



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: April 11, 2023 Date of Posting Removal: May 2, 2023

Applicant's Name: Grajeda Manuel Gerardo  
Last First Middle

Business Address: 7196 S. Hwy. 92 Hereford 85615  
Street City Zip

License #: 012020011827

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.

CHRIS SAYLOR CODE COMPLIANCE OFFICER 520.432.9300  
Print Name of City/County Official Title Phone Number

[Signature] 5/2/2023  
Signature Date Signed

Return this affidavit with your recommendations (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.

# NOTICE

## APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: April 11, 2023

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE  
**Cochise County Board of Supervisors**

PLACE: 1415 Melody Ln, Bldg G, Blaine, AZ DATE/TIME: **May 9, 2023**

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: (520) 432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE STATE LIQUOR BOARD: 800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 543-8789

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL: LOCAL GOVERN. COUN. BODY: (520) 432-9200 STATE LIQUOR DEPT: (602) 543-8789  
POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE

State of Arizona  
Department of Liquor License and Control  
Liquor License Application Form  
Local Governing Body Board

**APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**PROTESTER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**LOCAL GOVERNING BODY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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