



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

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| License #: |
| Expiration Date: |
| CSR: |
| Log # |

UNLICENSED BUSINESS ESTABLISHMENT APPLICATION FOR EXEMPTION

This exemption allows customers to bring limited amounts of their own liquor on to the premises to drink.

This application, if approved, is valid for 12 months (1 year) from the date of approval. A new application for exemption must be submitted each year. **A NON-REFUNDABLE \$50 FEE WILL APPLY** with each application. For uninterrupted exempt status, submit a new application prior to expiration.

I, _____, doing business as _____
 Owner's Name Name of Business

Located at: _____
 Establishment's Street Address City County Zip Code

_____ Daytime Phone Number Applicant's Email Address

Is this your first Unlicensed Exemption? Yes No if no, when does your exemption expire? ____/____/____

Hereby request permission from the Department of Liquor to allow my patrons to consume authorized liquor on my unlicensed premises. I have received and read Arizona statute A.R.S. §4-244.05 and regulation A.A.C. R19-1-324. I declare that my business qualifies for exemption under A.A.C. R19-1-324 as a:

- Small Restaurant (50 seats or less, allowing alcohol consumption from between Noon-10:00 p.m. and shall not allow a patron to possess or consume more than **forty ounces of beer, 750 ml of wine or four ounces of distilled spirits per visit.**
- Association/Business Hosting a Private Function (does not exceed the 300 member/patrons, allowing alcohol consumption between 4:00 p.m.-2:00 a.m. and shall not allow a patron to possess or consume more than **forty ounces of beer, 750 ml of wine or four ounces of distilled spirits per visit.**
- I hereby agree to comply with Arizona statute A.R.S. §4-244.05 and regulation A.A.C. R19-1-324 while conducting business at this location.
- I understand that any violations of these rules may result in a fine & civil penalty authorized in A.R.S. §4-244.05(A) and (C).

NOTARY

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

X (Signature) _____
 Controlling Person / Agent

State of _____ County of _____
 the foregoing instrument was acknowledged before me this

_____ of _____
 Day Month Year

My commission expires on: _____

 Signature of NOTARY PUBLIC

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Approval Disapproval Officer Signature: _____ Date: _____