

**TOWN OF STAR VALLEY**



**LIQUOR LICENSE APPLICATION**

**Town of Star Valley**  
**3675 E. Highway 260**  
**Star Valley, AZ 85541**  
**Phone: (928) 472-7752**  
**Fax: (928) 472-7795**  
**www.starvalleyaz.com**

Business Name: \_\_\_\_\_  
Business Location: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business E-mail: \_\_\_\_\_  
Business Description: \_\_\_\_\_

Type of Business: Sole Prop. \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
If incorporated, list state of incorporation and Statutory Agent: \_\_\_\_\_

State Sales Tax ID: \_\_\_\_\_ State License #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Owner's Home Phone: \_\_\_\_\_  
Owner's Social Security or EIN #: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
Manager's Name: \_\_\_\_\_ Manager's Phone: \_\_\_\_\_  
Manager's Social Security #: \_\_\_\_\_ Manager Date of Birth: \_\_\_\_\_  
Manager's Address: \_\_\_\_\_

\_\_\_\_\_  
Signature Print Name Date

<b>FOR OFFICE USE ONLY</b>	
P&Z Review: _____	Date: _____
Police Dept. Review: _____	Date: _____
Fire Dept. Review: _____	Date: _____
Date Paid: _____	Amount Paid: \$ _____
Check: _____	Cash: _____