

CSR:
Amount:



AGENT CHANGE OUT OF STATE /17W

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

DLIC USE ONLY	
Job #:	
Date Accepted:	
CSR:	

License # _____

Current Agent Name: _____
Last
First
Middle

New Agent Name: _____
(Must be an Officer/Member of the applying entity)
Last
First
Middle

New Agent Cell Number: _____ Alternate Phone Number: _____

Premises Name (Doing Business As-DBA) _____

Correspondence Mailing Address: _____
All mail/communication will be sent to this address
Street
City
State
Zip Code
County

Agent Email Address: _____

AGENT CHANGE FORM MUST BE ACCOMPANIED BY A BLUE OR BLACK LINED FINGERPRINT CARD AND \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE.

Declaration:

I, (Print Name) _____, hereby consent to the appointment of Agent for this license. I 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