

CSR:
Amount:



SAMPLING PRIVILEGE APPLICATION SERIES 9 AND 10 ONLY

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:
<input type="checkbox"/> Liquor Store (series 9) <input type="checkbox"/> Beer and Wine Store (series 10)
CSR:

Type or Print with Black Ink

License #: _____

Applicant's Name: Agent Sole Proprietor _____
Last First Middle

Premises Name: _____

Premises Address: _____
Street Address City State County Zip Code

Mailing Address: _____
Street Address City State County Zip Code

Business Phone #: _____ Daytime Contact #: _____ Email Address: _____

Series #10 Beer and Wine Store Only

I declare that my business qualifies as a

- Premises that is 5,000 square feet or larger
- Premises that has at least 75% of shelf space dedicated to beer and wine

SIGNATURE

Declaration:

I, (Print Name) _____, declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

_____ Signature

LOCAL GOVERNING BOARD

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official Signature) (Title)

on behalf of _____
(City, Town, County) Phone Date

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Investigation Recommendation: Approval Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___