



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

FOR DLLC USE ONLY

Co-op #:
Deactivation Date:
CSR:

**CO-OP DEACTIVATION**

License Number: \_\_\_\_\_ Co-op Number: \_\_\_\_\_

Controlling Person / Agent Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

**REASON FOR DEACTIVATION**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Use Back of Page if Necessary

**NOTARY**

I, (Print Full Name) \_\_\_\_\_ hereby declare that I am the CONTROLLING PERSON and / or AGENT filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_  
 Date

\_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

\_\_\_\_\_  
 Signature of Notary