



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

DLLC USE ONLY

| |
|---|
| Issuance fee: \$100.00 |
| Issuance Date: _____ |
| <input type="checkbox"/> Liquor Store (series 9) |
| <input checked="" type="checkbox"/> Beer and Wine Store (series 10) |
| CSR: <u>Chay</u> |
| Job #: <u>142863</u> |

**SAMPLING PRIVILEGES APPLICATION
 SERIES 9 OR 10**

Applicant's Name: Individual Agent) Amy S. Nations License #: _____

Business Name: Sprouts Farmers Market #45

Business Location: 20300 N. John Wayne Parkway Maricopa AZ Pinal 85139

| | | | | |
|-------------------------------------|-----------------|-----------|-----------------|--------------|
| Street Address | City | State | County | Zip Code |
| Mailing Address: <u>PO Box 2502</u> | <u>Chandler</u> | <u>AZ</u> | <u>Maricopa</u> | <u>85244</u> |

| | | | | |
|---------------------------------------|------|-------|--------|----------|
| Street Address or P.O. Box | City | State | County | Zip Code |
| Business Phone Number: <u>Pending</u> | | | | |

Daytime Contact Number: 480-730-2675

Email Address: liquorlicense@azlic.com

Series #10 Beer and Wine Store Only:

- I declare that my business qualifies as a
- Premises is 5,000 square feet or larger
 - At least 75% of shelf space is dedicated to beer and wine

A.R.S. §4-206.01(J) Bar Beer and Wine Bar or Liquor Store licenses; number permitted; fee; sampling privileges

I (Signature), *Amy Nations*, hereby declare that I am the INDIVIDUAL/AGENT filing this form, that I have read A.R.S. §4-206.01 and verify all statements made on this document to be true, correct, and complete to the best of my knowledge. I understand there is a \$100 issuance fee and the annual \$60 renewal fee for these sampling privileges. The sampling privilege renewal fees are due at the same time as the renewal for the current license number identified on the first line of this application.

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: ___/___/___

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