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By 071740 at 1:56 pm, Aug 25, 2026

24-AUG '26 AM09:30

Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Job #:	411083
Date Accepted:	8/24/26
LC:	MM
License #:	09070090

SAMPLING PRIVILEGE FOR SERIES 9 AND 10 ONLY

A non-refundable $100 fee will apply

License #: 09070090

Applicant's Name: Zuheir Salti ☑ Agent ~ OR ~ ☐ Sole proprietor

Business Name: TOWER LIQUOR INC.

Business Address: 3424 E Thomas Rd Phoenix AZ Maricopa, 850
(Street Address / City / State / County / Zip Code)

Mailing Address: Phoenix, Arizona , Maricopa , 85018 (2600 N Central Ave. #1775)
(Street Address / City / State / County / Zip Code)

Business Phone #: 602-956-2920 Daytime Contact #: 602-367-1228

Email Address: salti1011@gmail.com

Series #10 Beer and Wine Store Only

I declare that I qualify as: ☐ Premises that has at least 75% of shelf space dedicated to beer and wine
☐ Premises that is 5,000 square feet or larger

SIGNATURE

Declaration:
I, (Print Name) Zuheir Salti, declare under penalty of perjury that I am authorized to submit this application. I have read the contents and to the best of my knowledge believe all statements made on this application to be true, correct, and complete.

Signature: _____

LOCAL GOVERNING BOARD RECOMMENDATION

Date Received: _____

I, _____ (Government Official) _____ (Title) ☐ APPROVAL ☐ DISAPPROVAL

On behalf of _____ (City, Town, County) _____ (Signature) _____ (Phone) ___/___/___ (Date)

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Investigations: ☐ Approval ☐ Disapproval by: _____ Date: ___/___/___

Director Signature required for Disapprovals: _____ Date: ___/___/___