





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

**CO-OPERATIVE PURCHASE AGREEMENT**

<b>FOR DLLC USE ONLY</b>
Co-op #:
Approval Date:
Expiration Date:
CSR:

Name of Co-op (Owner Name as listed on liquor license): \_\_\_\_\_

Co-op Agent: \_\_\_\_\_ Co-op Member: \_\_\_\_\_

Agent's Liquor License No: \_\_\_\_\_ Member's Liquor License No: \_\_\_\_\_

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

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

City: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ Daytime Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Comments: \_\_\_\_\_ Comments: \_\_\_\_\_

The Agent will will not deliver merchandise to the Co-op Member. If the Agent does not deliver, the Co-op Member will obtain the merchandise from the designated storage location of the Agent.

1. All purchases by the Agent for the Co-op shall be from a licensed Arizona wholesaler.
2. The Agent shall furnish each of his Co-op Members a copy of the Master Invoice prepared by the wholesaler. Wholesaler may charge a reasonable fee for extra copies of Invoice. The Invoice shall detail each Co-op Member's order, showing amount of order by brand and cost by brand. The Agent shall not change or alter the Invoice in any manner. The Master Invoice shall indicate the total cost of all individual Members' orders and a copy shall be furnished to each Member. The payment for the total order shall be made by the Agent. The Master Invoice shall dictate the specific discount for each "Co-operative Purchase".
3. The accuracy of all orders placed by the Agent shall be the sole responsibility of the Agent. There shall be no exchanges of merchandise after delivery. The Agent shall be responsible for any errors in the orders by Members of his Co-op. The Agent is responsible for the fiscal operations of all Co-op purchases and shall retain all such records for a period of two years. Co-op Members shall retain their Invoices for a period of two years also.
4. Wholesalers shall deliver to the Agent's licensed premises or to an unlicensed storage premises under the absolute control of the Agent, providing the Agent has received permission for the use of the unlicensed storage premises from the Director. Title to the merchandise shall vest with the individual Co-op Member upon delivery to the Agent. The Agent's fee for services rendered to the Co-op Member shall be \$ \_\_\_\_\_ per wholesaler Invoice.

I, (Printed Name of AGENT) \_\_\_\_\_ And (Printed Name of MEMBER) \_\_\_\_\_

Hereby declare that I am the APPLICANT filing this agreement. I have read the agreement and all statements are true, correct and complete.

I, _____ (Signature of AGENT)	_____ (Signature of MEMBER)
State of _____ County of _____ The foregoing instrument was acknowledged before me this	_____ Signature of Notary
_____ Day of _____, _____ Day Month Year	My Commission Expires: ____/____/____