



# APPLICATION WITHDRAWAL

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

**DLLC USE ONLY**

Job #:
Date Accepted:
CSR:

Type or Print with Black Ink

License Number: \_\_\_\_\_

Agent / Individual Name: \_\_\_\_\_  
Last First Middle

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

Premises Address: \_\_\_\_\_  
Street City State Zip Code

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

**REASON FOR WITHDRAWAL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(USE BACK OF PAGE IF NECESSARY)

**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

<u>REVIEW</u>	<u>EMPLOYEE</u>	<u>DATE</u>
Customer Service Representative	_____	_____
Investigations (Pending Applications)	_____	_____
Licensing Manager	_____	_____
Liquor Board (Hearing files only)	_____	_____
<b>DISPOSITIONS</b>		
<input type="checkbox"/> Letter Attached _____	<input type="checkbox"/> Intent to Halt	
<input type="checkbox"/> Revoked-Order# _____	<input type="checkbox"/> Application Denied	# _____
<input type="checkbox"/> Reverted-Order# _____	<input type="checkbox"/> Application Withdrawn	