

CSR:
Amount:



IN-STATE PRODUCER APPLICATION SERIES 1

Arizona Dept. 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**

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

SECTION 1 Type of License

- Interim Permit

- New License

SECTION 2 Type of Ownership (Legal Entity)

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> J.T.W.R.O.S. | <input type="checkbox"/> Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Limited Liability Co | <input type="checkbox"/> Tribe |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Club | |
| <input type="checkbox"/> Other (Explain) _____ | | |

Apply to become an Arizona Lottery retailer.

SECTION 3 Applicants

1. Agent/Sole Proprietor Name: _____

Last
First
Middle
2. Legal Entity/Sole Proprietor 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? _____

Department Use Only

Fees: _____ \$

Application	Interim Permit	Site Inspection	Finger Prints	Total of All Fees
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Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No

SECTION 4 Interim Permit

If you intend to conduct business while the application is pending, you will need an interim permit A.R.S. §4-203.01. For approval of an interim permit there must be a valid license of the same series currently issued to the location.

- 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;"><u>Notary Seal</u></p> </div>
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SECTION 5 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 1a-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)

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.**
- 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: Name: _____

Address: _____
Street City State Zip

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.

Last	First	Middle	Amount Owed	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 7 Diagram of Premises



Check ALL boxes that apply to your business:

- No Patio
- Walk-up or drive-through windows
- Patio: Contiguous
- 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.

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