



REGISTRATION OF A RETAIL CO-OP APPLICATION

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

DLLC USE ONLY

Job #:
Date Accepted:
CSR:
Co-op#

Type or Print with **Black Ink**

**A non-refundable fee of \$5.00 per location will apply.
Licenses that may co-op together:**

- License #: _____
- Agent/Sole Proprietor Name: _____
Last First Middle
- Legal Entity Name: _____
- Premises Name (Doing Business As-DBA): _____
- Premises Address: _____
Street City State Zip
- Correspondence Address: _____
Street City State Zip
- Email Address: _____
- Business Phone: _____ Cell Number: _____

9. I hereby certify, if approved to operate as a registered retail agent that I will comply with all Arizona State laws and rules controlling cooperative purchases.

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



CO-OPERATIVE PURCHASE AGREEMENT

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

Co-op Agent: _____ Co-op Agent: _____

Agent's Liquor License No: _____ Agent's Liquor License No: _____

Premises Name: _____ Premises Name: _____

Premises Address _____ Premises 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.

- All purchases by the Agent for the Co-op shall be from a licensed Arizona wholesaler.
- 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".
- 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.
- Wholesalers shall deliver to the Agent's licensed premises or to an unlicensed storage premises under the absolute control of the Agent, with providing the Agent has received permission for the use of the unlicensed storage premises from the Director. Title to the merchandise shall vest the individual Co-op Member upon delivery to the Agent. A fee of five dollars shall be collected for each registered retailer in this state, and a fee of The Agent's fee for services rendered to the Co-op Member shall be \$ _____ per wholesaler Invoice.

I, (Print Name of AGENT) _____ and (Print Name of MEMBER) _____

Hereby swear under penalty of perjury that we have read and understand the foregoing and verify that the information and statements that has been provided herein are true and correct to the best of our knowledge.

Applicant Signature: _____ **Member Signature:** _____