

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

REQUEST FOR NOTICE OF DISCIPLINARY HEARING

NOTE: THIS DOCUMENT IS TO BE SIGNED BY AN AUTHORIZED NEIGHBORHOOD REPRESENTATIVE.

INTERESTED NEIGHBORHOOD ASSOCIATION DATA:

Neighborhood Association Name: _____

Authorized Neighborhood Association Representative: _____

_____ Last First Middle

Mailing Address: _____
Address City State Zip

Business Phone: (_____) _____ Residence Phone: (_____) _____

This statement is filed in accordance with A.R.S. §4-201(E).

X _____ State of _____ County of _____
(Signature of Authorized Neighborhood Representative) The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

LICENSEE DATA : (This information may be obtained via our web site at www.azliquor.gov)

Licensee/Applicant's Name: (Exactly as it appears on license/application)

_____ Last First Middle

Mailing Address: _____
Address City State Zip

License Location: (Exactly as it appears on the license/application)

_____ Address City State Zip

License Number: _____ Phone Number: (_____) _____

*Disabled individuals requiring special accommodations, please call the Department.