

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: 11/10/2011 Date of Posting Removal: 12/01/2011

Applicant Name: GALINDO ALFONSO D.
Last First Middle

Business Address: 3219 N. WASHINGTON AVE. DOUGLAS 85607
Street City Zip

License #: 10023099

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.

BRETT L. SIPE BUILDING INSPECTOR (520) 432-9266
Print Name of City/County Official Title Telephone #

[Signature] 12-1-11
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