



RELEASE OF LEGAL OR EQUITABLE INTEREST

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**

INTEREST HOLDER

Interest Holder's Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Business Phone: _____ Daytime Contact Number: _____

Email Address: _____

The lien holder, hereby releases equitable interest in the designated spirituous liquor license no. _____

I _____, have read this document and the contents and all statements are true, correct and complete
Print Name

Sign in front of Notary: _____

State of _____	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;"><u>Notary Seal</u></div>
County of _____	
Signed before me on this ____ day of _____, 20_____.	
Notary Signature _____	
My commission expires on ____ / ____ / ____	