



**State of Arizona**  
**Department of Liquor Licenses and Control**  
**800 W. Washington 5<sup>th</sup> Floor**  
**Phoenix, Arizona 85007**  
**(602) 542-5141**

**QUESTIONNAIRE**

**Attention local governments:** Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only, but must be **blocked to be unreadable** prior to posting or public view.

**Attention applicant:** This is a sworn document. Type or print in **black ink**. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD. **The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.**

Liquor License#: \_\_\_\_\_  
(If the location is currently licensed)

1. Check the appropriate box →

<input type="checkbox"/> Controlling Person <input type="checkbox"/> Agent (complete questions 1-19) (Controlling Person or Agent must complete #21 for a Manager)	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
--	---

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last                      First                      Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_  
(NOT a public record)

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City                      State                      COUNTRY (not county)

5. Marital status:  single  married  divorced  widowed

6. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(list all for past 5-years, use additional sheet if necessary)    Last                      First                      Middle                      Maiden (not a public record)

7. You are a bona fide resident of what state? \_\_\_\_\_ If Arizona, date of residency: \_\_\_\_\_

**If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.**

8. Daytime telephone number to contact you during business hours for questions ( \_\_\_\_\_ ) \_\_\_\_\_

9. E-mail address: \_\_\_\_\_

10. Business Name: \_\_\_\_\_ Business Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

11. Business Location Address: \_\_\_\_\_  
Street (do not use P O box#)                      City                      State                      County                      Zip

12. List your employment or type of business during the past five (5) years. If unemployment, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
	CURRENT					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

If you checked the Manager box on the front of this form skip to # 15.

14. As a Controlling Person or Agent will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? \_\_\_\_\_, and **answer #14a below**. If NO, skip to #15.  Yes  No

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) **If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.**  Yes  No

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? (For traffic violations, only include those that were alcohol and/or drug related.)  Yes  No

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.  Yes  No

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?  Yes  No

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  Yes  No

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?  Yes  No

If any answered "YES" to any Question 15 through 19 YOU MUST attach a signed statement.  
Give complete details including dates, agencies involved and dispositions.  
**SUBSTANTIVE CHANGES TO THE APPLICATION WILL NOT BE ACCEPTED**

20. I, \_\_\_\_\_, hereby declare that I am the APPLICANT/REPRESENTATIVE filing this questionnaire.  
(Print Full Name of Applicant)  
I have read this questionnaire and all statements are true, correct and complete.

X \_\_\_\_\_  
(Signature)

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

The foregoing instrument was acknowledge before me this

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

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

\_\_\_\_\_  
(Signature of Notary Public)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT  
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.  
The manager named must be at least 21 years of age.

\_\_\_\_\_  
(Print Name)

X \_\_\_\_\_  
(Signature of Controlling Person or Agent)

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

The foregoing instrument was acknowledge before me this

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

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

\_\_\_\_\_  
(Signature of Notary Public)