POSTING

Job# _____
DLLC use only

Arizona Dept. of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

Type or Print with Black Ink

Date of Posting: 12 / 27 / 23 Date of Posting Removal: 1 / 16 / 24

Applicant's Name: Burgess (Last) Maria (First) Danielle (Middle)

Business Address: 10356 N. Pinal Avenue (Street), Casa Grande (City) 85122 (Zip)

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.

TRAVERS HUNTER (Print Name of City/County Official) Code Compliance Supervisor (Title) 520-866-6858 (Phone Number)

_____ (Signature) 1-16-24 (Date Signed)

Return this affidavit with your recommendations or any other related documents.
If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring ADA accommodations please call (602)542-2999