



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

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

APPLICATION FOR REGISTRATION OF A RETAIL CO-OP AGENT
 A non-refundable fee of \$5.00 per location will apply.
 Licenses that may co-op together:
 6, 7, 11, and 12 ~ **OR** ~ 9 and 10

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

1. License #: _____

2. Agent's Name: _____
Last
First
Middle

3. Corporation Name: _____

4. Business Name: _____

5. Business Address: _____
City
State
Zip

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

7. Email Address: _____

8. Business Phone: _____ Daytime Contact Number: _____

9. Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

10. I hereby certify that if approved to operate as a registered retail agent, that I will comply with all laws and rules, promulgated to control cooperative purchases.

NOTARY

I, (Print Full Name) _____ Hereby declare that I am the APPLICANT filing this agreement. I have read the agreement and all statements are true, correct and complete

X _____
 (Signature of APPLICANT)

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

_____ Day of _____, _____ Year
Day
Month
Year

My Commission Expires on: _____
Date

 Signature of Notary



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CO-OPERATIVE PURCHASE AGREEMENT
 A non-refundable fee of \$5.00 per location will apply.

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

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

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

Business Name: _____ Business Name: _____

Business Address: _____ Business 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.

- 1.All purchases by the Agent for the Co-op shall be from a licensed Arizona wholesaler.
- 2.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".
- 3.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.
- 4.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. The Agent's fee for services rendered to the Co-op Member shall be \$ _____ per wholesaler Invoice.

I, (Printed Name of AGENT) _____ And (Printed Name of MEMBER) _____
 Hereby declare that I am the APPLICANT filing this agreement. I have read the agreement and all statements are true, correct and complete.

I, _____ (Signature of AGENT)	_____
State of _____ County of _____	_____
The foregoing instrument was acknowledged before me this	Signature of Notary
_____ Day of _____, _____ Day Month Year	My Commission Expires: ____/____/____