



City of Glendale  
 5850 W. Glendale Avenue  
 Glendale, AZ 85301  
 (623) 930-3190

**LIQUOR LICENSE  
 APPLICATION & QUESTIONNAIRE**

License Number \_\_\_\_\_

This application must be filed and a license obtained before you can lawfully engage in business in Glendale. The **application fees are non-refundable** and licenses issued are non-transferable between persons or locations.

**PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO THE QUESTIONS BEING ANSWERED.**

**APPLICANT/AGENT INFORMATION**

Applicant's Name (First) (Middle) (Last)			Social Security Number
Home Address (Street) (City) (State) (Zip Code)			Home Phone Number ( )
Place of Birth	Date of Birth	Sex	Driver's License Number & State

**BUSINESS OWNER INFORMATION**

Sole Proprietor    Corp.    L.L.C.    Gen. Part.    Ltd. Part.    L.L.P.    Trust    Other(specify):

Business Name (dba):	Business Phone Number ( )	Business Fax Number ( )
Business Address (Number/Street/Suite)	(City)	(State) (Zip Code)
Business Mailing Address (Number/Street)	(City)	(State) (Zip Code)

<b>Sole Proprietor</b>	If applicant is married, attach copies of any fictitious name certificates and provide the following info:		
	Spouse's Name	Residence Address	Phone Number ( )

<b>Corporation</b>	Exact Name of Corporation: _____			
	State of Incorporation: _____		Date of Incorporation: _____	
	Attach copies of Articles of Incorporation and fictitious name certificates. Provide the following info for corporate officers and for <b>ALL</b> persons who are beneficial owners of at least 50% of shares.			
	Name	Residence Address	Title	Phone Number ( )

<b>Limited Liability Company</b>	Exact Name of L.L.C.: _____			
	State of Formation: _____		Date of Formation: _____	
	Attach copies of Articles of Organization and fictitious name certificates. Provide the following info for current members (identify the managing members) and for <b>ALL</b> persons who share at least 50% or more of financial gains of L.L.C.			
	Name	Residence Address	Title	Phone Number ( )

<b>General Partnership</b>	Exact Name of General Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of any written partnership agreement and fictitious name certificates. Provide the following info for <b>ALL</b> partners and for <b>ALL</b> persons who share at least 50% of financial gains of partnership.
	Name    Residence Address    Title    Phone Number
	(       )

<b>Limited Partnership</b>	Exact Name of Limited Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of Certificate of Limited Partnership and fictitious name certificates. Provide the following info for <b>ALL</b> general and limited partners and for <b>ALL</b> persons who share at least 50% of financial gains of L.P.
	Name    Residence Address    Title    Phone Number
	(       )

<b>Limited Liability Partnership</b>	Exact Name of Limited Liability Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of Statement of Qualifications and fictitious name certificates. Provide the following info for all partners and for <b>ALL</b> persons who share at least 50% of financial gains of L.L.P.
	Name    Residence Address    Phone Number
	(       )

<b>Trust</b>	Exact Name & Type of Trust: _____ State of Formation: _____ Date of Formation: _____ Attach copies of document(s) forming trust and fictitious name certificates. Provide following info for all trustees and for all persons who share at least 50% of financial gains of trust.
	Name    Residence Address    Title    Phone Number
	(       )

Federal Employer's Identification Number:	State Tax Identification Number:
State Liquor License Number:	Type of License:    ___ Person & Location Transfer ___ New ___ Person Transfer    ___ Location Transfer
Previous Business Name:	Previous Owners Name:
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If this license is denied will the prior owner resume ownership?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If this license is denied will the applicant operate the business without liquor sales?

**Yes**  **No** Have you ever been charged or convicted of any felony or misdemeanor other than a civil traffic citation? If yes, please list **ALL** prior charges, indictments or convictions, including applicable jurisdictions and dates, if needed attach a separate sheet. **Please Note: Failure to disclose this information will be grounds for denial of this license.**

**Yes**  **No** Do you now or have you ever held a liquor license in this state or another state? If yes, please list **ALL** locatons, including applicable jurisdictions and dates, if needed attach a separate sheet.

**Yes**  **No** Have you ever had a liquor license revoked, denied, rejected, suspended or required to paid a fine? If yes, please list **ALL** locatons, including applicable jurisdictions and dates, if needed attach a separate sheet.

**Business Premises Status**

**Yes**  **No** Does the business owner listed above rent or lease the business premises? If yes please complete section below.

Landlord's Name: \_\_\_\_\_ Monthly Rental Payment \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**Yes**  **No** Will you be altering or making any changes to the existing property? If yes, please explain in detail any additions, deletions or alterations.

Will you be providing or plan to provide  Live Entertainment  Live Music  Patron Dancing  Amusement Devices  
 Pool Tables - (Check all that apply).

Please list your normal business hours of operation:

Sunday \_\_\_\_\_ Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

\_\_\_\_\_ Initial

**Important Note to Applicant**

By signing the application you are certifying that all the information is accurate, complete and true to the best of your ability.

Applicant's Signature

Date