

Date of Application:		Permit Application Number:	
SECTION I: APPLICANT INFORMATION			
Name of Applicant (must be on site during the event) WAYNE SANTI			
Phone Number 520-568-4605	Cell Phone Number 847-226-9881	Fax Number 520-568-0861	
Business Address 45295 W. HONEYCUTT AVE		City MARICOPA	State AZ
Corporation / Organization Name or D.B.A. OUR LADY OF GRACE PARISH		E-mail Address WAYNESANTI@GMAIL.COM	
State of Incorporation ARIZONA	Tax ID # 20-8849244	City Sales Tax ID #	
SECTION II: EVENT INFORMATION			
Name of Event HOG ROAST			
Event Date(s) OCT. 27, 2012	Hours of Event 4:00 PM - 11:00 PM	Set Up OCT 26, 2012	Take Down OCT. 27, 2012
Location of Event/ Address 45295 W. HONEYCUTT - MARICOPA AZ			
Sponsors of the Event OUR LADY OF GRACE Catholic Church			
Brief Description of Event PARISH FUNDRAISER.			
*If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity.			
Charity Name		501(c)3 Number	
Charity Contact Name		Contact Phone Number	
Charity Address		Charity Phone Number (if different from above)	
Has this event ever been held at another location? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide the appropriate references:			
Location #1			
Date:		Location:	
Contact Name		Phone Number	
Location #2			
Date:		Location:	
Contact Name		Phone Number	

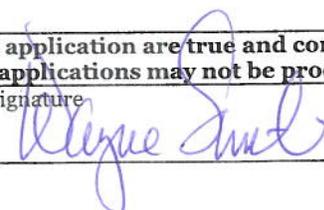
Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended? () Yes <input checked="" type="checkbox"/> No		
If Yes, please explain:		
Will there be an admission charge? () Yes <input checked="" type="checkbox"/> No If yes, list all price categories:		
Anticipated daily attendance:	Anticipated peak attendance:	
500 PEOPLE		
Will there be entertainment? () Yes <input checked="" type="checkbox"/> No If yes, please complete the following:		
Group	Performance Location	Scheduled Time
Will novelty items be sold? () Yes <input checked="" type="checkbox"/> No If yes, please describe below:		
Item	Vendor Selling	Price(s)
Will there be a contracted concessionaires/caterers? () Yes <input checked="" type="checkbox"/> No If yes, please provide the following information:		
Name of Concessionaire/Caterer	Address	
Phone No.	Items to be sold	
How close are the nearest residences to the event?		
What type of advertising/promotion will be done prior to the event?		
Radio: () Yes <input checked="" type="checkbox"/> No	If yes, stations:	
TV: () Yes <input checked="" type="checkbox"/> No	If yes, stations:	
Newspaper Ads: <input checked="" type="checkbox"/> Yes () No	If yes, newspapers: IN MARICOPA - COMMUNICATION	
Press Releases: () Yes <input checked="" type="checkbox"/> No	If yes, how many?	
Fliers/Posters: <input checked="" type="checkbox"/> Yes () No	If yes, where distributed: CITY CENTER	
*PLEASE ATTACH ANY PLANNED PROMOTIONAL MATERIALS		
SECTION III: EVENT SPECIAL FEATURES		
WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plans)		
TENTS OR CANOPIES <input checked="" type="checkbox"/> Yes () No If yes, provide the following:		
Company:	OWNERS OUR LADY OF GRACE	
Address:		
Contact:	Phone:	
Number of Tents:	Size(s):	
2	1-20x40 ; 1-20x20	
*Tents over 200 sq. ft. and canopies over 400 sq. ft. require permits from the City of Maricopa Fire Department.		
OPEN FLAMES OR COOKING <input checked="" type="checkbox"/> Yes () No If yes, provide the following:		
Company:	PARISH	

Address:			
Contact: WAYNE SANTI		Phone: 847-226-9881	
FIREWORKS () Yes (X) No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*Fireworks require permits from the City of Maricopa Fire Department.			
TEMPORARY FENCING () Yes (X) No If yes, provide the following:			
*Provide accurate dimensions of fenced area.			
Company:			
Address:			
Contact:		Phone:	
PORT-A-JOHN'S () Yes (X) No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
ELECTRICAL SERVICES / GENERATORS () Yes (X) No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*Use of generators requires an additional electrical permit from Development Services.			
CARNIVAL / AMUSEMENT RIDES () Yes (X) No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
*An additional special permit from the City of Maricopa Fire Department is required.			
SIGNS / BANNERS (X) Yes () No If yes, provide the following:			
Company: OUR LADY OF GRACE			
Address:			
Contact: WAYNE SANTI		Phone: 847-226-9881	
*Please submit a sign plan in conjunction with this application. Sign plan shall show the proposed location, placement, and size of all off-site directional signs. Directional signs shall be no greater than four (4) square feet and may be permitted within the City right-of-way, excluding medians. Signs may be placed twenty-four (24) hours in advance of the event and shall be removed within twenty-four (24) hours after the conclusion of the event.			
INFLATABLES () Yes (X) No If yes, provide the following:			
Company:			
Address:			
Contact:		Phone:	
OTHER – Description of any other activities at the event:			
HORSESHOES TOURNAMENT HAYRIDES			
SECTION IV: STREETS / TRAFFIC			
DOES THE EVENT PROPOSE CLOSING, BLOCKING, OR USING ANY OF THE FOLLOWING:			
CITY STREETS () Yes (X) No If yes, provide the following:			
Street	From/To	Date(s)	Time(s)

CITY SIDEWALKS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Sidewalk	From/To	Date(s)	Time(s)
CITY ALLEYS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Alley	From/To	Date(s)	Time(s)
PUBLIC PARKING LOTS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Parking Lot		Date(s)	Time(s)
PUBLIC BICYCLE PARKING () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Bicycle Rack Location:			
What alternative bicycle parking will be provided (include location)?			
SECTION V: USE OF CITY FACILITIES			
Will any City facilities be used? () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Facility	Person Contacted	Phone	
Will any City electric or water hookups be used? () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Electric Location	Service Needed (in amps)		
Water Location	Service Needed		
SECTION VI: EVENT SECURITY			
Will the event be using private security? () Yes <input checked="" type="checkbox"/> No If yes, provide the following:			
Security Company			
Address			
Contact Person			
Number of personnel contracted for:			
SECTION VII: ALCOHOL			
*Glass containers or glass bottles are NOT allowed in City parks.			
Will there be alcohol at the event? <input checked="" type="checkbox"/> Yes () No If yes, please answer the following:			
*Beer and wine only are allowed on City property.			
Will alcohol be sold? <input checked="" type="checkbox"/> Yes () No			
Will alcohol be given away? () Yes <input checked="" type="checkbox"/> No			
Is alcohol included in the admission price to the event? () Yes <input checked="" type="checkbox"/> No			
*If you answered Yes to any of the above, a Special Event Liquor License is required.			

Charity's or Organization's Name	501 (c)3 Number
*A letter from the charity or organization agreeing to participate as the agent for the special event liquor license is required and must accompany the original event application.	
Name of Contact at Charity or Organization OUR LADY OF GRACE CATHOLIC CHURCH	Phone Number 520-568-4605
On-Site Agent Responsible for Liquor WAYNE SANTI	
How will attendees over the age of 21 be identified? WREST BANNERS	
Have the alcohol servers received training regarding the sale and service of alcoholic beverages? <input checked="" type="checkbox"/> Yes () No If yes, where & when? CHURCH PROPERTIES IN JANUARY 2012	
What controls will be used to keep underage attendees from obtaining alcohol at the event? ALL PEOPLE REQUESTING ALCOHOL ARE CALLED.	
*A site plan showing locations of alcohol service areas, type and height of fencing, and security check areas must be provided and correspond to the description of the controls above.	
Will more than 50% of the gross revenues derived from the event be derived from alcohol sales? () Yes <input checked="" type="checkbox"/> No	
SECTION VIII: PARADE INFORMATION	
Assembly Area	
Disassembly Area	
Number of Units	
Description of the units (e.g., motorized, animals, floats, sound amplification)	
*Attach a proposed route and indicate assembly and disassembly areas.	
SECTION IX: INSURANCE REQUIREMENTS	
Proof of applicable insurance that will be in effect during the license period must be attached.	
The certificate must show general liability including: <ul style="list-style-type: none"> • Bodily Injury • Comprehensive Form • Premises Operations • Contractual • Independent • Contractors • Products/Completed • Operations • Hazard • Personal Injury • Broad Form Property Damage 	

I certify that the statements made in this application are true and complete to the best of my knowledge.
 Incomplete applications may not be processed.

Print Name WAYNE SANTI	Signature 	Date AUG 27, 2012
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A-frame sign

347

Our Lady of Grace Parish - HOG ROAST FUNDRAISER - October 27, 2012

A-frame sign

A-frame sign

Taft

Our Lady of Grace Catholic Church

Honeycutt Ave.

A-frame sign

Plastic Fencing

Tents

60'-0"

Beer Wine

Existing Shade Tent

20' X 40' Tent

Church Office
First Aid

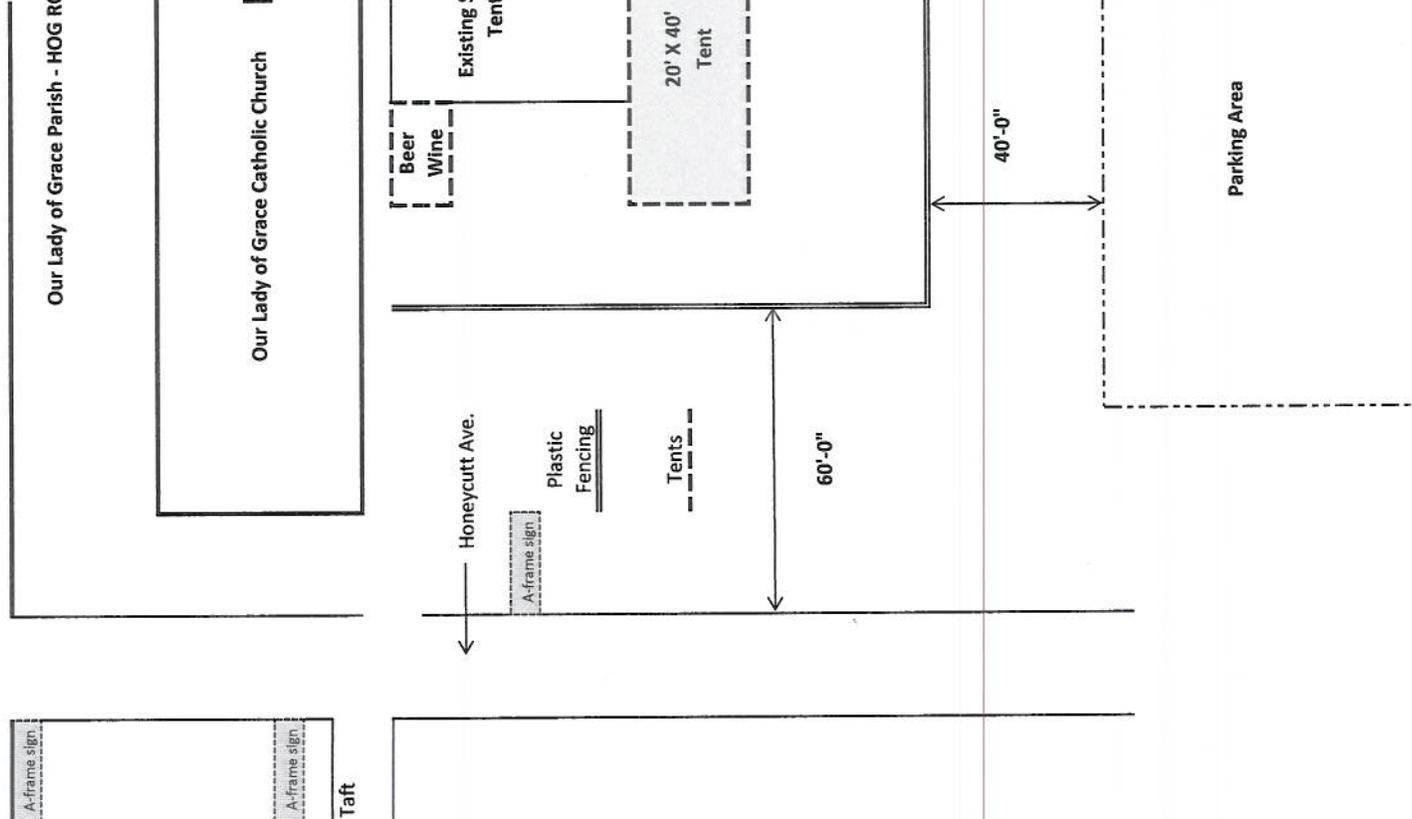
20 x 20 Tent

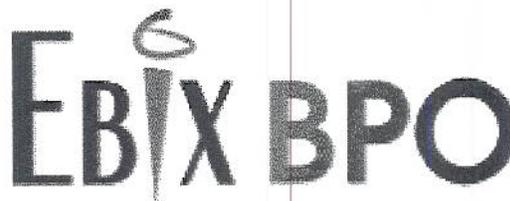
Entrance

40'-0"

Parking Area

Additional Parking





Fax

Diocese of Tucson
TO :

Fax: 1-520-838-2582 Attn:

Roman Catholic Church Diocese of Tucson
FROM :

Phone:

Arthur J. Gallagher & Co.
Agency: Insurance Brokers of California, Inc., License #0726293

Phone: 1-415-546-9300

Subject: Roman Catholic Church Diocese of Tucson - City of Maricopa

This document was brought to you by Ebix/CertificatesNow and Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. in San Francisco, CA.

Any documents forwarded with the certificate request were reviewed for the sole purpose of completing the certificate.

If you have questions regarding the content of this document, please contact the Producer/Agent listed on the certificate of insurance.

The data included in this notice and in the attached document is confidential to Ebix/CertificatesNow and Arthur J. Gallagher & Co. Insurance Brokers of California, Inc.

cc: Diocese of Tucson (FAX)

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 0726293 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 One Market Plaza, Spear Tower Suite 200 San Francisco, CA 94105	1-415-546-9300	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : WESTERN CATHOLIC INS CO RRG INC	14122
INSURED Roman Catholic Church Diocese of Tucson P.O Box 31 111 South Church Street Tucson, AZ 85702-0031		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 28803900

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			WCGAL00712	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMPIOP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L EACH ACCIDENT \$
							E.L DISEASE - EA EMPLOYEE \$
							E.L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Our Lady of Grace Parish, 45295 W. Honeycutt Ave., Maricopa, AZ 85239. As respects Fundraiser for Hog Roast on October 27, 2012.

CERTIFICATE HOLDER

CANCELLATION

City of Maricopa P.O. Box 610 Maricopa, AZ 85139 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
08/27/2012

NAME OF INSURED: Roman Catholic Church Diocese of Tucson

Additional Description of Operations/Remarks from Page 1:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

Additional Information: