



# POSTING

Job# \_\_\_\_\_  
DLLC use only

Arizona Dept. of Liquor Licenses and Control  
800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007  
(602) 542-5141

Type or Print with Black Ink

Date of Posting: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Posting Removal: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle

Business Address: \_\_\_\_\_  
Street City Zip

I hereby certify that pursuant to A.R.S. 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

\_\_\_\_\_  
Print Name of City/County Official Title Phone Number

\_\_\_\_\_  
Signature Date Signed

**Return this affidavit with your recommendations or any other related documents.  
If you have any questions please call (602) 542-5141 and ask for the Licensing Division.**