



STATE OF ARIZONA
DEPARTMENT OF LIQUOR LICENSES AND CONTROL
POWER OF ATTORNEY

Licensee's Name: _____

Business Name: _____

Physical Location of Business:

_____, _____, _____
Street Address City Zip Code

Business Phone Number: _(_____)_____

I, _____, hereby appoint as attorney(ies)-in-fact:
(print name)

Name (please print) Address City/State/Zip Telephone

Name (please print) Address City/State/Zip Telephone

Specify liquor license number(s) and year(s) or period(s) for financial documentation provided:

License # describe financial documentation/include dates (please print)

License # describe financial documentation/include dates (please print)

The attorney(ies)-in-fact (named above) is/are authorized, subject to revocation, to receive confidential information and to perform all of the following acts that the licensee(s) can perform with respect to the above specified matters. If you wish to limit certain power, cross out the powers listed below and initial the appropriate line.

Initial Here

- _____ 1. To execute consents to review all additional financial information *required* to complete the audit.
- _____ 2. To fully represent the licensee(s) in any hearing, determination, final or otherwise, or appeal.
- _____ 3. To enter into any compromise with the Director of the Department of Liquor License and Control.
- _____ 4. To execute any release from liability required by the Department of Liquor Licenses and Control prerequisite to divulging otherwise confidential information concerning the licensee(s).
- _____ 5. Any other acts (specify, please print):

Send copies of notices and other written communications addressed to the licensee(s) in proceedings involving the above matter to (check ONE below):

The appointee only, or Licensee and appointee.

This power of attorney revokes all earlier powers of attorney YES NO

If "yes", please specify to whom granted, date and full address:

Name (please print) Address City/State/Zip Telephone

Name (please print) Address City/State/Zip Telephone

To revoke this power of attorney without authorizing a new representative, you must send a signed statement listing the names and address of the representatives whose authority is revoked. Mail Power of Attorney form and revocation to:

Audit Division
Arizona Department of Liquor License and Control
800 W. Washington, 5th Floor
Phoenix, Arizona 85007

Signature of, or for, licensee(s):

I hereby certify that the Director of the State of Arizona Department of Liquor Licenses and Control or his representative is authorized to release any and all records, and any and all information provided by the licensee either voluntarily or pursuant to subpoena, for the purpose of conducting this audit, to enforce possible violations of Title 4, Arizona Revised Statutes, and to introduce such information as evidence in any public, administrative, or judicial hearing. I hereby relieve the Director or his representative of any liability for releasing such information. If signed by a corporate officer, partner, or judiciary on behalf of the licensees(s), I certify that I have the authority to execute this power of attorney on behalf of the licensee(s).

Signature, Title (if applicable) / /
Date

Signature, Title (if applicable) / /
Date

If the power of attorney is granted to a person OTHER than an attorney, certified public accountant, enrolled agent, or enrolled actuary, the licensee(s) signature MUST be witnessed or notarized below.

The person(s) signing as, or for, the licensee(s), must complete one (1) signature box below:

Witnesses for Signature(s)	
The person(s) signing is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:	
Witness: _____ Signature	_____ Date
Witness: _____ Signature	_____ Date

Notarized Signature(s)	
The person(s) signing appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed.	
Notary Public: _____ Signature	_____ Date
My commission expires: _____	

Declaration of Representative

I declare that I am not currently under suspension or disbarment from practice and that I am one of the following:

Check Here

_____ 1. A member in good standing of the bar of the highest court of the jurisdiction indicated below;

_____ 2. Duly qualified to practice as a certified public accountant in the jurisdiction indicated below;

_____ 3. A full time employee of the taxpayer

_____ 4. A member of the licensee's immediate family (spouse, parent, child, brother or sister);

_____ 5. A judiciary for the licensee;

_____ 6. Other (specify)_____

And that I am authorized to represent the licensee herein for matters specified.

Signature

Date

Print Name