

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141



AFFIDAVIT OF POSTING

Date of Posting: MAY 26, 2015 Date of Posting Removal: JUNE 16, 2015

Applicant Name: LEWKOWITZ H J  
Last First Middle

Business Address: 5791 E STATE ROUTE 69, SUITE 100 PRESCOTT VALLEY 86314  
Street City Zip

License #: 12133623

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

Gabriel M. Maldonado CSO. 928-772-5110  
Print Name of City/County Official Title Telephone #

Gabriel M. Maldonado 06/16/15  
Signature Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027