



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: 3 / 20 / 2025 Date of Posting Removal: 4 / 17 / 2025

Applicant's Name: Ambrade Abraham _____
Last First Middle

Business Address: 1964 Cesar Chavez Boulevard #6 San Luis 85349
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.

Sonia Cornelio City Clerk 928.341.8520
Print Name of City/County Official Title Phone Number

Sonia Cornelio 4/17/2025
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.