



OUT OF STATE PRODUCER APPLICATION SERIES 02

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**

<u>FEES</u>	
December through May \$350.00	June through November \$325.00
~All 02 Licenses expire in November~	

SECTION 1: Type of ownership:

- Individual Partnership Corporation LLC Other

Ownership Name: _____

Applicant:

- Agent/Individual Owner's Name: _____
Last First Middle
- Premises Name (Doing Business As-DBA): _____
Exactly as it appears on your State License/Permit
- Premises Address: _____
(Do not use PO Box) Street City State Zip Code County
- Mailing Address: _____
(All correspondence will be mailed to this address) Street City State Zip Code
- Business Phone: _____ Agent/Individual Contact #: _____
- Email Address: _____
- If licensed in U.S. Federal ATF#: _____ TTB Permit #: _____
- In-State License Number _____ Active Inactive
(Must attach copy of current In-State License)

SECTION 2

- Have you been fingerprinted when applying for a liquor license in your State within the past 2 years? Yes No
If no, a fingerprint card along with a \$22.00 processing fee must be submitted with this application.
4-202 (B) Section 41-1750 and Public Law 92-544
- Have you EVER had an application for any business or liquor license rejected? Yes No
- Have you ever had disciplinary action taken against a license in another jurisdiction? Yes No
- Has anyone EVER filed suit or obtained a judgment against you in any civil action, the subject of which involved fraud or misrepresentation involving a liquor license? Yes No

5. Have you EVER been arrested for, charged with, or convicted of any felony? Yes No

6. If you answered "yes" to question 1, 2, 3, or 4, give complete details. Attach additional sheets if necessary.

7. Are you familiar with Arizona liquor laws and regulations as they relate to the sale and shipment of liquor into the state of Arizona? Yes No

Farm wineries that produce not more than 20,000 gallons per calendar year to consumers - A.R.S. § 4-205.04(C)(9), to retailers - A.R.S. § 4- 205.04(C)(7), produce not more than 200 - 40,000 gallons to AZ licensed wholesalers - A.R.S. § 4-205.04(C)(1), participate in an Arizona wine festival - A.R.S. § 4-203.03 Craft distilleries that produce not more than 1,189 gallons per calendar year to consumers - A.R.S. §4- 205.10(C)(7), to retailers - A.R.S. §4- 205.10(C)(5), to wholesalers - A.R.S. §4- 205.10(C)(1).

8. Do you agree to notify the Arizona Department of Liquor of any proposed change of ownership or other changes to the information provided in this application within 30 days to making any such changes? Yes No A.R.S. §4-203(E)

Please attach a copy of the document that permits you to deal in liquor in your place of origin, this applies to applicants located in the U.S. and those applying from outside of the U.S.

9. Do you agree to keep records, invoices, and other documents relating to your production, purchase, sale and delivery of liquor for a period of two years and to have this documentation easily accessible for examination upon request?

Yes No A.A.C. R19-1-501(B)

10. Do you agree to submit an application for the appropriate license **prior** to exceeding the legal sales limit for the series license currently held? Yes No

11. Do you agree to pay required Arizona taxes as prescribed by law? Yes No

12. If you answered "no" to questions asked in #s 6, 7, 8, 9, or 10 give complete details. Attach additional sheets if necessary.

FALSE OR INCOMPLETE ANSWERS MAY RESULT IN THE DENIAL OF A LICENSE.

I, **(Print Name)** _____ hereby declare that I am the applicant/agent filing this application. I have read this application and the contents and all statements are true, correct, and complete to the best of my knowledge. I acknowledge that shipments into Arizona contrary to A.R.S. §4-203.04 and contrary to the statements in Section 5 of this application may result in the immediate suspension of my Arizona liquor license.

X _____
Signature of Individual Owner/Agent

Date: ____/____/____
Month Day Year

<u>NOTARY</u>	
State of _____	<u>Notary Seal</u>
County of _____	
Signed before me on this ____ day of _____, 20____.	
Notary Signature _____	
My commission expires on ____ / ____ / ____	