

SPECIAL EVENT PERMIT APPLICATION

Date of Application: November 6, 2014		Permit Application Number:	
SECTION I: APPLICANT INFORMATION			
Name of Applicant (must be on site during the event) JoAnn Ortega			
Phone Number 520-251-1900	Cell Phone Number 520-251-1900	Fax Number None	
Business Address 45295 West Honeycutt Avenue		City Maricopa	State AZ
		Zip Code 85139	
Corporation / Organization Name or D.B.A. Our Lady of Grace Catholic Church		E-mail Address INFORMATION@MARICOPACATHOLIC.ORG	
State of Incorporation Arizona	Tax ID # 20-8849244	City Sales Tax ID #	
SECTION II: EVENT INFORMATION			
Name of Event Late Nite Catechism - Bible Bingo (Comedy Show)			
Event Date(s) Jan 10, 2015	Hours of Event 5:00 PM to 10:00 PM	Set Up 4:30 PM	Take Down During show
Location of Event/ Address 45012 - 45295 West Honeycutt Avenue, Maricopa, AZ			
Sponsors of the Event Our Lady of Grace Catholic Church			
Brief Description of Event 5:00 PM - Refreshments including beer and wine served outside patio at Our Lady of Grace Catholic Church 7:30 PM - Comedy show at the MUSD Performing Arts Center			
**PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION **			
Charity Name Our Lady of Grace Catholic Church		501(c)3 Number File # 1352201-0	
Charity Contact Name Pattie Coutre, Parish Secretary		Contact Phone Number 520-568-4605	
Charity Address 45295 W Honeycutt Ave, Maricopa, AZ 85139		Charity Phone Number (if different from above)	
*If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity.			
Has this event ever been held at another location? () 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	

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Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended? () Yes (X) No If Yes, please explain:		
Will there be an admission charge? (X) Yes () No If yes, list all price categories:		
\$50 per person for food, 1 drink and admission to a comedy show. Purchase prior to Dec 1 will receive a \$5 discount per ticket.		
Anticipated daily attendance: 400 X	Anticipated peak attendance: 500	
Will there be entertainment? () Yes () No If yes, please complete the following:		
Group Nuns 4 Fun Entertainment	Performance Location Maricopa High School PAC	Scheduled Time 7:30 PM
Will novelty items be sold? () Yes (X) No If yes, please describe below:		
Item	Vendor Selling	Price(s)
Will there be contracted concessionaires/caterers? (X) Yes () No If yes, please provide the following information:		
Name of Concessionaire/Caterer Helen's Kitchen & Catering		Address 21164 N. John Wayne Pkwy
Phone No. 520.233.2057	Items to be sold Food items included in ticket price	
How close are the nearest residences to the event? Approx 500 yds.		
What type of advertising/promotion will be done prior to the event? Church bulletins, HOAs, Posters, Social Media		
Radio: () Yes (X) No	If yes, stations:	
TV: () Yes (X) No	If yes, stations:	
Newspaper Ads: () Yes (X) No	If yes, newspapers:	
Press Releases: () Yes () No	If yes, how many? estimate 5	
Fliers/Posters: (X) Yes () No	If yes, where distributed: Local businesses, social media	
*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 () Yes (X) No If yes, provide the following: <i>Not portable</i>		
Company:		
Address:		
Contact:	Phone:	
Number of Tents:	Size(s):	
*Tents over 200 sq. ft. and canopies over 400 sq. ft. require permits from the City of Maricopa Fire Department.		
*All tents and canopies must be properly secured via tent stakes and will be subject to inspection by the Fire Department.		

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OPEN FLAMES OR COOKING () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
* FIRE DEPARTMENT INSEPTION WILL BE REQUIRED PRIOR TO EVENT (Schedule with Division of Fire Prevention)	
* Fire extinguishers are required.	
FIREWORKS () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
*Fireworks require permits from the City of Maricopa Fire Department.	
TEMPORARY FENCING () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
*Provide accurate dimensions of fenced area.	
*ADEQUATE FIRE LANES AND EXITS MUST BE PROVIDED & IDENTIFIED IN ACCORDANCE WITH FIRE CODE AND CITY ORDINANCE 08-04 (Contact the Division of Fire Prevention for further information @ 520-494-2303).	
PORT-A-JOHNS () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
ELECTRICAL SERVICES / GENERATORS () Yes (<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) 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 () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
*Please submit a sign plan in conjunction with this application that shows 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. Directional signs may be placed twenty-four (24) hours in advance of the event and event signs may be placed five (5) days prior to the event. All signage shall be removed within forty-eight (48) hours after the conclusion of the event.	
INFLATABLES () Yes (<input checked="" type="checkbox"/>) No If yes, provide the following: _____	
Company:	
Address:	
Contact:	Phone:
WILL FOOD BE SERVED (<input checked="" type="checkbox"/>) Yes () No Catered by Helen's Kitchen & Catering	
*If yes, a health permit from Pinal County will be required.	

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OTHER – Description of any other activities at the event:

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 () No If yes, provide the following:

Sidewalk	From/To	Date(s)	Time(s)

CITY ALLEYS () Yes () No If yes, provide the following:

Alley	From/To	Date(s)	Time(s)

PUBLIC PARKING LOTS () Yes () No If yes, provide the following:

Parking Lot	Date(s)	Time(s)

PUBLIC BICYCLE PARKING () Yes () 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 (X) No If yes, provide the following:

Facility	Person Contacted	Phone

Will any City electric or water hookups be used? () Yes () No If yes, provide the following:

Electric Location	Service Needed (in amps)
Water Location	Service Needed

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SECTION VI: EVENT SECURITY	
Will the event be using private security? () Yes (X) No If yes, provide the following:	
Security Company	
Address	
Contact Person	
Number of personnel contracted for:	
*Events greater than 1,000 people will require an experienced crowd management person plus (1) for each additional 250 persons.	
SECTION VII: ALCOHOL	
*Glass containers or glass bottles are NOT allowed in City parks.	
Will there be alcohol at the event? (X) Yes () No If yes, please answer the following:	
*Beer and wine only are allowed on City property.	
Will alcohol be sold? (X) Yes () No	
Will alcohol be given away? () Yes (X) No	
Is alcohol included in the admission price to the event? (X) Yes () No	
*If you answered Yes to any of the above, a Special Event Liquor License is required.	
Charity's or Organization's Name	Our Lady of Grace 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	Phone Number
Patti Coutre	520.568.4605
On-Site Agent Responsible for Liquor	
JoAnn Ortega	
How will attendees over the age of 21 be identified?	
Wristbands	
Have the alcohol servers received training regarding the sale and service of alcoholic beverages? (X) Yes () No	
If yes, where & when?	
Refresher to be provided by Maricopa Police Officer	
What controls will be used to keep underage attendees from obtaining alcohol at the event?	
Wristbands issued by event staff	
*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.	
* A site plan and emergency action plan (and/or an Incident Action Plan) must be submitted to the Division of Fire Protection for review and approval 30 days prior to the event.	
Will more than 50% of the gross revenues derived from the event be derived from alcohol sales? () Yes (X) No	



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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:

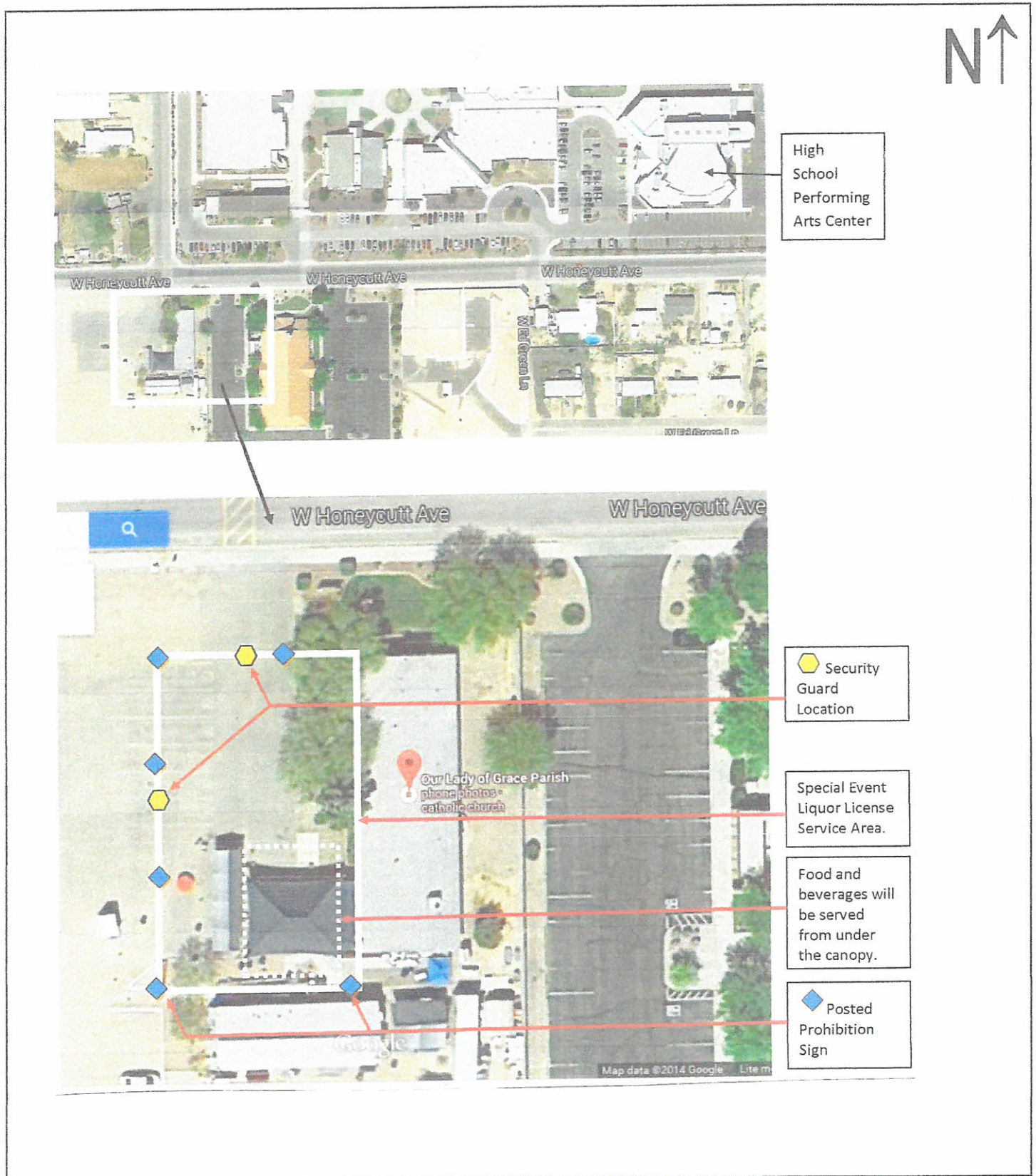
- Bodily Injury
- Comprehensive Form
- Premises Operations
- Contractual
- Independent
- Contractors
- Products/Completed
- Operations
- Hazard
- Personal Injury
- Broad Form Property Damage

**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 JoAnn Ortega	Signature 	Date 11/12/14
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SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2014

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 1255 Battery Street #450 San Francisco, CA 94111	1-415-546-9300	CONTACT NAME: PHONE (A/C, Ho, Ext): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Roman Catholic Church Diocese of Tucson P.O. Box 31 111 South Church Street Tucson, AZ 85702-0031		INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN CATHOLIC INS CO RRG INC INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 14122

COVERAGES

CERTIFICATE NUMBER: 40503142

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		WCGAL00714	07/01/14	07/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS OTH-ER 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, 45295 West Honeycutt Avenue, Maricopa, AZ 85239. As respects Religious Education Classes being held throughtout the policy period

CERTIFICATE HOLDER**CANCELLATION**

Maricopa Unified School District #20 19595 N. Tast Ave. 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
06/30/2014

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:

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY

Event date(s):

Event time start/end:

APPLICATION FOR SPECIAL EVENT LICENSE

Fee= \$25.00 per day for 1-10 days (consecutive)

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. §44-6852)

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control (see Section 15).

SECTION 1 Name of Organization: Our Lady of Grace Catholic Church

SECTION 2 Non-Profit/IRS Tax Exempt Number: 20-8849244

SECTION 3 The organization is a: (check one box only)

- Charitable (501.C) Fraternal (must have regular membership and have been in existence for over five (5) years)
 Religious Civic (Rotary, College Scholarship) Political Party, Ballot Measure or Campaign Committee

SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises?

- Yes No

Name of Business

License Number

Phone (include Area Code)

SECTION 5 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) and check one of the following boxes.

- Place license in non-use
 Dispense and serve all spirituous liquors under retailer's license
 Dispense and serve all spirituous liquors under special event
 Split premise between special event and retail location

(If not using retail license, submit a letter of agreement from the agent/owner of the licensed premise to suspend the license during the event. If the special event is only using a portion of premise, agent/owner will need to suspend that portion of the premise.)

SECTION 6 What is the purpose of this event? On-site consumption Off-site (auction) Both

SECTION 7 Location of the Event: Our Lady of Grace Catholic Church

Address of Location: 45295 W Honeycutt Ave, Maricopa, AZ 85139

Street

City

County/State

Zip

SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Yes No

SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Ortega JoAnn H. 08/28/1954
Last First Middle Date of Birth

2. Applicant's mailing address: 41840 W. Lucera Lane, Maricopa, AZ 85138
Street City State Zip

3. Applicant's home/cell phone: (520) 251-1900 Applicant's business phone: (520) 251-1900

4. Applicant's email address: joannortega1@msn.com

SECTION 10

- Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 Yes No (If yes, attach explanation.)
- How many special event licenses have been issued to this location this year? 0
(The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)
- Is the organization using the services of a promoter or other person to manage the event? Yes No
(If yes, attach a copy of the agreement.)
- List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name Our Lady of Grace Catholic Church Percentage 100
 Address 45295 W Honeycutt Ave, Maricopa, AZ 85139
Street City State Zip

Name _____ Percentage _____
 Address _____
Street City State Zip

5. Please read A.R.S. §4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

6. What type of security and control measures will you take to prevent violations of liquor laws at this event?
(List type and number of police/security personnel and type of fencing or control barriers, if applicable.)

_____ Number of Police 2 _____ Number of Security Personnel Fencing Barriers

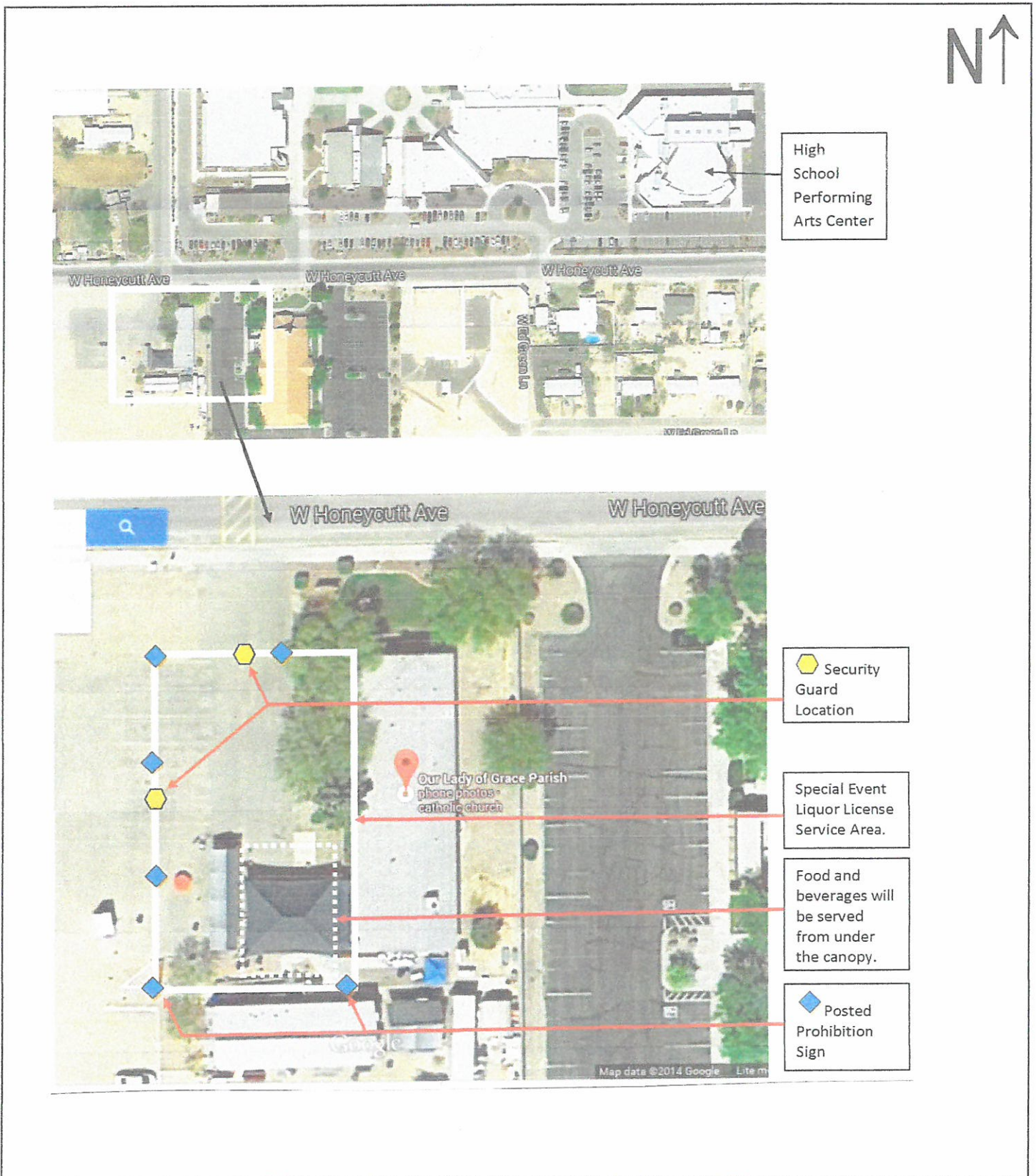
Explanation: This is a two-part event with the first part consisting of a cocktail social on the church grounds and the second part at the Maricopa High School Performing Arts Center. Alcohol is not allowed on the school premises. Signs will be posted and announcements made prohibiting removal of alcoholic beverages from the church grounds and guards will enforce the prohibition.

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.

See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>01/10/2015</u>	<u>Saturday</u>	<u>5:00 PM</u>	<u>8:00 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, Fr. Marcos C. Velasquez declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
 appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
 Liquor License.

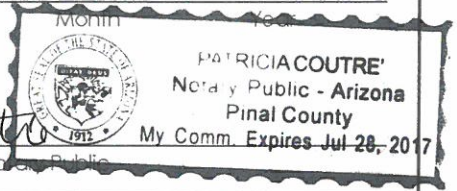
x Fr. Marcos C. Velasquez Pastor 11-6-14 520-568-4605
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 6 November 2014
Day Month Year

State Arizona County of Pinal

My Commission Expires on: Jul 28, 2017
Date

Patricia Coutre
Signature of Notary Public



SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, JoAnn Ortega declare that I am the APPLICANT filing this application as
(Print full name)
 listed in Section 9. I have read the application and the contents and all statements are true, correct and
 complete.

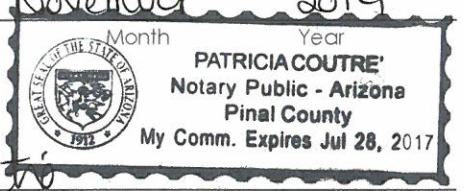
x JoAnn Ortega Parish Council Member 11/12/14 520-251-1900
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 12 November 2014
Day Month Year

State Arizona County of Pinal

My Commission Expires on: Jul 28 2017
Date

Patricia Coutre
Signature of Notary Public



The local governing body may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(government official) (Title)
 on behalf of _____
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____