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 Acc	epted:
CSR:	
License #	:

<u>SECTION 1</u> Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and

authorized by an O	fficer, Director, or Chairpers	on of the Organiz	ation.		•
1. Applicant: Can	npbell, Brenda				
(Must be an Officer/Me	mber of the Non Profit Entity) Last		First	Middle	
2. Applicant's mailir	ng address: 39700 W Civic	Center Plaza, Mar	copa, AZ 85138		
	Street		City	State	Zip
Applicants home	/cell phone: <u>520.316.6963</u>	<u> </u>	oplicant's business	phone: <u>520.705.090</u>)0
4. Applicant's email	address: brenda.cam	pbell@maric	opa-az.gov		
5. Special Event Na	me: Concerts in the	Park			
6. Name of Non-Prof	it Organization, Candidate	or Political Party/0	Gov.: City of Ma	aricopa	
	Exempt Number: 43-203				
8. Arizona Corpor	ation Commission File #		_lf out of State p		
	ame: Copper Sky Regional			<u> </u>	letter of good standing)
10. Event Address: _	14345 W Martin Luth	ner King Jr B	lvd, Maricopa	, AZ 85138	
Dates an	d Hours of Event - Days m	ust be consecutiv	e and may not ex	ceed 10 consecutiv	re days.
	SEPARATE APPLICA	ATION FOR EA	CH "NON-CONSE	CUTIVE" DAY	
			Event S	tart Lice	nse End

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	11/02/2024	Saturday	11:00am	11:00pm
DAY 2:	₩ <u></u>		4	
DAY 3:			7	
DAY 4:	2 8	1====	2 	11
DAY 5:	9	s	2	
DAY 6:		: 8	S 	
DAY 7:	:=		2	
DAY 8:			12	
DAY 9:	3 <u>-</u> 3%	0	5	:
DAY10:	 ,			

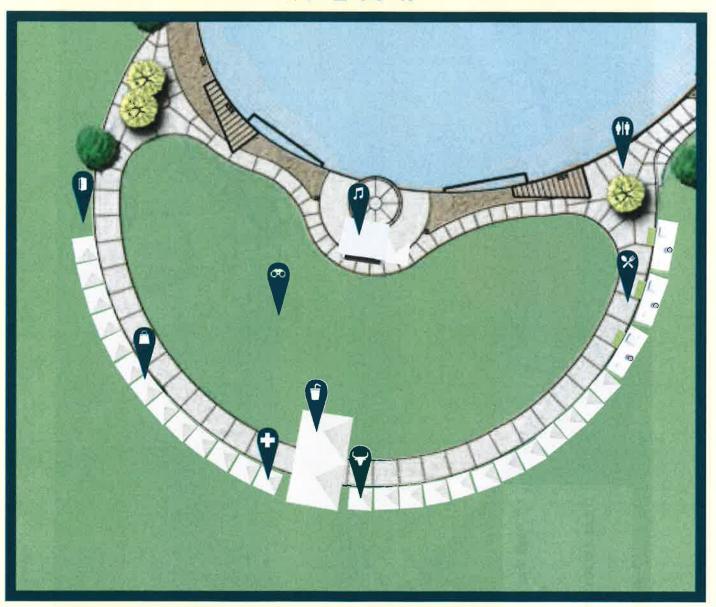
		neasures will you take to prevent violo ersonnel and type of fencing or control barri		vs at this event?
4Number of F	olice 10	Number of Security Personnel	✓Fencing	Barriers
		ea will be fenced No alcohol will be allowed b	eyond the consumpti	on area fencing,
Wristbands will be applied to customers	after checking ID. The loc	ation will be designated and enforced by TIPS certi	fied workers and public	safety department
SECTION 3 What is the purpos	se of this event?			
On-site consumption	☐Off-site (auction/wine/distilled spirits pull)	□Во	th
How is this special event going Check one of the following bo		ensing, serving, and selling of spirituou	s liquors?	
A) Special Event being held Body on page 3. (If ched		premises will require approval and sigr on 4)	nature by the Loca	al Governing
B) Will this event be held or (Must attach a letter from	a currently license n the licensed pren	d premises and within the already appointses with an explanation of the option	proved and license checked below)	ed area?
Name (of Business	License Number	Phone (Inc	lude Area Code)
		selling all alcohol without retailer involve license for duration of special event	ement	
Dispense and serve all spiriturevenue from alcohol sales is		etailer's license – Business operates nom	nally, minimum of 2	5% of gross
purchased or donated by the	special event licens	pecial event - The special event licensee ee. The retailers existing alcohol inventor from the location suspending license fo	y must be separate	d from any alcohol
sales of alcohol. (These sales v	vill be done in separa	location - Both the special event license ate areas. If alcohol is donated or purcho t is dispensed by the licensed retailer.)		
Off Sale only - Wine/Distilled service of alcohol.	Spirits Pull, Live or S	Silent Auctions – Retailer will still be perm	itted to conduct al	l normal sale and
SECTION 4				
1. Has the applicant been co	nvicted of a felony	,, or had a liquor license revoked with	nin the last five (5)	years?
☐ Yes ✓ No If yes, attach le	tter of explanation			
2. How many special event d	ays have been issu	ued to this organization during the ca	lendar year? 2	
3. Is the Organization using the contractor who may purchas responsible for the sales and s	e and sell alcohol o	ecial Event Contractor? (A licensee co n behalf of the licensee. If no special ev	an utilize the service vent contractor is li	s of a special event sted, the licensee is
Yes No If yes, please p	rovide the Name o	of the Special Event Contractor:		
4. Is the organization using the (Licensees who hold a serie	es services of a serie es 6, 7, 11, or 12 lice	es 6, 7, 11, or 12 licensee to manage t ense are automatically qualified to be	he sale or service the special ever	of alcohol? nt contractor)
✓ Yes ☐ No if yes, please p	orovide the Name	of Licensee: Chris Spear	License #; 0121	10011709
		n that will receive revenues. MUST EQ I		

Attach additional sheet if necessary.

City of Mariana	250/
Name: City of Maricopa	Percentage: <u>25%</u>
Address: 39700 W Civic Center Plaza, Maricopa, AZ 85138	State Zip
Name: Roots Eatery	Percentage: 75%
Address: 20024 N John Wayne Parkway #104, Maricopa, A	
Street City	State Zip
Please read A.R.S. § 4-203.02 Special event license; rules and	R19-1-205 Requirements for a Special Event License.
ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR C	CONSUMPTION AT THE EVENT SITE ONLY.
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLES SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACK	SS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL (ED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.
SECTION 5 License premises diagram. The licensed premises authorized to sell, dispense or serve alcoholic beverages under the of your special event licensed premises. Please show dimensions measures and security position.	ne provisions of your license. Please attach a diagram
ATTACH DIA	AGRAM (
APPLICANT SIGNATURE Declaration: I, (Print Name) Brenda Campbell authorized to submit this application. I have read the contents a believe all statements made on this application to be true, contents and the contents are submit to be true, contents and the contents are submit to be true, contents and the contents are submit to be true, contents and the contents are submit to the true, conten	_ declare under penalty of perjury that I am of this application, and to the best of my knowledge
	Signature
LOCAL GOVERNING BODY	
Date Received:	recommend
(City, Town, County) Signature	Date Phone
The local governing body (city, town or municipality where the applications to be completed and submitted. Please check with local these applications to be submitted. Additional licensing fees may a AZDLLC USE ONLY	cal government as to how far in advance they require
□APPROVAL □ DISAPPROVAL BY:	DATE:



SITE MAP





ENTRANCE



FIRST AID



MECHANICAL BULL



VIEWING



RESTROOMS



BEER GARDEN



FOOD TRUCKS



MAIN STAGE



VENDOR VILLAGE

