Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

Renewal Fees

License Renewal	500.00
Growler Privileges	150.00
Surcharge ARS 4-209 K	35.00
Surcharge Audit	30.00
Surcharge ARS 4-209 L	20.00
Total Per License	**735.00**

Annual Renewal of Spirituous Liquor License
***with* Growler Privileges 12G**
(Incomplete Applications Will Not Be Accepted)

RENEWALS *MUST* BE POSTMARKED NO LATER THAN THE EXPIRATION DATE.
THERE IS A *$150 PENALTY* FOR LATE FILING.
(THE FEES ALLOWED UNDER A.R.S. §44-6853 WILL BE CHARGED FOR ALL DISHONORED CHECKS)

License Number: _____ Expiration Date on License: _____

Agent: _____
Last **First** **Middle**

Owner: _____
Name of Corporation, LLC, Company etc.

Mailing Address: _____
Street **City** **State** **Zip**

AZ Corporation Commission file number (if applicable): _____

1. Has there been any change in percentage of ownership within the last 12 months?
☐ **Yes** (please file appropriate documentation) ☐ **No**

2. Has any owner, partner, agent, manager, officer, director, stockholder, member, or anyone holding 10 percent or more interest, been convicted of **ANY** felony violation in the past (5) years or had a liquor license revoked within the last 12 months?
☐ **Yes** (attach explanation of details) ☐ **No**

3. Is this license in "Inactive" status?
☐ **Yes** (A license may remain on "inactive" status for 36 months, ARS §4-203(G)). ☐ **No**

4. Has the residential address of any owner, agent or controlling person on this license changed since the last application or renewal was filed at the Arizona Department of Liquor Licenses and Control?
☐ **Yes** (please list new information) ☐ **No**

1) _____ _____
Name **Street** **City** **County** **State** **Zip**

2) _____ _____
Name **Street** **City** **County** **State** **Zip**

3) _____ _____
Name **Street** **City** **County** **State** **Zip**

In answering the questions above my signature indicates I have VERIFIED the accuracy of these statements.

Print Name: _____ Signature: _____

Individuals requiring ADA accommodations please call (602)542-9027

% of Revenue from Food Sale: _____ ***PLEASE INCLUDE A BUSINESS DATA REPORT FOR EACH LICENSE RENEWED***

Business Location Address: _____
Street **City** **State** **Zip**

Business Phone: _____ Daytime Contact Phone Number: _____

Email Address: _____

Please list all licenses that are due for renewal, make any changes that are necessary. Changes in ownership and business location will require filing an application with this department. Other changes may require additional filing. Link to Forms:

http://www.azliquor.gov/formsindex.cfm

Additional Licenses of the same series and Ownership (use additional license sheet if necessary)

License #	Active/ Inactive	%Food Sales	Renewal Fee	Business Name	Business Address
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			
		%			

I **(signature),** _____, declare that; 1)I am the owner, agent, partner, stockholder (10 percent or greater ownership), member (10 percent or greater ownership), officer, making this application (circle title that best applies); 2) I have read the application and the contents and all statements are true, correct and complete; 3) this application is not being made to defraud or injure any creditor, taxing authority, regulatory authority, or transferor; 4) no other person, firm or corporation, except as indicated, has an interest in the spirituous liquor license for which these statements are made; and 5) I have verified that none of the owners, partners, members, officers, directors or stockholders listed have been convicted of a felony in the past five (5) years, except as disclosed previously.

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