

**REQUEST FOR CERTIFICATE OF COMPLIANCE**

Date: \_\_\_\_\_

Fax: (602) 534-1995  
Phone: (602) 495-5899

Deputy Finance Director  
Tax & License Administrator  
City of Phoenix, Tax Division  
251 West Washington, 3rd Floor  
Phoenix, AZ 85003-2245

Dear Madam/Sir:

I am requesting a Certificate of Compliance for \_\_\_\_\_,  
(COMPANY NAME)

City of Phoenix Privilege License Number \_\_\_\_\_. This information is  
needed for \_\_\_\_\_ (Bond Release, etc.).

I understand that the City is allowed fifteen (15) working days after receiving this request to provide  
the Certificate.

{ } I wish to arrange for pick-up.  
Please call \_\_\_\_\_ at \_\_\_\_\_  
when the Certificate is completed.

{ } I do not wish to arrange for pick-up. Please mail to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

{ } *Also please fax* Name: \_\_\_\_\_  
*the Certificate to:* Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

{ } *Also please mail a copy to:* Arizona Department of Liquor Licenses, 800 West  
Washington Street, Phoenix, AZ 85007.

Thank you,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed)

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

NOTE: Requester must be an Owner, Partner or Corporate Officer.

If not, a signed Power of Attorney authorizing release of this information must be provided.

- { } Power of Attorney attached.
- { } Power of Attorney to be provided.