

**SPECIAL EVENT PERMIT APPLICATION**

Date of Application: <u>4-9-12</u>		Permit Application Number:	
<b>SECTION I: APPLICANT INFORMATION</b>			
Name of Applicant (must be on site during the event) <u>The New HQ</u>			
Phone Number <u>520 518-1232</u>	Cell Phone Number	Fax Number	
Business Address <u>16430 N John Wayne Rkwy</u>	City <u>Maricopa</u>	State <u>AZ</u>	Zip Code <u>85139</u>
Corporation / Organization Name or D.B.A. <u>The New HQ</u>	E-mail Address		
State of Incorporation <u>AZ</u>	Tax ID # <u>20-5572861</u>	City Sales Tax ID # <u>AZ 20138696</u>	
<b>SECTION II: EVENT INFORMATION</b>			
Name of Event <u>Cinco de Mayo Rotary Fundraiser</u>			
Event Date(s) <u>5/5/12/5/6/12</u>	Hours of Event <u>12 pm - 2 AM</u>	Set Up <u>8 AM</u>	Take Down <u>(5/6/12) 2 AM</u>
Location of Event/ Address <u>The New HQ Bar 16430 N John Wayne Parkway. Nor</u>			
Sponsors of the Event <u>Rotary Club</u>			
Brief Description of Event <u>Fundraiser for Rotary youth activities</u>			
<b>**PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION **</b>			
Charity Name <u>Maricopa</u>		501(c)3 Number	
Charity Contact Name		Contact Phone Number	
Charity Address		Charity Phone Number (if different from above)	
<b>*If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity.</b>			
Has this event ever been held at another location? ( ) Yes ( ) No If yes, please provide the appropriate references:			
Location #1			
Date:		Location:	
Contact Name		Phone Number	
Location #2			
Date:		Location:	
Contact Name		Phone Number	

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Has the Applicant/Organization ever had a liquor license or event permit denied, revoked or suspended? ( ) Yes <input checked="" type="checkbox"/> No If Yes, please explain:		
Will there be an admission charge? <input checked="" type="checkbox"/> Yes ( ) No If yes, list all price categories: \$5		
\$ to entry fee		
Anticipated daily attendance: 200	Anticipated peak attendance: 250	
Will there be entertainment? <input checked="" type="checkbox"/> Yes ( ) No If yes, please complete the following:		
Group DJ.	Performance Location The New HQ Bar outside	Scheduled Time
Will novelty items be sold? ( ) Yes <input checked="" type="checkbox"/> No If yes, please describe below:		
Item	Vendor Selling	Price(s)
Will there be contracted concessionaires/caterers? <input checked="" type="checkbox"/> Yes ( ) No If yes, please provide the following information:		
Name of Concessionaire/Caterer Hot dog/Hamb concession		Address 19640 W John Wayne Pkway
Phone No. <del>520</del> 602 769 2803	Items to be sold Hot dogs	
How close are the nearest residences to the event? 500 FT		
What type of advertising/promotion will be done prior to the event?		
Radio: ( ) Yes <input checked="" type="checkbox"/> No	If yes, stations:	
TV: ( ) Yes <input checked="" type="checkbox"/> No	If yes, stations:	
Newspaper Ads: ( ) Yes <input checked="" type="checkbox"/> No	If yes, newspapers:	
Press Releases: <input checked="" type="checkbox"/> Yes ( ) No	If yes, how many?	
Fliers/Posters: <input checked="" type="checkbox"/> Yes ( ) No	If yes, where distributed:	
*PLEASE ATTACH ANY PLANNED PROMOTIONAL MATERIALS N/A		
<b>SECTION III: EVENT SPECIAL FEATURES</b>		
<b>WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plans)</b>		
TENTS OR CANOPIES ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following:		
Company:		
Address:		
Contact:	Phone:	
Number of Tents:	Size(s):	
*Tents over 200 sq. ft. and canopies over 400 sq. ft. require permits from the City of Maricopa Fire Department.		
*All tents and canopies must be properly secured via tent stakes and will be subject to inspection by the Fire Department.		

ALMA FARRELL  
Will be  
provide mtg  
Vendor info  
if Vendor  
chooses to participate

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<b>OPEN FLAMES OR COOKING</b> <input checked="" type="checkbox"/> Yes ( ) No If yes, provide the following: _____	
Company: <i>N/A Available</i>	
Address: _____	
Contact: <i>602 769-2803</i>	Phone: _____
<b>* FIRE DEPARTMENT INSEPCION WILL BE REQUIRED PRIOR TO EVENT (Schedule with Division of Fire Prevention)</b> <b>* Fire extinguishers are required.</b>	
<b>FIREWORKS</b> ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>*Fireworks require permits from the City of Maricopa Fire Department.</b>	
<b>TEMPORARY FENCING</b> <input checked="" type="checkbox"/> Yes ( ) No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>*Provide accurate dimensions of fenced area.</b>	
<b>*ADEQUATE FIRE LANES AND EXITS MUST BE PROVIDED &amp; IDENTIFIED IN ACCORDANCE WITH FIRE CODE AND CITY ORDINANCE 08-04 (Contact the Division of Fire Prevention for further information @ 520-494-2303).</b>	
<b>PORT-A-JOHN'S</b> ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>ELECTRICAL SERVICES / GENERATORS</b> ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>*Use of generators requires an additional electrical permit from Development Services.</b>	
<b>CARNIVAL / AMUSEMENT RIDES</b> ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>*An additional special permit from the City of Maricopa Fire Department is required.</b>	
<b>SIGNS / BANNERS</b> <input checked="" type="checkbox"/> Yes ( ) No If yes, provide the following: _____	
Company: <i>Maricopa Rotary Club</i>	
Address: _____	
Contact: <i>M Rubio</i>	Phone: <i>602 769-2803</i>
<b>*Please submit a sign plan in conjunction with this application that shows the proposed location, placement, and size of all off-site directional signs. Directional signs shall be no greater than four (4) square feet and may be permitted within the City right-of-way, excluding medians. Directional signs may be placed twenty-four (24) hours in advance of the event and event signs may be placed five (5) days prior to the event. All signage shall be removed within forty-eight (48) hours after the conclusion of the event.</b>	
<b>INFLATABLES</b> ( ) Yes <input checked="" type="checkbox"/> No If yes, provide the following: _____	
Company: _____	
Address: _____	
Contact: _____	Phone: _____
<b>WILL FOOD BE SERVED</b> <input checked="" type="checkbox"/> Yes ( ) No	
<b>*If yes, a health permit from Pinal County will be required.</b>	

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**OTHER** – Description of any other activities at the event:

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**SECTION IV: STREETS / TRAFFIC**

**DOES THE EVENT PROPOSE CLOSING, BLOCKING, OR USING ANY OF THE FOLLOWING:**

**CITY STREETS** ( ) Yes  No If yes, provide the following:

Street	From/To	Date(s)	Time(s)

**CITY SIDEWALKS** ( ) Yes  No If yes, provide the following:

Sidewalk	From/To	Date(s)	Time(s)

**CITY ALLEYS** ( ) Yes  No If yes, provide the following:

Alley	From/To	Date(s)	Time(s)

**PUBLIC PARKING LOTS**  Yes ( ) No If yes, provide the following:

Parking Lot	Date(s)	Time(s)

**PUBLIC BICYCLE PARKING** ( ) Yes  No If yes, provide the following:

Bicycle Rack Location:

What alternative bicycle parking will be provided (include location)?

**SECTION V: USE OF CITY FACILITIES**

Will any City facilities be used?  Yes ( ) No If yes, provide the following:

Facility	Person Contacted	Phone
Parking Lot (City)		

Will any City electric or water hookups be used? ( ) Yes  No If yes, provide the following:

Electric Location	Service Needed (in amps)
Water Location	Service Needed

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<b>SECTION VI: EVENT SECURITY</b>	
Will the event be using private security? <input checked="" type="checkbox"/> Yes ( ) No If yes, provide the following:	
Security Company <u>TBD</u>	
Address	
Contact Person	
Number of personnel contracted for: <u>250</u>	
<b>*Events greater than 1,000 people will require an experienced crowd management person plus (1) for each additional 250 persons.</b>	
<b>SECTION VII: ALCOHOL</b>	
<b>*Glass containers or glass bottles are NOT allowed in City parks.</b>	
Will there be alcohol at the event? <input checked="" type="checkbox"/> Yes ( ) No If yes, please answer the following:	
<b>*Beer and wine only are allowed on City property.</b>	
Will alcohol be sold? <input checked="" type="checkbox"/> Yes ( ) No	
Will alcohol be given away? ( ) Yes <input checked="" type="checkbox"/> No	
Is alcohol included in the admission price to the event? ( ) Yes <input checked="" type="checkbox"/> No	
<b>*If you answered Yes to any of the above, a Special Event Liquor License is required.</b>	
Charity's or Organization's Name <u>Rotary Club</u>	501 (c)3 Number
<b>*A letter from the charity or organization agreeing to participate as the agent for the special event liquor license is required and must accompany the original event application.</b>	
Name of Contact at Charity or Organization <u>Alma Faircliff</u>	Phone Number <u>520-518 1232</u>
On-Site Agent Responsible for Liquor <u>The New HQ</u>	
How will attendees over the age of 21 be identified? <u>Bouncers @ entrance</u>	
Have the alcohol servers received training regarding the sale and service of alcoholic beverages? <input checked="" type="checkbox"/> Yes ( ) No If yes, where & when?	
What controls will be used to keep underage attendees from obtaining alcohol at the event? <u>Bouncers @ ea entrance</u>	
<b>*A site plan showing locations of alcohol service areas, type and height of fencing, and security check areas must be provided and correspond to the description of the controls above.</b>	
<b>*A site plan and emergency action plan (and/or an Incident Action Plan) must be submitted to the Division of Fire Protection for review and approval 30 days prior to the event.</b>	
Will more than 50% of the gross revenues derived from the event be derived from alcohol sales? ( ) Yes ( ) No	



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<b>SECTION VIII: PARADE INFORMATION</b>	
Assembly Area	
Disassembly Area	NA
Number of Units	
Description of the units (e.g., motorized, animals, floats, sound amplification)	
<b>*Attach a proposed route and indicate assembly and disassembly areas.</b>	
<b>SECTION IX: INSURANCE REQUIREMENTS</b>	
Proof of applicable insurance that will be in effect during the license period must be attached.	
The certificate must show general liability including:	
<ul style="list-style-type: none"> <li>• Bodily Injury</li> <li>• Comprehensive Form</li> <li>• Premises Operations</li> <li>• Contractual</li> <li>• Independent</li> <li>• Contractors</li> <li>• Products/Completed</li> <li>• Operations</li> <li>• Hazard</li> <li>• Personal Injury</li> <li>• Broad Form Property Damage</li> </ul>	

I certify that the statements made in this application are true and complete to the best of my knowledge.  
 Incomplete applications may not be processed.

Print Name Alma Farrell	Signature <i>Alma Farrell</i>	Date 4-9-12
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