

CSR:
Amount:



REMOTE TASTING ROOM APPLICATION SERIES 19

Farm Winery • Craft Distillery

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY
Job #:
Date Accepted:
CSR:

Type or Print with **Black Ink**

Ownership

Arizona Liquor License Number: _____
(Must be a series 13, 18, 2W or 2D license)

Agent/Sole Proprietor Name: _____
(Must currently own a series 13, 18, 2W or 2D) Last First Middle

Owner Name: _____
(Exactly as it appears on Liquor License)

Premises Name (Doing Business As-DBA): _____
(Exactly as it appears on the exterior of premises)

Premises Address: _____
Do not us P.O. Box Street City State Zip County

Mailing Address: _____
(All correspondence will be mailed to this address) Street City State Zip

Business Phone: _____ Cell Number: _____

Email Address: _____

All questions must be answered

1. I verify that the location of the remote tasting room is within the incorporated limits of the city/town named above. Yes No

2. I verify that the location of this remote tasting room is not within 300 feet of a church or school building. [A.R.S. §4-207] Yes No

3. I understand that the owner or agent for this remote tasting room must be a bona fide resident of Arizona and that the following documents must be completed and attached to this application:
 - a) owner/agent's valid Title 4 (Arizona liquor law) training Certificates of Completion
 - b) owner/agent's completed questionnaire
 - c) owner/agent's fingerprint card and \$22.00 fee [A.R.S.§4-202(A)] Yes No

4. I have assigned a manager to oversee the day-to-day operations at the location identified above. The following documents are attached to this application:
 - a) manager's valid Title 4 (Arizona liquor law) training Certificates of Completion
 - b) manager's completed questionnaire
 - c) manager's fingerprint card and fee [A.R.S.§4-202(C)] Yes No

5. I have read and am familiar with Arizona liquor laws and my responsibilities as they relate to operating a remote tasting room. [Farm winery: A.R.S§4-205.04, craft distillery A.R.S. §4-205.10] Yes No

6. I verify that this remote tasting room will not be used for storage of in-bond product. This premises is for retail sales only. Yes No

7. I understand that the renewal application and fees for this license will be due at the same time as the Yes No license identified under ownership above.
8. I understand annual reporting to the Arizona Department of Liquor is required for the total sales Yes No from liquor produced at a location other than the license identified under Ownership.
[farm winery: A.R.S. §4-205.04(C)(5), craft distillery A.R.S. §4-205.10(D)(1)]
9. Do you intend to share a Remote Tasting Room with another Craft Distiller or Farm Winery? Yes No
If yes, please provide second License number: _____

Diagram of Premises

Please attach a diagram showing only the area where liquor will be sold, served, consumed, dispensed, possessed and/or stored. Diagram must show all entrances, exits, interior walls, bar areas, bar stools, hi-tops, dining tables, dining chairs, kitchen, dance floor, stage, game rooms, restrooms, etc. Do not include parking lots or living quarters.



FOR OUT-OF-STATE APPLICANTS ONLY

Federal TTB Permit #: _____ State License #: _____

SIGNATURE BLOCK

I, (Print Full Name) _____ hereby swear under penalty of perjury that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Applicant Signature

GOVERNING BOARD

Approval Disapproval

Authorized Signature Title Agency / /
Date

DLIC USE ONLY

Approval Disapproval Investigator: _____ Inspection Date: __/__/____

Director Signature required for Disapprovals: _____ Date: __/__/____