

CSR:
Amount:



BYOB

(EXEMPTION)

A NON-REFUNDABLE \$50 FEE WILL APPLY

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:	
License #:	

Type or Print with Black Ink

This exemption allows customers to bring limited amounts of their own liquor on to the premises to drink.

The BYOB permit is valid for 12 months from the date of approval. A new application must be submitted each year with each application. For uninterrupted status, submit a new application 45 days prior to expiration.

I, _____ doing business as _____

Applicant's Name
Premises Name

Premises Location Address: _____

Street Address
City
County
Zip Code

Mailing Address: _____
All correspondence will be sent to this address
Street Address
City
County
Zip Code

Daytime Phone Number
Applicant's Email Address

Is this your first Unlicensed Exemption? Yes No **if no, when does your exemption expire?** ____/____/____

I hereby request permission from the Department of Liquor to allow my patrons to consume liquor on my unlicensed premises. I have read Arizona statute A.R.S. §4-244.05 and regulation A.A.C. R19-1-324. I declare that my business qualifies for exemption under A.A.C. R19-1-324 as a:

- Small Restaurant (**occupancy of 50 or less**) allowing alcohol consumption between Noon-10:00 p.m. and shall not allow a patron to possess or consume more than **40 ounces of beer, 750 ml of wine or 4 ounces of distilled spirits per visit. Include a diagram of premise and certificate of occupancy when submitting application.**
- Association/Business Hosting a Private Function (does not exceed the 300 member/patrons), allowing alcohol consumption between 4:00 p.m.-2:00 a.m. and shall not allow a patron to possess or consume more than **40 ounces of beer, 750 ml of wine or 4 ounces of distilled spirits per visit. Include a diagram of premise when submitting application.**
- I hereby agree to comply with Arizona statute A.R.S. §4-244.05 and regulation A.A.C. R19-1-324 while conducting business at this location.
- I understand that any violations of these rules may result in a fine & civil penalty A.R.S. §4-244.05(A) and (C).

I, **(Print Full Name)** _____, declare under penalty of perjury that I have read the contents of this application, and to the best of my knowledge believe all statements made to be true, correct and complete.

Applicant Signature: _____

FOR DEPARTMENT OF LIQUOR USE ONLY

Approval Disapproval **Officer Signature:** _____ **Date:** _____