CSR:	
Amount:	



SPECIAL EVENT LICENSE **APPLICATION FEE \$25.00 PER DAY**

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

DLLC USE ONLY	
Job #:	
Date Accepted:	-
CSR:	
License #:	

SECTION 1 Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and authorized by an Officer, Director, or Chairperson of the Organization.

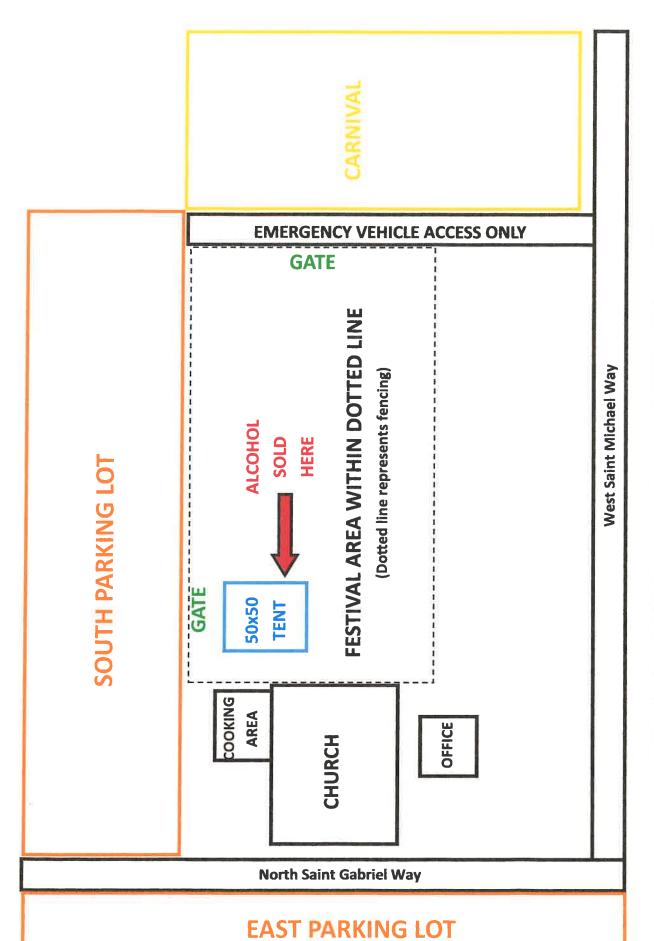
Cooney, Alyson Louise			
1. Applicant:	First	Middle	
2. Applicant's mailing address: 18700 North Saint Gabrie			
Street	City	State	ZIр
3. Applicants home/cell phone: (916) 591-9374	Applicant's busine	ess phone: <u>(520) 568-</u>	1605
alysoncooney@yahoo.com 4. Applicant's email address:			
Our Lady of Grace Annual Festiv	/ai		
	Our Ladv	of Grace Catholic C	hurch
6. Name of Non-Profit Organization, Candidate or Political Party	y/Gov.:		
20-88492444			
7. Non-Profit/IRS Tax Exempt Number:			
8. Arizona Corporation Commission File #:	If out of State	places ensoif "	
6. Anzona Corporation Commission file #	ii oui oi sidie		etter of good standing)
9. Event Location Name: Our Lady of Grace Catholic Chu	ırch	(Allochie	nei oi good sidhding)
18700 North Saint Gabriel Way Marie			
10. Event Address:			
Dates and Hours of Event - Days must be consecu	itive and may not	exceed 10 consecutiv	e days.

SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	05-02-2025	Friday	4:00 PM	10:00 PM
DAY 2:	05-03-2025	Saturday	10:00 AM	10:00 PM
DAY 3:	05-04-2024	Sunday	12:00 PM	8:00 PM
DAY 4:	й-	•	A	·
DAY 5:	3 		4 1	
DAY 6:	8 			
DAY 7:				
DAY 8:			-	:
DAY 9:	3		9-1167 - 124 <u>2-15-3</u>	
DAY10:				

SECTION 2			neasures will you take to prevent vic personnel and type of fencing or control b		vs at this event?
On-Call	Number of Polic	e	Number of Security Personne	Fencing	□Barriers
<u>Must</u> explain	ar. 16	ea. A private secur 600 hours through	d in a fenced area with personnel posted at ea ity company, licensed by the State of Arizona, Sunday at 2000 hours. Responsible adult per and in possession of valid identification.	will provide 24-hour secu	rity beginning Friday at
SECTION 3	What is the purpose of	f this event?			
☑On-site co	nsumption	☐Off-site	(auction/wine/distilled spirits pull)	□Во	th
· ·	ecial event going to of the following boxes.		pensing, serving, and selling of spiritud	ous liquors?	
	l Event being held on on page 3. (If checked		premises will require approval and si ion 4)	gnature by the Loco	al Governing
		•	ed premises and within the already a nises with an explanation of the optic	• •	ed area?
	Name of Bus	iness	License Number	Phone (Inc	ude Area Code)
	•		e selling all alcohol without retailer invo		
•	nd serve all spirituous om alcohol sales is dond	•	etailer's license – Business operates no	rmally, minimum of 25	5% of gross
purchased (or donated by the spec	cial event licens	pecial event - The special event license see. The retailers existing alcohol invent from the location suspending license	ory must be separate	d from any alcohol
sales of alco	phol. (These sales will be	e done in separ	location - Both the special event licen ate areas. If alcohol is donated or purc t is dispensed by the licensed retailer.)		
Off Sale on service of all	-	its Pull, Live or S	illent Auctions – Retailer will still be per	mitted to conduct all	normal sale and
SECTION 4					
1. Has the ap	plicant been convic	ted of a felon	v, or had a liquor license revoked w	ithin the last five (5)	years?
Yes 🗹 N	o If yes, attach letter o	of explanation.			
2. How many	special event days h	nave been issu	ed to this organization during the c	alendar year? 0	
contractor v		d sell alcohoÌ o	ecial Event Contractor? (A licensee on behalf of the licensee. If no special of		
☐ Yes ☑ N	o If yes, please provid	e the Name o	of the Special Event Contractor:		
			s 6, 7, 11, or 12 licensee to manage nse are automatically qualified to b		
☐ Yes ☑ N	o if yes, please provid	de the Name o	of Licensee:	License #:	
5. List the nan	ne of the Individual o	r Organizatior	that will receive revenues, MUST EC	QUAL 100 PERCENT.	

Name: Our Lady of Grace Catholic Ch	nurch	Percentage:		
Address: 18700 North Saint Gabriel Way, Maricopa, AZ 85138				
2µe6i	City	State	Zip	
Name:		Percentage:		
Address:	City	State	Zip	
Plagra road A P S A 4 202 02 Chapital ou	•	1 205 Paguiromanda for a	•	
Please read A.R.S. § 4-203.02 <u>Special ev</u> ALL ALCOHOLIC BEVERAGE				
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SEALED CONTAINERS OR THE SPECIAL E	A SPECIAL EVENT UNLESS TI	IEY ARE IN AUCTION WINE	OR DISTILLED SPIRITS PULL	
SECTION 5 License premises diagram. The authorized to sell, dispense or serve alcohology our special event licensed premises. Premeasures and security position.	olic beverages under the p	rovisions of your license. F	Please attach a diagram	
ATTA	ACH DIA	GRAM		
If the special event will be held at a location with that is not covered by the existing liquor license to the Department of Liquor Licenses and ConAPPLICANT SIGNATURE	e, this application must be a	pproved by the local gover	ning body before submitting	
Declaration: I, (Print Name) Alyson Cooney authorized to submit this application. I had believe all statements made on this app		is application, and to the	best of my knowledge	
LOCAL GOVERNING BODY			<u> </u>	
Date Received: I, (Government Official) On behalf of (City, Town, County)	(Title)	recommend	DVAL DISAPPROVAL Phone	
The local governing body (city, town or mapplications to be completed and submitted these applications to be submitted. Additional AZDLLC USE ONLY	d. Please check with local g	government as to how far i	in advance they require	
□APPROVAL □ DISAPPROVAL BY:		DATE:		



OUR LADY OF GRACE ~ 2025 FESTIVAL SITE PLAN