



# POSTING

Job# \_\_\_\_\_  
DLIC use only

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

Type or Print with Black Ink

Date of Posting: 05/01/24

Date of Posting Removal: 05/21/24

Applicant's Name: Aviles Louie  
Last First Middle

Business Address: 5043 S. Hwy 92 Sierra Vista 85650  
Street City 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.

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

[Signature] 5-21-24  
Signature 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.**

**NOTICE**  
**APPLICATION TO SELL ALCOHOLIC BEVERAGES**  
**DATE POSTED: May 1, 2024**  
APPLICATION SHALL BE HELD BY THE BOARD OF SUPERVISORS  
DATE/TIME: June 4, 2024

**PLACE:** s Melody Ln, Bldg 9, Bisbee, Cochise County

**HE/ SHE/ IT:** DATES SUBJECT TO CHANGE  
**ROAD:** GOVERNING BODY WILL BE  
**CD:** ESTABLISHED BY THE  
**GOVERNMENT:** MAY HOLD A HEARING TO CONSIDER  
**PROTECTOR:** TO BODY. ANY PERSON RESIDENT IN THE  
COUNTY MAY CONTACT THE STAFF TO REQUEST INFORMATION  
REGARDING THE APPLICATION AND THE BOARD HEARINGS  
DATE/TIME: June 4, 2024  
PLACE: 1001 W. WASHINGTON, SUITE 100, BISBEE, AZ 85801 520-438-2000

**VERIFY CALL:** (520) 438-2000  
SEND TO THE STATE LICENSING BOARD FOR THE RECORDATION OF  
OWNING OR LEASING PROPERTY TO THE BOARD IN WRITING TO  
ADDITION PROCEDURES BEFORE THE BOARD  
HOSPITAL, AZ 85801 1920 540-438-2000

**LOCAL:** LOCAL  
**EDUCATION:** WITHIN A  
**SOCIAL:** LOCAL  
**OTHER AS A:** LOCAL  
**RECORDATION:** LOCAL

