



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

**DLLC USE ONLY**

Issuance fee: \$100.00
Issuance Date: _____
<input type="checkbox"/> Liquor Store (series 9)
<input type="checkbox"/> Beer and Wine Store (series 10)
CSR: _____

**SAMPLING PRIVILEGES APPLICATION  
 SERIES 9 OR 10**

Applicant's Name: (Owner Agent) \_\_\_\_\_ License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_  
Street Address City State County Zip Code

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City State County Zip Code

Business Phone Number: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Series #10 Beer and Wine Bar Only:**

- I declare that my business qualifies as a
- Premises is 5,000 square feet or larger
  - At least 75% of shelf space is dedicated to beer and wine

**A.R.S. §4-206.01(J) Bar, Beer and Wine Bar or Liquor Store licenses; number permitted; fee; sampling privileges**

I (Signature), \_\_\_\_\_, attest that I am the OWNER/AGENT filing this form, that I have read, and assume responsibility for compliance with, A.R.S. §4-206.01 A.R.S. §4-206.01 at the licensed establishment, and verify all statements I have made on this document to be true, correct and complete. I understand that I am responsible for the \$100 issuance fee and the annual \$75 renewal fee for these sampling privileges. Sampling privilege renewal fees are due at the same time as the renewal for the "current license #" identified on page 1 of this application.

**LOCAL GOVERNING BOARD**

I, \_\_\_\_\_ recommend  APPROVAL  DISAPPROVAL  
(Government Official Signature) (Title)

on behalf of \_\_\_\_\_  
(City, Town, County) Phone Date

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Investigation Recommendation:  Approval  Disapproval by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Director Signature required for Disapprovals: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_