| 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 ONL | |
|--------------|---------|
| Job #: | |
| Date Ac | cepted: |
| 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.

| 1. Applicant: Webb, Wendy R. | | | |
|-----------------------------------------------------------------|-----------------------------|-------------------------------------|----------|
| (Must be an Officer/Member of the Non Profit Entity) Last | First | Middle | |
| 2. Applicant's mailing address: PO Box 82 Maricopa, AZ 851 | | | |
| Street | City | State Zip | |
| 3. Applicants home/cell phone: 623-764-0433 | Applicant's business phone: | 520-251-0226 | _ |
| 4. Applicant's email address: formaricopa123@gmail.com | | | _ |
| 5. Special Event Name: Thirsty Thirdsday | | | |
| 6. Name of Non-Profit Organization, Candidate or Political Part | y/Gov.: F.O.R. Maricopa | | |
| 7. Non-Profit/IRS Tax Exempt Number: 26-0527262 | | | _ |
| 3. Arizona Corporation Commission File #: 14623034 | If out of State please sp | Decify:(Attach letter of good stand | ing) |
| P. Event Location Name: Province | | | _ |
| 10. Event Address: 20942 N. Province Parkway, Maricopa, | AZ 85138 | | _ |

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

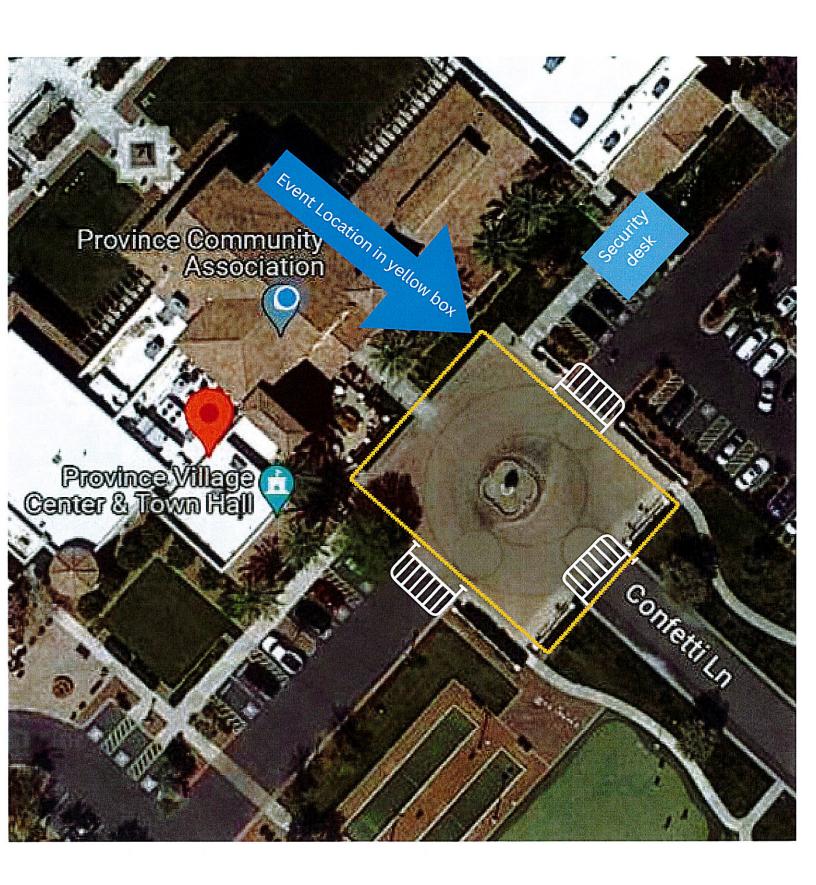
**SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY **

| Days | Date | Day of Week | Event Start Time AM/PM | License End Time AM/PM |
|--------|---------------|-------------|---------------------------|------------------------------------------|
| DAY 1: | Apr. 16, 2026 | Thursday | 3:30 PM | 6:30 PM |
| DAY 2: | | | | |
| DAY 3: | | | - | - |
| DAY 4: | | <u></u> . | · | 5-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |
| DAY 5: | <u> </u> | | | |
| DAY 6: | | | | |
| DAY 7: | | | G | 1 |
| DAY 8: | - | | | · |
| DAY 9: | | | | |
| DAY10: | | | | |

| | control measures will you take to prevent viole/security personnel and type of fencing or control bar | | at this event? |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| Number of Police 2 | Number of Security Personnel | Fencing | ☑ Barriers |
| Must explain security measures: The ever | ent takes place at the clubhouse of the private | e, gated community | of Province. |
| Management and security will be or | n-site. The gatehouse team provides 24-ho | our security | |
| <u>SECTION 3</u> What is the purpose of this e | event? | | |
| ☑On-site consumption | Off-site (auction/wine/distilled spirits pull) | □Both | 1 |
| How is this special event going to condu Check one of the following boxes. (R-19- | oct all dispensing, serving, and selling of spirituou -318) | ns lidnoizš | |
| A) Special Event being held on an <u>un</u> Body on page 3. (If checked mov | nlicensed premises will require approval and sig re to section 4) | nature by the Local | Governing |
| | tly licensed premises and within the already appared premises with an explanation of the option | | d area? |
| Name of Business | License Number | Phone (include | de Area Code) |
| | t Licensee selling all alcohol without retailer involve spending license for duration of special event | ement | |
| Dispense and serve all spirituous liquor revenue from alcohol sales is donated to | s under retailer's license – Business operates nom o licensee | nally, minimum of 25% | 5 of gross |
| purchased or donated by the special ev | s under special event - The special event licensee rent licensee. The retailers existing alcohol inventor Ich letter from the location suspending license f | ry must be separated | from any alcoho |
| sales of alcohol. (These sales will be done | and retail location - Both the special event license e in separate areas. If alcohol is donated or purch cohol that is dispensed by the licensed retailer.) | | |
| Off Sale only - Wine/Distilled Spirits Pull service of alcohol. | l, Live or Silent Auctions – Retailer will still be perm | nitted to conduct all n | ormal sale and |
| SECTION 4 | | | |
| 1. Has the applicant been convicted of | f a felony, or had a liquor license revoked with | nin the last five (5) ye | ears? |
| ☐ Yes ☑ No If yes, attach letter of exp | planation. | | |
| 2. How many special event days have t | been issued to this organization during the cal | lendar year? 8 in 202 | 25. Same in 2026 |
| | s of a Special Event Contractor? (A licensee co alcohol on behalf of the licensee. If no special ev Icohol.) | | |
| ✓ Yes No If yes, please provide the | Name of the Special Event Contractor: Cou | ple of Bartenders, Ll | quid Caterers |
| | of a series 6, 7, 11, or 12 licensee to manage t or 12 license are automatically qualified to be | | |
| Yes No if yes, please provide the | e Name of Licensee: | License #: | |
| 5. List the name of the Individual or Org | anization that will receive revenues, MUST EQU | UAL 100 PERCENT. | |

Attach additional sheet if necessary.

| Name: F.O.R. Maricopa | | Percentage: | 25% | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Address: PO Box 82 Maricopa, AZ 85139 | | | | |
| Street | City | Sta | | Zip |
| Name: Liquid Caterers | | Percentage: | 75% | |
| Address: 3145 E. Chandler Blvd. Chandler, AZ | 85048 | | | |
| Street | City | Sta | te | Zip |
| Please read A.R.S. § 4-203.02 Special event lices | nse; rules and R19 | -1-205 <u>Requirem</u> | ents for a Spec | <u>ial Event License</u> . |
| ALL ALCOHOLIC BEVERAGE SALES A | MUST BE FOR CON | ISUMPTION AT TH | HE EVENT SITE | ONLY. |
| NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL SEALED CONTAINERS OR THE SPECIAL EVENT LIC | | | | |
| SECTION 5 License premises diagram. The licen authorized to sell, dispense or serve alcoholic beve of your special event licensed premises. Please sh measures and security position. | erages under the p | rovisions of your | license. Please | attach a diagram |
| ATTAC | H DIA | GRAM | ۸ | |
| If the special event will be held at a location without a that is not covered by the existing liquor license, this ap to the Department of Liquor Licenses and Control. Please APPLICANT SIGNATURE | plication must be a | pproved by the lo | cal governing b | ody before submitting |
| Declaration: I, (Print Name) Wendy R. Webb authorized to submit this application. I have reach believe all statements made on this application | d the contents of the to be true, correc | nis application, a | nd to the best | erjury that I am of my knowledge |
| | | V | Signature | _ |
| | | | | |
| LOCAL GOVERNING BODY | | | DESCRIPTION NAME OF THE PARTY. | |
| Date Received: | | | | |
| | | rocommand | TARROVAL | ☐ DISAPPROVAL |
| (Government Official) | (Title) | recommend | MATROVAL | DISALT KOVAL |
| On behalf of, | | | | |
| (City, Town, County) | Signature | ı | Date | Phone |
| | | | ACCORDING TO SERVICE AND ADDRESS OF THE SERVICE | |
| The local governing body (city, town or municipal applications to be completed and submitted. Please these applications to be submitted. Additional licens | check with local | government as to | how far in ad | vance they require |
| AZDLLC USE ONLY | | | | |
| | | | | |
| | | | | |



April 2026 Liquor License Application

Final Audit Report 2025-09-24

Created: 2025-09-22

By: Roxanne Cooke (rcooke@ccmcnet.com)

Status: Signed

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