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)

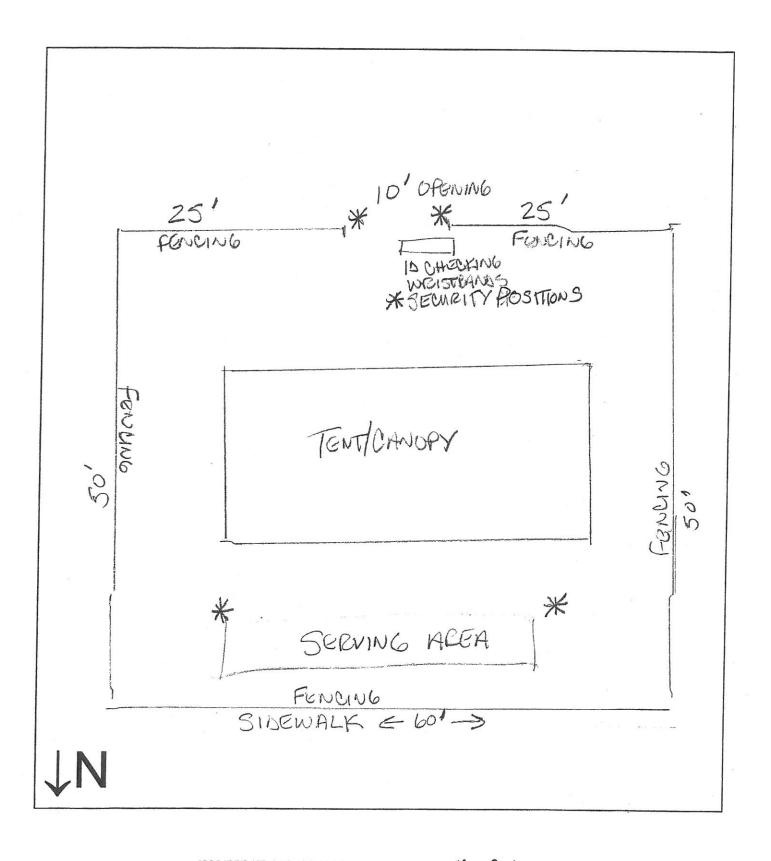
NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED. PLEASE ALLOW 10 BUSINESS DAYS FOR APPROVAL

	PLEASE A	LLOW TO BUSINESS I	DAYS FOR APPR	ROVAL	
**Application mu Department of	ist be approved by local Liquor Licenses and Co	government before sub ntrol. (Section #20)	mission to		JSE ONLY
1. Name of Org	ganization: Otty	OR MARICOP	4	LICENS	E #
2. Non-Profit/I.	R.S. Tax Exempt Num	ber: 43 - 2	035823		
The organization	ation is a: (check one	box only)			
☐ Chari	table 🔲 Fraternal (must have regular men	nbership and in e	xistence fo	r over 5 years)
⊠ Civic		arty, Ballot Measure, or			, , , , ,
☐ Religio					
		COMMUNITY			
5. Location of th	ne event: 44345 W	MARTIN LATHER	KING BLYS ME	101CAPA	Pulse 8513
Annlicant must be	Address of physica	al location (Not P.O. Box)	City	County	Zip
the Organization	a member of the qualifulation and in Question #1.	ving organization and au Signature required in se	thorized by an Offi	cer, Directo	or or Chairperson of
6. Applicant:	KIENY	PATRICK	JUSEPH		6/7/60
	Last	First	Middle		Date of Birth
7. Applicant's Ma	ailing Address: <u>내경</u>	W MBROCIUL AV		THZ	85233
8. Phone Number	ers: (520) 316 - 68	101.7 5 5	City 11-6897	State (490)	Zip 241 - 12897
	Site Owner #	Applica	nt's Business#	App	licant's Home #
9. Date(s) & Hou	rs of Event: (Remember	you <u>cannot</u> sell alcohol before	e 10:00 a.m. on Sund	ay)	
	Date	Day of Week	Hours from A		To A.M./P.M.
Day 1:	03/29/2014	SATURIAY	12:00 PN	1	9:00 PM
Day 2:					7,00 9 1
Day 3:	200.000.00				
Day 4:					
Day 5:				 .	
Day 6:			-		
Day 7:			-		
Day 8:					
Day 9:					
Day 10:					
ic 0106 05/2009 *]	Disabled individuals requir	ing special accommodation	s, please call (602) 54	12-9027	-

To. Has the applicant been convicted of a felony in the past five years, or had a liquor license re YES X NO (attach explanation)	evoked? on if yes)
11. This organization has been issued a special event license for days this year, including (not to exceed 10 days).	
12. Is the organization using the services of a promoter or other person to manage the event? [If yes, attach a copy of the agreement.	☐ YES 🗖 NO
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 EVENT LIQUOR SALES.	oceeds. F THE SPECIAL
Name CITY OF MARICOPA	25%
Address 39700 W CIVIC CENTER FLAZA MARICOPA, AZ	85138
Name NATING NEW YORKER	75%
Address 21164 NJOHN WAYNE PARKWAY MARICOPA, AZ 8	Percentage
(Attach additional sheet if necessary)	1
14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. any questions regarding the law or this application, please contact the Arizona State Depart Licenses and Control for assistance.	If you have ment of Liquor
NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT "NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISE	SITE ONLY.
15. What security and control measures will you take to prevent violations of state liquor laws at t (List type and number of security/police personnel and type of fencing or control barriers if ap	his event? plicable)
# Police Fencing # Security personnel Barriers	
THE ALCOHOL SERVING & COMSUPTION AREA WILL BE FENCE	WOF.
WE WILL HAVE IS CHECKERS AND WRISTBAND THE	Justoners
16. Is there an existing liquor license at the location where the special event is being held? If yes, does the existing business agree to suspend their liquor license during the time	YES NO
period, and in the area in which the special event license will be in use? (ATTACH COPY OF AGREEMENT)	YES NO
Name of Business ()	Phone Number
17. Your licensed premises is that area in which you are outhorized to all a	· · · · · · · · · · · · · · · · · · ·

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.

THIS SECTION TO BE COM	PLETED ONLY BY	AN OFFICER, DIRECT	OR OR CHAIRPE	RSON OF THE					
	ORGANIZATION	NAMED IN QUESTION	<u>#1</u>						
18. I,(Print full name)									
applicant listed in Question 6, to ap	oly on behalf of the fore	going organization for a Spec	cial Event Liquor Lice	nse.					
X			·	()					
(Signature		(Title/Position)	(Date)	(Phone #)					
	State of	The ferrories instance	County of						
		The foregoing instrumer	it was acknowledge	ed before me this					
My Commission expires on:		Day	Month	Year					
wiy commission expires on.	(Date)		Signature of NOTAR	Y PUBLIC)					
THIS SECTION TO BE CO	MPLETED ONL	Y BY THE APPLICAN	NT NAMED IN C	QUESTION #6 E					
19. LATRICK JOSEPH K (Print full name)	IGNA	declare that I am the A	APPLICANT filing the	DIESTION #6 with a principle of the pri					
listed in Question 6. I have read t	he application and th	e contents and all stateme	ents are true, corre	ct and competes to					
hotal de 2 k	/ .	e of Azizona		Original					
X TUCCO (FLOGO)	Ola State	The foregoing instrument	was acknowledged be	efore me his					
(Signature)		06 h	nazch	2014					
Tah	28, 2017	Day	Month	Year Of ABITON					
My commission expires on: (Date		(Signature	of NOTARY PUBLIC						
You must obtain local governmen	of approval City								
You must obtain local government The local governing body may in advance of the government Advance of the government and the control of the government of th	eduire additional	applications to be co	mnleted and cu	hmittad CO days					
in advance of the event. Addition	nal licensing fees	may also be required b	efore approval m	ay be granted.					
LOCAL	GOVERNING E	SODY APPROVAL SE	CTION						
20. I,				et e e e					
(Government Official)		(Title)	ommend this speci	al event application					
on behalf of									
(City, Town or County	/)	(Signature of OFFI	CIAL)	(Date)					
Donortmont Commant Continue	FOR DLLC DEPA	RTMENT USE ONLY							
Department Comment Section:									
(Employee)									
(Litiployee)			(Date)						
☐ APPROVED ☐ DISAPPROV	ED BY:								
	950 mil			Carrier L. H. Ca					
		(Title)		(Data)					



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.