

|         |
|---------|
| CSR:    |
| Amount: |



# PRIVATE CLUB APPLICATION SERIES 14

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

|                      |
|----------------------|
| <b>DLLC USE ONLY</b> |
| 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. (See information on last page).**

**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 Location 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: |  | \$ |                   |
|       | <div style="display: flex; justify-content: space-between;"> <span>Application</span> <span>Interim Permit</span> <span>Site Inspection</span> <span>Finger Prints</span> </div> |    | Total of All Fees |

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete?  Yes  No

**SECTION 4 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 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 _____<br>County of _____<br>Signed before me on this ____ day of _____, 20____.<br>Notary Signature _____<br>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> |
|---|---|

**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