



**Licensing Office**  
 5850 West Glendale Avenue  
 Glendale, Arizona 85301-2599  
 623-930-3190  
 Email: [taxlic@glendaleaz.com](mailto:taxlic@glendaleaz.com)

Business License #: \_\_\_\_\_

**LIQUOR LICENSE APPLICATION AND QUESTIONNAIRE**

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN  
 LAWFULLY ENGAGE IN SELLING OF LIQUOR IN GLENDALE. ANY LICENSE ISSUED IS  
 NON-TRANSFERABLE BETWEEN PERSONS OR LOCATIONS.

**SECTION I. APPLICANT INFORMATION**

First Name:	Last Name:	M.I	Date of Birth:
Address:			SSN #:
City, State, Zip Code (+4):			Phone #:
Driver's License # and State:	E-mail Address:		Sex:
Have you ever been convicted of a felony or misdemeanor other than a traffic citation? If yes please list ALL prior charges, indictments, or convictions, including applicable jurisdictions and dates on a separate sheet and attach to this application. Failure to disclose this information will be grounds for denial of this license.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently or have you ever held a liquor license in this state or another state? If yes, please list ALL locations, including applicable jurisdictions and dates, on a separate sheet and attach to this application.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a liquor license revoked, denied, rejected, suspended or required to pay a fine? If yes, please list ALL locations, including applicable jurisdictions and dates on a separate sheet and attach to this application.			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II. ACCOUNT AND BUSINESS OWNERSHIP INFORMATION**

<input type="checkbox"/> All copies of legal documents filed and/or fictitious name certificates are attached to this application (required).	
Type of Ownership: <input type="checkbox"/> Sole/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corp./Inc.	AZ TPT#:
Type of License: <input type="checkbox"/> Person & Location Transfer <input type="checkbox"/> New <input type="checkbox"/> Person Transfer <input type="checkbox"/> Location Transfer	Federal I.D#:
Legal Business Name:	
Business Name (Doing Business As):	
Owner/Officer/Member (primary):	Title:
Home Address:	% of Ownership:
City, State, Zip Code (+4):	Phone #:
Previous Business Name:	
Previous Business Owner Name:	Phone #:
If this license is denied will the prior owner resume ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If this license is denied will the applicant operate the business without liquor sales?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III. PHYSICAL and MAILING ADDRESS INFORMATION**

Business Address (physical location):	
City, State, Zip Code (+4):	Phone #:
Mailing Address:	
City, State, Zip Code (+4):	Phone #:

**SECTION IV. LANDLORD and BUSINESS PREMISE INFORMATION -please attach additional sheets if necessary**Do you lease the business premises?  Yes  No

Landlord's Name:

Contact:

Mailing Address:

Phone #:

City, State, Zip Code (+4):

Property Manager (if different from Landlord):

Contact:

Mailing Address:

Phone #:

City, State, Zip Code (+4):

Will you be altering or making changes to the existing property?  Yes  No

If YES, please explain in detail any additions, deletions, or alterations:

Will you be providing or plan to provide any of the following? (Check all that apply):

 Live Entertainment  Live Music  Patron Dancing  Amusement Devices  Pool Tables

Please list your normal business hours of operation:

**SECTION V. ADDITIONAL OWNER OR ACCOUNT CONTACT INFORMATION**

Contact Name #1:

Title:

Address:

Phone #:

City, State, Zip Code (+4):

SSN# :

Contact Name #2:

Title:

Address:

Phone #:

City, State, Zip Code (+4):

SSN#:

**IMPORTANT NOTE TO APPLICANT****PLEASE SIGN AND REMIT ALL FEES DUE WITH APPLICATION**

I certify the statements made in this application are true and complete to the best of my knowledge. I have read and complied with all statutes, ordinances, and other requirements affecting public peace, health, and safety. The issuance of a license by the City of Glendale shall in no way be construed as permission to operate a business activity in violation of any other law of regulation to which such activity by be subject. I accept the license authorized and issued to response to this application. I understand the application fee is non-refundable and incomplete forms may delay processing.

By entering your email address, you are acknowledging that you may receive infrequent e-mails from the City of Glendale regarding your account as well as notices about services that may affect doing business with the City. Please see the City of Glendale privacy statement at [www.glendaleaz.com/policies.cfm](http://www.glendaleaz.com/policies.cfm) for more details on e-mail address usage.

Print Name:

Title (Owner/Officer/Statutory Agent):

Signature:

Phone #:

Date: