



CO-OP AGENT CHANGE
A non-refundable fee of \$5.00 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:

Type or Print with Black Ink

Agent Location License Number: _____

Members: (attach additional sheet if necessary)

License #	Business Name (DBA)

Current Agent Name: _____
LastFirstMiddle

New Agent Name: _____
LastFirstMiddle

New Agent Cell Number: _____ Alternate Phone: _____

Agent Email Address: _____
(All Email will be sent to this address)

Business Name (Doing Business As-DBA): _____

Correspondence Address: _____
(All mail will be sent to this address) StreetCityStateZip CodeCounty

Declaration:

I, (Print Name) _____, declare under penalty of perjury that I am authorized 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)