



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

SERVICE REFUSAL REPORT

A.R.S. §4-244.14. For a licensee or other person to serve, sell or furnish spirituous liquor to a disorderly or obviously intoxicated person, or for a licensee or employee of the licensee to allow or permit a disorderly or obviously intoxicated person to come into or remain on or about the premises, except that a licensee or an employee of the licensee may allow an obviously intoxicated person to remain on the premises for a period of time of not to exceed thirty minutes after the state of obvious intoxication is known or should be known to the licensee in order that a non-intoxicated person may transport the obviously intoxicated person from the premises. For the purposes of this section, "obviously intoxicated" means inebriated to the extent that a person's physical faculties are substantially impaired and the impairment is shown by significantly uncoordinated physical action or significant physical dysfunction that would have been obvious to a reasonable person.

1. Date of this report: ____/____/____
Month Day Year

Date/Time of incident: ____/____/____ : ____:____
Month Day Year Hour Minute (approx)

Name of liquor licensed establishment: _____

Physical address of licensed establishment: _____, _____, _____
Street Address City Zip

Phone number of liquor licensed establishment: (____) _____ - _____

2. What police authorities were summoned? _____

Police Report #: _____

Who called police? **First and Last Name** _____

Was an arrest made by the police? YES NO

Who was arrested? _____

3. What emergency services were summoned? _____

Who called for these services? **First and Last Name** _____

4. How many drinks was the patron served throughout his/her visit? _____

5. Identify or describe participants/intoxicated persons using a copy of their ID or information recorded from their ID. Provide their cell phone or daytime contact number.

Participant #1: _____

Describe this person's appearance of intoxication:

- a _____
- b _____
- c _____

How were they removed from the premise? _____

Participant #2: _____

Describe this person's appearance of intoxication:

a _____

b _____

c _____

How were they removed from the premise? _____

(Attach additional sheet if necessary)

6. List any witnesses independent or staff: (attach additional sheet if necessary)

Witness #1: _____
First and Last Name Staff or Independent

Witness #2: _____
First and Last Name Staff or Independent

7. Name of person/persons injured and type of injury: (attach additional sheet if necessary)

Injury #1: _____
First and Last Name Type and Location of injury

Injury #2: _____
First and Last Name Type and Location of injury

8. Provide details of evidence as to how much the person consumed by credit tabs, servers personal knowledge or register tapes and attach to this document:

9. In your own written words, give details of incident separate page and attach to this report. Please include answers to these questions in your eyewitness report.

- What time did the person enter? _____
- What time was the person first observed to be intoxicated? _____
- Was the patron/patrons cut off immediately? YES NO
- What time did the alternative ride remove the patron? _____
- Who gave the alternative ride, if it was a sober companion use their name?
- Who kept control and sight of the patron or patrons to verify that he/she was safe and did not consume more alcohol?
- What are the names of the intoxicated patrons companions?
- How many drinks and what type did the intoxicated patron/patrons consume?
- What time were each of these drinks consumed (if you know)?
- Were the companions found alternative rides as well? YES NO
- List witnesses who observed the actions taken with the intoxicated patron?
- Who were the servers? _____
- Where was the intoxicated patron or patrons seated throughout the night?
- If they drove away, did you obtain a plate number and call the police? YES NO
- Was the patron cut off merely for the amount consumed without any signs or symptoms of intoxication? YES NO

THE CONTENTS OF THIS REPORT ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of person preparing this report Today's Date

Printed First and Last name of person preparing this report Title or position held

Daytime contact number Alternate contact number