



CO-OP DEACTIVATION

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**

License Number: _____ Co-op Number: _____

Controlling Person/Agent Name: _____

Corporation Name: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Business Phone: _____ Daytime Contact Number: _____

REASON FOR DEACTIVATION

Use back of page if necessary

I, (Print Full Name) _____ hereby swear under penalty of perjury verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature