

CSR:
Amount:



# TRANSFER SERIES 9 LIQUOR STORE LICENSE

Arizona Department 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

Person Transfer series 9

Location Transfer series 9

License # \_\_\_\_\_

**SECTION 2 Type of Ownership (Legal Entity)**

J.T.W.R.O.S.       Corporation       Trust

Individual       Limited Liability Co       Tribe

Partnership       Club

Other (Explain) \_\_\_\_\_

**SECTION 3 Privilege**     Sampling Privilege – please attach Sampling application.  
A.R.S.§4-206.01(G), (H), (I) & (L)

**SECTION 4 Applicants**

1. Agent's 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? \_\_\_\_\_

9. Total Price paid for Series 9 Liquor Store License \$ \_\_\_\_\_

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 currently issued to the location.

1. Current license number at the Premises: \_\_\_\_\_

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: \_\_\_\_\_

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%; display: flex; align-items: center; justify-content: center;">                 Notary Seal             </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 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 7 Person to Person Transfer ARS§4-203(C), (D), (G)**

- 1. License #: \_\_\_\_\_
- 2. Current Agent Name / Individual Name: \_\_\_\_\_  
Last First Middle
- 3. Current Ownership Name: \_\_\_\_\_  
(Exactly as it appears on the license)
- 4. Premises Name: \_\_\_\_\_  
(Exactly as it appears on the license)
- 5. Premises Location Address: \_\_\_\_\_  
Street City State County Zip
- 6. Current Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
- 7. Does current licensee intend to operate the business while this application is pending?  Yes  No
- 8. I, (Signature): \_\_\_\_\_ authorize the transfer of this license to the applicant.  
(Current Agent/Individual as listed on the license certificate)

**SECTION 8 Location Transfer- Current Licensee Information ARS§4-203(C), (D), (G)**

- 1. License #: \_\_\_\_\_
- 2. Current Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Exactly as it appears on license)
- 3. New Business: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**SECTION 9 Proximity to School**

**A.R.S. §4-207** States that no **retailer's license** shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12), or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building.

The above paragraph **DOES NOT** apply to:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>Series 01 Producer</li> <li>Series 03 Microbrewery</li> <li>Series 04 Wholesaler/Distributor</li> <li>Series 05 Government license</li> <li>Playing area of a golf course</li> </ul> | <ul style="list-style-type: none"> <li>Series 11 Hotel/motel license</li> <li>Series 12 Restaurants that do not sell growlers</li> <li>Series 13 Farm Winery</li> <li>Series 18 Craft Distillery</li> </ul> |
|---|---|

Distance to nearest School: \_\_\_\_\_ Name of School: \_\_\_\_\_  
(If less than one (1) mile, note footage)

School Address: \_\_\_\_\_

**SECTION 10 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: Lessors Name: \_\_\_\_\_

Lessors 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 11 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

**Declaration:**

I, (Print Name) \_\_\_\_\_, declare under penalty of perjury that I am authorized by the licensee to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

\_\_\_\_\_  
Signature

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees: enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.