

CSR: \_\_\_\_\_



## BUSINESS CHANGE NAME/INFORMATION

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

**DLIC USE ONLY**

Job #:
Date Accepted:
CSR:

Type or Print with Black Ink

1. License Number: \_\_\_\_\_

2. Agent / Sole Proprietor Name: \_\_\_\_\_  
Last First Middle

3. Premises Name (Doing Business As-DBA): \_\_\_\_\_  
(Exactly as it appears on the license)

**For all changes that apply to you, please check applicable boxes and complete:**

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

New Premises Location Address: **NOTE:** THIS IS NOT A LOCATION TRANSFER, THIS IS A LOCAL GOVERNMENT OR U.S. POSTAL AUTHORIZED ADDRESS CHANGE, **DOCUMENTATION MUST BE ATTACHED.**

\_\_\_\_\_  
Street City State Zip

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

Street City State Zip

Other (please explain): \_\_\_\_\_

(Attach additional sheet in necessary)

**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