

State of Arizona  
Department of Liquor Licenses and Control

800 W. Washington 5<sup>th</sup> Floor  
Phoenix, Arizona 85007  
(602) 542-5141

<input checked="" type="checkbox"/> Liquor Store (series 9)
<input type="checkbox"/> Beer and Wine Store (series 10)

Sampling Privileges Form

Applicant's Name: Robert Joseph Nelson (check one) Owner  Agent   
Mailing Address: 736 S Longmore St, Chandler, AZ, Maricopa, 85224  
Street Address or P.O. Box City State County Zip Code

Business Phone Number: (928) 445-3010 Email: N/A

Business Name: Fry's Food & Drug #63 Current License #: 09130048

Physical Location of Business:

3100 N Glassford Hill Rd, Prescott Valley, AZ, Yavapai, 85314  
Street Address City State County Zip Code

I, Robert Joseph Nelson, understand that, upon approval, sampling privileges for the liquor license identified above will require compliance with the following:

Initial Here



1. the premises shall contain at least five thousand square feet to be eligible for sampling privileges for Beer and Wine Store (series 10) applicants only (A.R.S. §4-206.01(J)).
2. Any open product shall be kept locked by the licensee when the sampling area is not staffed.
3. The licensee is otherwise subject to all other provisions of this title. The licensee is liable for any violation of this title committed in connection with the sampling.
4. The licensed retailer shall make sales of sampled products from the licensed retail premises.
5. The licensee shall not charge any customer for the sampling of any products.
6. The sampling shall be conducted under the supervision of an employee of a sponsoring distiller, vintner, brewer, wholesaler or retail licensee.
7. Accurate records of sampling products dispensed shall be retained by the licensee.
8. Sampling shall be limited to three ounces of beer or cooler-type products, one ounce of wine and one ounce of distilled spirits per person, per brand, per day.
9. The sampling shall be conducted only on the licensed premises.
10. Upon approval of this form, a license for a liquor store with sampling privileges (series 9S) or a beer and wine store with sampling privileges (series 10S) will be issued and mailed to the licensee's address of record. The license must be displayed in a conspicuous public area of the licensed premises that is readily accessible for inspection by any peace officer, distributor, wholesaler or member of the public. (A.R.S. §4-261.01)

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*[Handwritten scribble]*

- 11. Liquor store license sampling privileges are not transferable.
- 12. I have read, understand, and assume responsibility for compliance with A.R.S. §4-206.01.

**A.R.S. §4-206.01. Bar, beer and wine bar or liquor store licenses; number permitted; fee; sampling privileges**

- 1. Any open product shall be kept locked by the licensee when the sampling area is not staffed.
- 2. The licensee is otherwise subject to all other provisions of this title. The licensee is liable for any violation of this title committed in connection with the sampling.
- 3. The licensed retailer shall make sales of sampled products from the licensed retail premises.
- 4. The licensee shall not charge any customer for the sampling of any products.
- 5. The sampling shall be conducted under the supervision of an employee of a sponsoring distiller, vintner, brewer, wholesaler or retail licensee.
- 6. Accurate records of sampling products dispensed shall be retained by the licensee.
- 7. Sampling shall be limited to three ounces of beer or cooler-type products, one ounce of wine and one ounce of distilled spirits per person, per brand, per day.
- 8. The sampling shall be conducted only on the licensed premises.

I, Robert Joseph Nelson, attest that I am the OWNER/AGENT filing this form, that I have read, and assume responsibility for compliance with, A.R.S. §4-206.01 at the licensed establishment named on page 1, and verify all statements I have made on this document to be true, correct and complete. I understand that I am responsible for the \$100 issuance fee and the annual \$ 60 renewal fee for these sampling privileges. Sampling privilege renewal fees are due at the same time as the renewal for the "current license #" identified on page 1 of this application.

Signature: *[Handwritten Signature]* Title: Director of Ops Date: 02/13/14

14 MAR 2014 11:08:39

Notarized Signature

The forgoing instrument was acknowledged before me this 13 of Feb, 2014.  
day month year

Notary Public: Melissa S. Kurtz  
Signature

My commission expires: 10 Aug 2017  
day month year

OFFICIAL SEAL  
**MELISSA S. KURTZ**  
 Notary Public - State of Arizona  
**MARICOPA COUNTY**  
 My Comm. Expires Aug. 10, 2017

For DLLC Use Only

S License #: 09130048 Date of issuance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Issuance fee applicable?  Yes  No  \$100 issuance fee collected

Initials: JB

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**State/Local Government Routing Sheet**  
**Add Sampling Privileges To Active**  
**Liquor Store (series 9) or Beer and Wine Store (series 10) License**

Liquor Store (series 9)  
 Beer and Wine Store (series 10)

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The attached form for sampling must be processed within 105 days from this date:

Date Application Received at DLLC: 03-06-14

Date of 60-days from receipt: 05-05-14 105-days from receipt: 06-19-14

If the local governing body has questions regarding the attached sampling form, please call:

DLLC Contact Name: Alicia Esparza

DLLC Contact Phone Number: 602-364-0674 DLLC Contact email: Juanita.esparza @azliquor.gov

Upon local governing body approval, a new license with a sampling privilege ("S") designation will be issued to this licensee:

For DLLC Use Only

Current License #: 09130048 Date of issuance: 05 / 11 / 2000

S License #: \_\_\_\_\_ Date of issuance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DLLC Contact: Alicia Esparza DLLC Phone #: 602-364-0674

For Local Governing Body Use Only

Date Receive: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date Approved: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recommendation:  Approve  Protest  No Recommendation

I \_\_\_\_\_, hereby recommend that non-transferrable sampling  
Government Official

privileges be added to this licensee on behalf of \_\_\_\_\_  
City, Town or County

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number Email Address

Prescott Valley