

**CITY OF SCOTTSDALE
SPIRITUOUS LIQUOR PERMIT APPLICATION**

Business Services

Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251

Mailing Address - P.O. Box 1586
Scottsdale, AZ 85252-1586

Telephone - (480) 312-2400

Web - www.ScottsdaleAZ.gov/licenses



\$ _____
Liquor Application Fee

Make checks payable to: City of Scottsdale

OFFICE USE ONLY

LIQUOR LICENSE # _____ COUNCIL APPROVAL DATE: _____ ZONING INITIAL: _____

STATE LIQUOR LICENSE #: _____ STATE SERIES #: _____ OPERATING ON INTERIM Yes

ADOR/SCOTTSDALE PRIVILEGE LICENSE #: _____ No

ALCOHOLIC BEVERAGE ORD: _____ GENERAL PROVISIONS ORD: _____

BUSINESS NAME, BUSINESS LOCATION, BUSINESS TELEPHONE

BUSINESS NAME (Individual, Company or "DBA", first name first) _____ Area Code _____ Business Telephone No. _____

STREET NO. (N,E,S,W) _____ STREET NAME _____ Type STE./APT. NUMBER
(ST.DR.AV.) _____

City _____ State _____ ZIP _____ Email _____

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

STREET NO. (N,E,S,W) _____ STREET NAME/PO BOX _____ Type STE./APT. NUMBER
(ST.DR.AV.) _____

City _____ State _____ ZIP _____

AGENT/APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First) _____ Area Code _____ Mobile Number _____

BUSINESS OWNERSHIP AND RECORD LOCATION

1. TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION LLC DATE INC/LLC _____

2. NAME OF OWNER, PARTNER(S)

MANAGERS OR OFFICERS	TITLE	BIRTH DATE	HOME ADDRESS	SOC. SEC. #	HOME PHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. NEW OWNER OF EXISTING BUSINESS NAME OR NEW BUSINESS NEW CORPORATION OR PARTNERSHIP

IF APPLICABLE: PREVIOUS BUSINESS NAME _____

SCOTTSDALE LIQUOR LICENSE #: _____ PRIVILEGE LICENSE #: _____

4. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:

NAME _____ ADDRESS _____ PHONE: _____

BUSINESS PREMISES STATUS

5. CHECK ONE: A) Do you own your business premises? Yes No

6. CHECK ONE: A) Do you rent your business premises from another party? Yes No

B) If yes, Landlord's Name _____ Address _____ Phone _____

C) Will Landlord have an interest in the business? Yes No

I CERTIFY THAT THE INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT FURNISHING FALSE INFORMATION, OR TO WITHHOLD INFORMATION ON THIS APPLICATION, IS SUFFICIENT CAUSE TO DENY THE ISSUANCE OF A LICENSE/PERMIT TO ME. APPLICATION FEES ARE NON-REFUNDABLE AND INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

Date: _____

SIGNATURE OF OWNER, PARTNER OR OFFICER _____