship Name: _____
(Ownership name for type of ownership checked in section 2)

Last
First
Middle
3. Premises Name (Doing Business As-DBA): _____
4. Premises Address: _____
(Do not use PO Box)

Street
City
State
Zip Code
County
5. Mailing Address: _____
(All correspondence will be mailed to this address)

Street
City
State
Zip Code
6. Business Phone: _____ Cell Number: _____
7. Email Address: _____
8. Is the Business located within the incorporated limits of the above city or town? Yes No
 If you checked no, in what City, Town, County or Tribal/Indian Community is this business located? _____
9. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Department Use Only

Fees:		\$	
	Application Interim Permit Site Inspection Finger Prints		Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 5 Interim Permit

If you intend to operate business while the application is pending, you will need an interim permit pursuant to A.R.S.§4-203.01.

For approval of an interim permit:

- There **must** be a valid license of the same series issued to the current location you are applying for, **OR**
- A Hotel/Motel license is being replaced with a restaurant license pursuant to A.R.S.§4-203.01 (A)

1. Current license number at the location: _____ 2. Is the license currently in use? Yes No

2. If the license is **not** currently in use, how long has it been since the license was last used at this location? _____

I (Print Full Name) _____ hereby declare that I am the Current Owner, Agent, or Controlling Person on the stated license and location.

Sign in front of Notary: _____
(Current Agent/Individual as listed on the license certificate)

State of _____ County of _____ Signed before me on this ____ day of _____, 20____. Notary Signature _____ My commission expires on ____ / ____ / ____	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"> <p style="text-align: center; margin-top: 50px;">Notary Seal</p> </div>
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SECTION 6 Background Check

EACH PERSON LISTED MUST SUBMIT A QUESTIONNAIRE, FINGERPRINT CARD, AND \$22 PROCESSING FEE PER CARD.

1. If the applicant is an entity, and not an individual, answer questions a-b.

a) Date Incorporated/Organized: _____ State where Incorporated/Organized: _____

b) AZ Corporation or AZ L.L.C. Entity No: _____ Approval Date: _____

2. List any individual or entity that owns a beneficial interest of 10% or more and/or controls the applicant or licensee.

If the applicant is owned by another entity, attach an organizational chart showing the ownership structure.

Last	First	Middle	Title	%Owned	Mailing Address	City	State	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 10 Diagram of Premises



Check ALL boxes that apply to your business:

No Patio

Patio: Contiguous

Walk-up or drive-through windows

Patio: Non-Contiguous within 30 feet

1. Is your licensed premises now closed due to construction, renovation or redesign or rebuild?

Yes No If yes, what is your estimated completion date? ____/____/____

2. **Please attach a diagram of the premises** which clearly shows only the areas where spirituous liquor will be sold, served, consumed, dispensed, possessed or stored. Include entrances, exits, and interior walls, bar areas, dining areas, dance floor, stage, game room and kitchen.

3. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed areas such as parking lots, living quarters, etc.

DO NOT INCLUDE

Parking lots, living quarters or areas where business is not conducted under this liquor license. Please identify which orientation is North on the diagram.

IMPORTANT NOTE: As stated in A.R.S. §4-207.01 (B), it is the licensee's responsibility to notify the Department of Liquor Licenses and Control when there are changes to the service areas or the square footage of the licensed premises, either by increase or decrease.

RESTAURANTS AND HOTELS/MOTELS ONLY

(IMPORTANT NOTE: A site inspection must be conducted prior to activation of the license. A \$50.00 fee for the inspection will be due and payable upon submitting this application.)

5a. Provide a detailed drawing of the kitchen and dining areas, including the locations of all kitchen equipment and dining furniture. These are required as part of the diagram. A.R.S. §4-205.02(C)

5b. Provide a restaurant operation plan.

SIGNATURE

I, (Print Full Name) _____ hereby swear under penalty of perjury that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

_____ Applicant Signature