



OFF PREMISES STORAGE
R19-1-304

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

DLLC USE ONLY

Job #:
Date Accepted:
CSR:

SECTION 1 Applicant Information

Agent's Name: _____ License #: _____

Premises Name: _____

Premises Address: _____
Street Address City State County Zip

Mailing Address: _____
Street Address or P.O. Box City State County Zip

Premises Phone Number: _____ Daytime Contact Number: _____

Email Address: _____

SECTION 2 Off Premises Storage Information

Off Premises Storage Address: _____
Street Address City State County Zip

Provide security measures used at off premises storage: _____

MUST ATTACH DIAGRAM/PHOTOS OF PROPOSED STORAGE AREA

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: _____ **Date:** _____

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Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___