

**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 \_\_\_\_\_