



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

APPLICANT/CONTROLLING PERSON AFFIDAVIT

TO BE COMPLETED BY THE ORGANIZATION'S PRESIDENT.
IF THIS IS A CLUB, PARTNERSHIP, OR OTHER TYPE OF ORGANIZATION, A SIGNATURE OF EQUAL LEVEL IS REQUIRED.

Organization: _____
Affidavit of: _____
Position/Title: _____
State of: _____ AZ Corp./L.L.C. #: _____
County of: _____ State Incorporated: _____
The undersigned, _____ Being first sworn under oath declares:

1. In connection with this organization's application to obtain a liquor license for our operation(s) in Arizona, have complete d and delivered to the Arizona Department of Liquor Licenses and Control the required questionnaire and fingerprint card
2. The required questionnaires and fingerprint cards of all officers, directors, regional managers, managing members, partners, etc., who direct or are involved in the direction of the management of the policies involving spirituous liquor in the State of Arizona; and all stockholders who own ten percent (10%) or more of the corporation or limited liability company have also been completed and delivered to the Arizona Department of Liquor Licenses and Control.

Name and title of such individuals are as follows (or list attached):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

3. There are, in addition to those submitting questionnaires and fingerprint cards, other officers, limited liability members, and/or board members of this organization who are not submitting such information to the Arizona Department of Liquor Licenses and Control. None of these individuals directs or is involved in the direction of the management of policies of this organization involving spirituous liquor in the State of Arizona.

Such members and positions, along with date and place of birth, are as follows (or list attached):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

4. None of the individuals listed under item #3 possesses the power to vote ten percent (10%) of the outstanding voting securities of this organization, nor can any of them control the election of one or more of the Board of Directors or managing members of the organization.
5. Finally, on information and belief, none of the individuals listed under item #3 have at any time been convicted of a felony, had a liquor license revoked, or violated any provisions of a liquor license issued to that member.

DATED this _____ day of _____, _____
Day Month Year

I, (Print Full Name) _____ declare that I am the APPLICANT filing this notification.
 I have read this document and the contents and all statements are true, correct and complete.

X (Signature) _____

State _____ County of _____
 The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Day Month Year

My Commission Expires on: _____
Date

(Signature of Notary Public)