

CSR:
Amount:



**Arizona Department Liquor License and Control**  
 800 W Washington St. 5<sup>th</sup> Floor  
 Phoenix, AZ 85007-2934  
[azliquor.gov](http://azliquor.gov)  
 602-542-5141

**DLLC USE ONLY**

Job #:
Date Accepted:
CSR:

**MIXED COCKTAILS OFF-SALE PRIVILEGE**

Type or Print with Black Ink

**\$200.00 NON-REFUNDABLE APPLICATION FEE DUE UPON SUBMISSION OF APPLICATION**  
**LEASE FEE DUE UPON ISSUANCE OF PERMIT**

➔
**THIS APPLICATION MUST BE ACCOMPANIED WITH A PRIVILEGES LEASE AGREEMENT.**
➔

**Leasing from:**

- SERIES 6-BAR**
- SERIES 9-LIQUOR STORE**

Applicant/Lessee Name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Premises Name (Doing Business As-DBA): \_\_\_\_\_

Premises Address: \_\_\_\_\_

Street Address
City
State
County
Zip

Mailing Address: \_\_\_\_\_

Street Address or P.O. Box
City
State
County
Zip

Premises Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**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

**DLLC USE ONLY**

Investigation Recommendation:  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Lessor Name: \_\_\_\_\_ Lessor Phone Number: \_\_\_\_\_