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 A	ccepted:
CSR:	THE STATE AND ADDRESS OF THE STATE OF THE ST
License	#•

Application MUST be submitted to the Department of Liquor 10 days prior to the event.

<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: Lindsey	Susan	Yvette	
	(Must be an Officer/Member of the Non Profit Entity) Last	First	Middle	
2.	Applicant's mailing address: 18951 N Miller Way	Maricopa	Arizona	85139
	Street	City	State	Zip
3.	Applicants home/cell phone: 602-434-6394	Applicant's business	phone: 602-434	-6394
4.	Applicant's email address: Admin@camp-m	irth.com		
5.	Special Event Name: Pre Mother's Day Sne	eaker Ball Soiree &	Fundraiser	
6.	Name of Non-Profit Organization, Candidate or Politica	al Party/Gov.: Choir I	House Ministries	, Inc.
	Non-Profit/IRS Tax Exempt Number: 86-0991501			
8.	Arizona Corporation Commission File #: 23796	5843 If out of State p	. ,	etter of good standing)
9.	Event Location Name: Central Arizona College	Room A 101		
10	Event Address: 17945 N Regent Drive - N	/aricopa, AZ 85138	3	
	Dates and Hours of Event - Days must be co	nsecutive and may not e	xceed 10 consecutiv	e 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:	May 3, 2025	Saturday	6:00 PM	10:00 PM
DAY 2:		Α,		
DAY 3:			- to do the contract of the co	
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:	1			
DAY 8:		·····		***************************************
DAY 9:			-	
DAY10:				

SECTION 2			easures will you take to prevent violors rsonnel and type of fencing or control bar		rs at this event?
One	Number of Police	e Three	Number of Security Personnel	Fencing	Barriers
<u>Must</u> explain	security measures: Se	curity will che	eck IDs, monitor alcohol comsu	ımption, and en	sure
complianc	e. The police office	r will provide	enforcement support as neede	ed.	
SECTION 3	What is the purpose of	this event?			
☑On-site co	onsumption	Off-site (a	uction/wine/distilled spirits pull)	□Во	th -
	pecial event going to coof the following boxes.		nsing, serving, and selling of spirituou	us liquors?	
	al Event being held on o on page 3. (If checked		remises will require approval and sign n 4)	nature by the Loca	al Governing
_			premises and within the already appears with an explanation of the option	7	ed area?
	Name of Busin	ness	License Number	Phone (Incl	ude Area Code)
			elling all alcohol without retailer involve cense for duration of special event	ement	
	and serve all spirituous l om alcohol sales is donc		ailer's license – Business operates nom	nally, minimum of 25	% of gross
purchased	or donated by the spec	ial event license	cial event - The special event licenses e. The retailers existing alcohol inventor om the location suspending license f	y must be separate	d from any alcoho
sales of alc	ohol. (These sales will be	done in separat	cation - Both the special event license e areas. If alcohol is donated or purch s dispensed by the licensed retailer.)		
Off Sale or service of a	_ _	ts Pull, Live or Sil	ent Auctions – Retailer will still be perm	itted to conduct all	normal sale and
SECTION 4					
1. Has the a	pplicant been convict	ed of a felony,	or had a liquor license revoked with	nin the last five (5)	years?
☐ Yes 🗹 I	No If yes, attach letter o	of explanation.			
2. How man	y special event days h	ave been issue	d to this organization during the ca	lendar year? 0	
contractor		d sell alcohol on	ial Event Contractor? (A licensee co behalf of the licensee. If no special ev		
☐ Yes ☑	No If yes, please provid	e the Name of	the Special Event Contractor:		
			6, 7, 11, or 12 licensee to manage t se are automatically qualified to be		
☐ Yes ☑ I	No if yes, please provid	de the Name of	Licensee:	License #:	***************************************
E list the no	ame of the Individual a	r Organization	hat will receive revenues. MUST FOL	IAI 100 PEDCENT	

Attach additional sheet if necessary.

Name: Choir House Ministries, Inc.			Percentage:100%		
Address:	18951 N Miller Way	Maricopa	Arizona	85139	
	Street	City	State	Zip	
Name:		,	Percentage:		
Address: _	Street	City	State	Zip	
Please re	ead A.R.S. & 4-203.02 Specia	al event license; rules and R19-1-	205 Requirements for a	s Special Event License.	
		AGE SALES MUST BE FOR CONSU			
		VE A SPECIAL EVENT UNLESS THE AL EVENT LICENSE IS STACKED WI			
authorized of your spe	to sell, dispense or serve alc	m. The licensed premises for yo coholic beverages under the pro es. Please show dimensions, serv	visions of your license.	Please attach a diagram	
	ATI	TACH DIAG	RAM		
that is not co to the Depar	overed by the existing liquor lic triment of Liquor Licenses and	on without a permanent liquor licel cense, this application must be app Control. Please contact the local g	roved by the local gove	rning body before submittin	
APPLICANT	SIGNATURE				
authorize	Susan Y Lindsey ed to submit this application	, dec, dec, dec, dec, application to be true, correct o	application, and to the		
LOCAL GO	VERNING BODY				
	ceived:				
l,	(Government Official)	(Title)	recommend DAPPRO	OVAL 🗖 DISAPPROVAL	
Orrberio	(City, Town, County)	Signature	Date	Phone	
applications	s to be completed and submations to be submitted. Add	or municipality where the fair/fe nitted. Please check with local go itional licensing fees may also be	vernment as to how far	in advance they require	



