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
Date:
Approved by:

Business Information / Name Change Request
(No Fees Required)

1. License Number: _____

2. Individual / Agent Name: _____
   Last First Middle

3. Current Business Name: _____
   (Exactly as it appears on the license)

For all changes that apply to you, please check applicable boxes and complete:

☐ New Business Name: _____

☐ New Business Location Address: **NOTE:** THIS IS NOT A LOCATION TRANSFER, THIS IS A LOCAL GOVERNMENT OR U.S. POSTAL AUTHORIZED ADDRESS CHANGE, **DOCUMENTATION MUST BE ATTACHED.**

_____
Street City State Zip

☐ New Business Phone: _____ ☐ Daytime Contact Number: _____

☐ New Mailing Address: _____
Street City State Zip

☐ Other (please explain): _____
(Attach additional sheet in necessary)

NOTARY

I, **(Print Full Name)**_____, hereby declare that an AUTHORIZED PERSON filing this request.

I have read this document and the contents and all statements are true, correct and complete.

Signature: _____

State of _____County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Day Month Year

My commission expires on _____ _____
Day/ Month/Year Signature of NOTARY PUBLIC

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