

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

**APPLICATION FOR SPECIAL EVENT LICENSE**

Fee = \$25.00 per day for 1-10 day events only

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

**NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.**  
PLEASE ALLOW 10 BUSINESS DAYS FOR APPROVAL

**\*\*Application must be approved by local government before submission to  
Department of Liquor Licenses and Control. (Section #20)**

DLLC USE ONLY

LICENSE #

1. Name of Organization: Action Alliance Network

2. Non-Profit/I.R.S. Tax Exempt Number: 20-3475933

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

- ☒ Charitable    ☐ Fraternal (must have regular membership and in existence for over 5 years)  
☐ Civic    ☐ Political Party, Ballot Measure, or Campaign Committee  
☐ Religious

4. What is the purpose of this event? Annual Community Event

5. Location of the event: 19000 N Porter Rd. Maricopa Pinal 85138  
Address of physical location (Not P.O. Box)    City    County    Zip

**Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of  
the Organization named in Question #1. (Signature required in section #18)**

6. Applicant: Dunn William Arthur 10-18-67  
Last    First    Middle    Date of Birth

7. Applicant's Mailing Address: PO Box 1186 Maricopa AZ 85139  
Street    City    State    Zip

8. Phone Numbers: ( 520 ) 568-9098 ( 520 ) 560-0868 ( 520 ) 560-8109  
Site Owner #    Applicant's Business #    Applicant's Home #

9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1:	<u>10-19-12</u>	<u>Friday</u>	<u>5pm</u>	<u>11pm</u>
Day 2:	<u>10-20-12</u>	<u>Saturday</u>	<u>2pm</u>	<u>11pm</u>
Day 3:	<u>10-21-12</u>	<u>Sunday</u>	<u>2pm</u>	<u>9pm</u>
Day 4:	<u></u>	<u></u>	<u></u>	<u></u>
Day 5:	<u></u>	<u></u>	<u></u>	<u></u>
Day 6:	<u></u>	<u></u>	<u></u>	<u></u>
Day 7:	<u></u>	<u></u>	<u></u>	<u></u>
Day 8:	<u></u>	<u></u>	<u></u>	<u></u>
Day 9:	<u></u>	<u></u>	<u></u>	<u></u>
Day 10:	<u></u>	<u></u>	<u></u>	<u></u>

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?

☐ YES ☒ NO (attach explanation if yes)

11. This organization has been issued a special event license for <sup>2</sup>\_\_\_\_\_ days this year, including this event  
(not to exceed 10 days per year).

12. 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.

13. 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.**

Name Action Alliance Network 100  
Percentage

Address PO Box 1186, Maricopa AZ 85139

Name \_\_\_\_\_ Percentage

Address \_\_\_\_\_  
(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have  
any questions regarding the law or this application, please contact the Arizona State Department of Liquor  
Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.  
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

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

<sup>5</sup>\_\_\_\_\_ # Police ☐ Fencing

<sup>3</sup>\_\_\_\_\_ # Security personnel ☐ Barriers

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16. Is there an existing liquor license at the location where the special event is being held?

☐ YES ☒ NO

If yes, does the existing business agree to suspend their liquor license during the time  
period, and in the area in which the special event license will be in use?

☐ YES ☐ NO

**(ATTACH COPY OF AGREEMENT)**

\_\_\_\_\_  
Name of Business ( ) \_\_\_\_\_  
Phone Number

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors  
under the provisions of your license. The following page 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 positions.

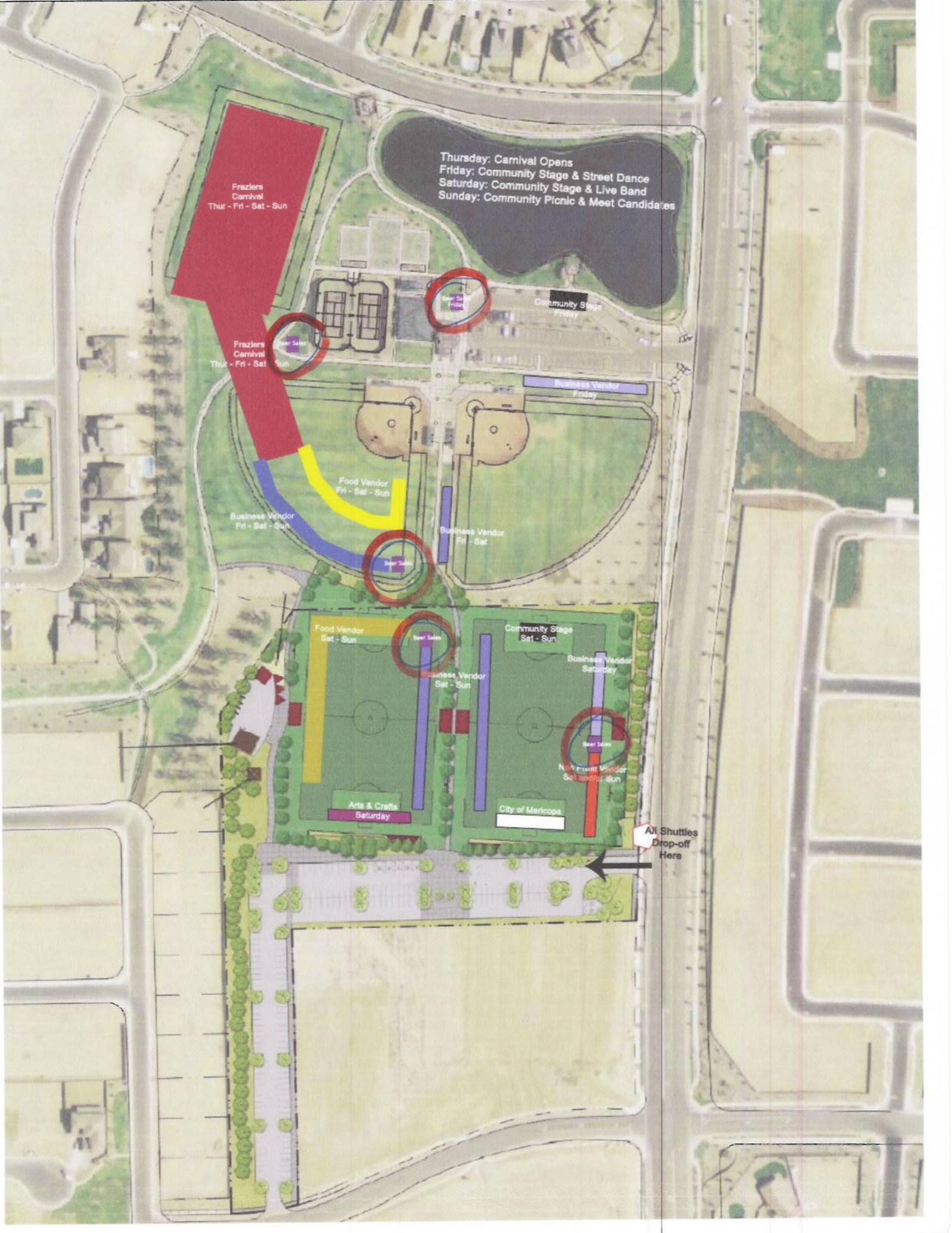
**SPECIAL EVENT LICENSED PREMISES DIAGRAM**  
(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)  
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.

N↑

\* see attached





Fraziers  
Carnival  
Thur - Fri - Sat - Sun

Thursday: Carnival Opens  
Friday: Community Stage & Street Dance  
Saturday: Community Stage & Live Band  
Sunday: Community Picnic & Meet Candidates

Fraziers  
Carnival  
Thur - Fri - Sat - Sun

Community Stage  
Friday

Business Vendor  
Friday

Food Vendor  
Fri - Sat - Sun

Business Vendor  
Fri - Sat - Sun

Business Vendor  
Fri - Sat

Food Vendor  
Sat - Sun

Community Stage  
Sat - Sun

Business Vendor  
Saturday

Arts & Crafts  
Saturday

City of Maricopa

Not Permit Vendor  
Sat and/or Sun

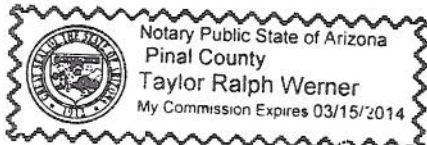
All Shuttles  
Drop-off  
Here



**THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1**

18. I, William Arthur Dunn III declare that I am an Officer/Director/Chairperson appointing the  
(Print full name)  
applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Director 8-29-12 (520) 560-0868  
(Signature) (Title/Position) (Date) (Phone #)



State of

ARIZONA County of PINAL  
The foregoing instrument was acknowledged before me this  
30 August 2012  
Day Month Year

My Commission expires on: 3-15-2014  
(Date)

[Signature]  
(Signature of NOTARY PUBLIC)

**THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6**

19. I, \_\_\_\_\_ declare that I am the APPLICANT filing this application as  
(Print full name)  
listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
(Signature) The foregoing instrument was acknowledged before me this

\_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.**

**LOCAL GOVERNING BODY APPROVAL SECTION**

20. I, \_\_\_\_\_ hereby recommend this special event application  
(Government Official) (Title)  
on behalf of \_\_\_\_\_  
(City, Town or County) (Signature of OFFICIAL) (Date)

**FOR DLLC DEPARTMENT USE ONLY**

Department Comment Section:

\_\_\_\_\_  
(Employee) (Date)

☐ APPROVED

☐ DISAPPROVED

BY:

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)