Print Form

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: JUNE 4, 2015 Date of Posting Removal: JUNE 25, 2015

Applicant Name: PAUL (Last) PATRICK (First) JOSEPH (Middle)

Business Address: 7450 EAST STATE ROUTE 69 (Street) PRESCOTT VALLEY (City) 86314 (Zip)

License #: 09130001S

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. (Print Name of City/County Official) CSO (Title) (928) 772-5110. (Telephone #)

(Signature) June 4 15. (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

Lic0119 4/2009