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 Ac	ccepted:
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 Officer, Director, or Chairperson of the Organization.

1. Applicant: Province Community Association	/Cox, Jodi	- Elizabeth	
(Must be an Officer/Member of the Non Profit Entity) Last	First	Middle	
2. Applicant's mailing address: 20942 N. Province Pkwy.	Maricopa	AZ	85138
Street	Cily	State	Zip
3. Applicants home/cell phone: 480-828-7277	_ Applicant's busine	ss phone: <u>520-568-</u>	8316
4. Applicant's email address: jcox@ccmcnet.com			
5. Special Event Name: Thirsty Thirdsday			
6. Name of Non-Profit Organization, Candidate or Political Pa	rty/Gov.: F.O.R. N	//aricopa	
7. Non-Profit/IRS Tax Exempt Number: 26-0527262			
3. Arizona Corporation Commission File #: 1102367	If out of State	please specify;	
P. Event Location Name: Province		(Attac	h letter of good standing
10. Event Address: 20942 N. Province Pkwy. Mar	icopa, AZ 8513	8	

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:	Jan. 18, 2024	Thursday	3:30 P.M.	6:30 P.M.
DAY 2:	·		-	
DAY 3:	ş=	:		
DAY 4:	-	; <u> </u>		
DAY 5:		Q		
DAY 6:	-	:	,	<u></u>
DAY 7:	<u> </u>	F=====================================		-
DAY 8:	-	:		
DAY 9:				
DAY10:	/	(<u>. </u>	

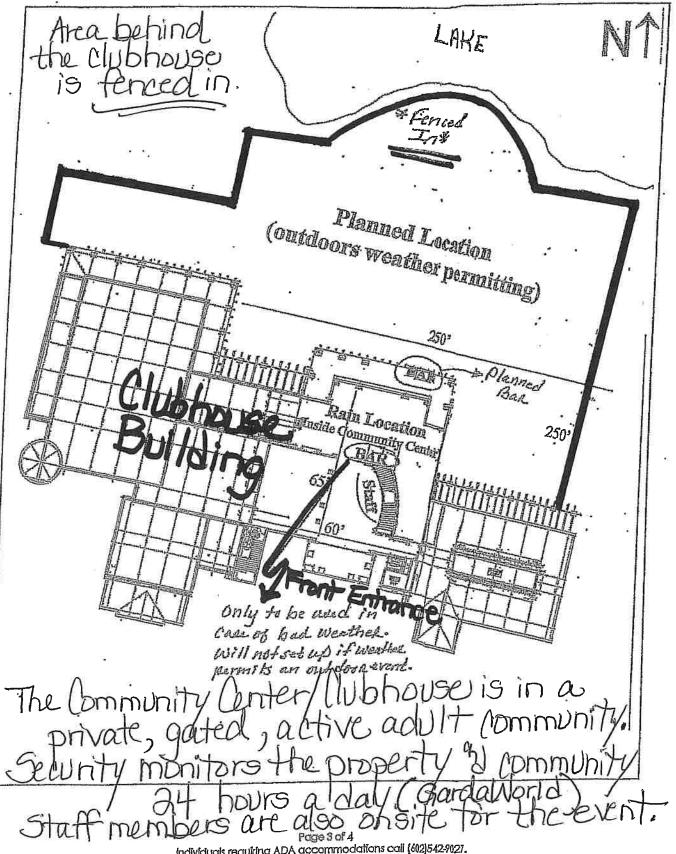
SECTION 2 What type of sec (List type and number	urity and control r er of police/security (measures will you take to personnel and type of fencin	prevent viola g or control barri	itions of liquor law ers, if applicable.)	's at this event?
Number of F	olice <u>2</u>	Number of Securi	ty Personnel	✓ Fencing	✓ Barriers
<u>Must</u> explain security measures	. The event takes	place at the Clubhouse o	f the private, g	ated community o	f Province.
Managemnet staff will be onsite.O					
SECTION 3 What is the purpos	se of this event?				
☑On-site consumption	☐Off-site	(auction/wine/distilled sp	oirits pull)	□Bo	th
How is this special event going Check one of the following bo		pensing, serving, and selli	ng of spirituous	s liquors?	
A) Special Event being held Body on page 3. (If ched			proval and sign	nature by the Locc	al Governing
B) Will this event be held or (Must attach a letter from		ed premises and within th mises with an explanation			ed area?
Name	of Business	Lice	ense Number	Phone (Incl	lude Area Code)
Place license in non-use - Sp Must attach letter from the la		_		ement	
Dispense and serve all spiriturevenue from alcohol sales is			operates norm	ally, minimum of 25	5% of gross
Dispense and serve all spiritu purchased or donated by the used during the special event.	special event licen	isee. The retailers existing a	lcohol inventory	y must be separate	d from any alcoh
Split premise between speci sales of alcohol. (These sales w it must be in a separate area t	vill be done in sepai	rate areas. If alcohol is dor	nated or purch		
Off Sale only - Wine/Distilled service of alcohol.	Spirits Pull, Live or	Silent Auctions – Retailer	will still be permi	itted to conduct all	l normal sale and
SECTION 4					
1. Has the applicant been co	nvicted of a felor	ny, or had a liquor license	e revoked with	nin the last five (5)	years?
☐ Yes ☑ No If yes, attach le	tter of explanation	٦.			
2. How many special event d	ays have been iss	ued to this organization	during the cal	endar year? 8 in 2	:023, same 2024
3. Is the Organization using the contractor who may purchas responsible for the sales and so	e and sell alcohol (pecial Event Contractors on behalf of the licensee.	(A licensee ca If no special ev	in utilize the service vent contractor is lis	s of a special eve sted, the licensee
✓ Yes ☐ No If yes, please p	rovide the Name	of the Special Event Co	ntractor: Liqu	uid Caterers	
4. Is the organization using the (Licensees who hold a serie	e services of a seri s 6, 7, 11, or 12 lice	ies 6, 7, 11, or 12 licensee ense are automatically (e to manage t qualified to be	he sale or service the special ever	of alcohol? nt contractor)
✓ Yes ☐ No if yes, please p	rovide the Name	of Licensee: Liquid Ca	terers	License #: LCO	70009
5. List the name of the Individ	ual or Organizatic	on that will receive reven	ues, MUST EQ l	JAL 100 PERCENT.	

Attach additional sheet if necessary.

Name: F.O.R Maricopa		Percentage: 25	5 %
Address: P.O. Box 82	Maricopa	AZ	85139
Street Name: Liquid Caterers	City	state Percentage: 75	Zip
Address: 3145 E. Chandler Blv	d. Chandler	AZ	85048
Street	City	State	I ip
Please read A.R.S. § 4-203.02 <u>Special Reserved</u>			
	ERAGE SALES MUST BE FOR C		14
NO ALCOHOLIC BEVERAGES SHALL SEALED CONTAINERS OR THE SP	ECIAL EVENT LICENSE IS STACK	S THEY ARE IN AUCTION ED WITH WINE /CRAFT D	ISTILLERY FESTIVAL LICENSE.
SECTION 5 License premises diagauthorized to sell, dispense or serve of your special event licensed premeasures and security position.	alcoholic beverages under th	e provisions of your lice , serving areas, fencing	ense. Please attach a diaaram
If the special event will be held at a location to the Department of Liquor Licenses of APPLICANT SIGNATURE Declaration: 1, (Print Name) Jodi Cox authorized to submit this application:	or license, this application must b and Control. Please contact the la	e approved by the local pocal governing board for declare under pen	governing body before submitting additional information. alty of periury that I am
believe all statements made on t	his application to be true, con	rect and complete.	nature
LOCAL GOVERNING BODY			
Date Received:			
,(Government Official)	(Title)	recommend \square	approval 🗖 disapproval
On behalf of(City, Town, County)			
(City, Town, County)	Signature	Date	Phone
the local governing body (city, towarpplications to be completed and subhese applications to be submitted. A	bmitted. Please check with loc	al government as to ho	w far in advance they require
□approval □ disapproval	BY:	DATE	<u></u>

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TRE FICATION PROGRAMME THE ICOLORGY PROPERTY OF ACTION OF THE PROPERTY OF THE authorized to sell, dispense or serve alcoholic beverages under the povisions 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.



Individuals requiring ADA accommodations call (602)542-9027.

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