

SPECIAL EVENT PERMIT APPLICATION

Date of Application:	Permit Application Number:
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SECTION I: APPLICANT INFORMATION

Name of Applicant (must be on site during the event) <i>Edward Talsness</i>				
Phone Number <i>520 568-4605</i>	Cell Phone Number <i>702 806-6100</i>	Fax Number <i>520 568 0861</i>		
Business Address <i>45295 W Honeycutt Ave</i>	City <i>Maricopa</i>	State <i>AZ</i>	Zip Code <i>85139</i>	
Corporation / Organization Name or D.B.A. <i>Our Lady of Grace Church</i>		E-mail Address <i>bookkeeper@maricopacatholic.org</i>		
State of Incorporation	Tax ID #	City Sales Tax ID #		

SECTION II: EVENT INFORMATION

Name of Event <i>Our Lady of Grace Annual Festival</i>			
Event Date(s) <i>JAN 29, 30 & 31 2016</i>	Hours of Event <i>29: 4PM-11PM 30th: 10AM-11PM 31: 12PM-2PM</i>	Set Up <i>1/25/15 - 1/29/15</i>	Take Down <i>2/1/15 - 2/3/15</i>
Location of Event/ Address <i>45295 W Honeycutt Ave Maricopa, AZ 85139</i>			
Sponsors of the Event <i>Our Lady of Grace Catholic Church</i>			
Brief Description of Event <i>Annual Parish Festival & Carnival</i>			

****PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION ****

Charity Name	501(c)3 Number
Charity Contact Name	Contact Phone Number
Charity Address	Charity Phone Number (if different from above)

***If the event involves the participation of a charity, the applicant is required to provide an acknowledgement letter from the charity.**

Has this event ever been held at another location? () Yes (X) 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 () No
If Yes, please explain:

Will there be an admission charge? () Yes () No If yes, list all price categories:

Anticipated daily attendance: 2000 - 2500 Anticipated peak attendance: 4000

Will there be entertainment? () Yes () No If yes, please complete the following:

Group	Performance Location	Scheduled Time

Will novelty items be sold? () Yes () No If yes, please describe below:

Item	Vendor Selling	Price(s)

Will there be contracted concessionaires/caterers? () Yes () No If yes, please provide the following information:

Name of Concessionaire/Caterer: See Attached Address: _____

Phone No. _____ Items to be sold _____

How close are the nearest residences to the event? _____

What type of advertising/promotion will be done prior to the event? Fliers, Posters & Newspaper Ads

Radio: () Yes () No If yes, stations: _____

TV: () Yes () No If yes, stations: _____

Newspaper Ads: () Yes () No If yes, newspapers: In Maricopa, Monitor

Press Releases: () Yes () No If yes, how many? _____

Fliers/Posters: () Yes () No If yes, where distributed: Church & local business's

***PLEASE ATTACH ANY PLANNED PROMOTIONAL MATERIALS**

SECTION III: EVENT SPECIAL FEATURES

WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plans)

TENTS OR CANOPIES () Yes () No If yes, provide the following:

Company: Our Lady of Grace Address: _____

Contact: _____ Phone: _____

Number of Tents: 5 Size(s): 3-20'x40' 1-20'x30' 1-10'x30'

*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.

From: ajlegaspi <ajlegaspi@orbitelcom.com>

To: speedteced <speedteced@aol.com>

Subject: [Fwd: Food Vendors]

Date: Wed, Dec 16, 2015 7:41 am

----- Original Message -----

Subject: Food Vendors

From: "Sharon Buda" <sharonbuda1@yahoo.com>

Date: Fri, December 4, 2015 12:00 pm

To: "Abbie Legaspi" <ajlegaspi@orbitelcom.com>

pcoutre@maricopacatholic.org

Hi:

Here are the food vendors:

Helen's Kitchen: website: cateringbyhelen@gmail.com; address: 17928 N Kari Ln, Maricopa, AZ85139; phone: 520-431-9990

Menu for festival:

Tri-tip sandwiches

Bar b q pulled pork sandwiches

Chicken nuggets

French fries

Cheesy fries

Churros

*Our Lady of Grace water and soda

Big Papa Concessions: website: bigpapaconcessions@gmail.com; phone: 602-527-0433; Aaron and Bonnie Banuelos

Menu for festival:

Italian sausage sandwiches

Philly cheese steak sandwiches

Hamburgers

Chicken tenders

Macaroni and cheese bites

Curly fries

Cheese fries

Fountain drinks

*Helen will buy our drinks each day and then sell them with her meals.

Please call me, if you have any questions.(480-272-3171

Thank you,
Sharon Buda

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OPEN FLAMES OR COOKING <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>Our Lady of Grace</i>	
Address:	
Contact:	Phone:
* FIRE DEPARTMENT INSEPCION WILL BE REQUIRED PRIOR TO EVENT (Schedule with Division of Fire Prevention) * Fire extinguishers are required.	
FIREWORKS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
*Fireworks require permits from the City of Maricopa Fire Department.	
TEMPORARY FENCING <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>L P Rent A Fence</i>	
Address: <i>Standfield, AZ</i>	
Contact:	Phone:
*Provide accurate dimensions of fenced area. *ADEQUATE FIRE LANES AND EXITS MUST BE PROVIDED & IDENTIFIED IN ACCORDANCE WITH FIRE CODE AND CITY ORDINANCE 08-04 (Contact the Division of Fire Prevention for further information @ 520-494-2303).	
PORT-A-JOHNS <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>A-Company Inc</i>	
Address: <i>Gilbert, AZ</i>	
Contact:	Phone: <i>480 633 1200</i>
ELECTRICAL SERVICES / GENERATORS <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>Sun Valley Rides</i>	
Address: <i>7558 W Thunderbird Rd Peoria, AZ 85381</i>	
Contact:	Phone: <i>602 363-2677</i>
*Use of generators requires an additional electrical permit from Development Services.	
CARNIVAL / AMUSEMENT RIDES <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>Sun Valley Rides</i>	
Address: <i>Same as Above</i>	
Contact:	Phone:
*An additional special permit from the City of Maricopa Fire Department is required.	
SIGNS / BANNERS <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>Our Lady of Grace</i>	
Address:	
Contact: <i>PAH? Centre</i>	Phone: <i>520 568-4605</i>
*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.	
INFLATABLES <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <i>Rivers Jumpers</i>	
Address: <i>Maricopa, AZ</i>	
Contact: <i>Allisandra</i>	Phone: <i>480 430 5716</i>
WILL FOOD BE SERVED <input checked="" type="checkbox"/> Yes () No	
*If yes, a health permit from Pinal County will be required.	

Our Lady of Grace Catholic Church

Parish Festival 2016

Park - Assembly point #3

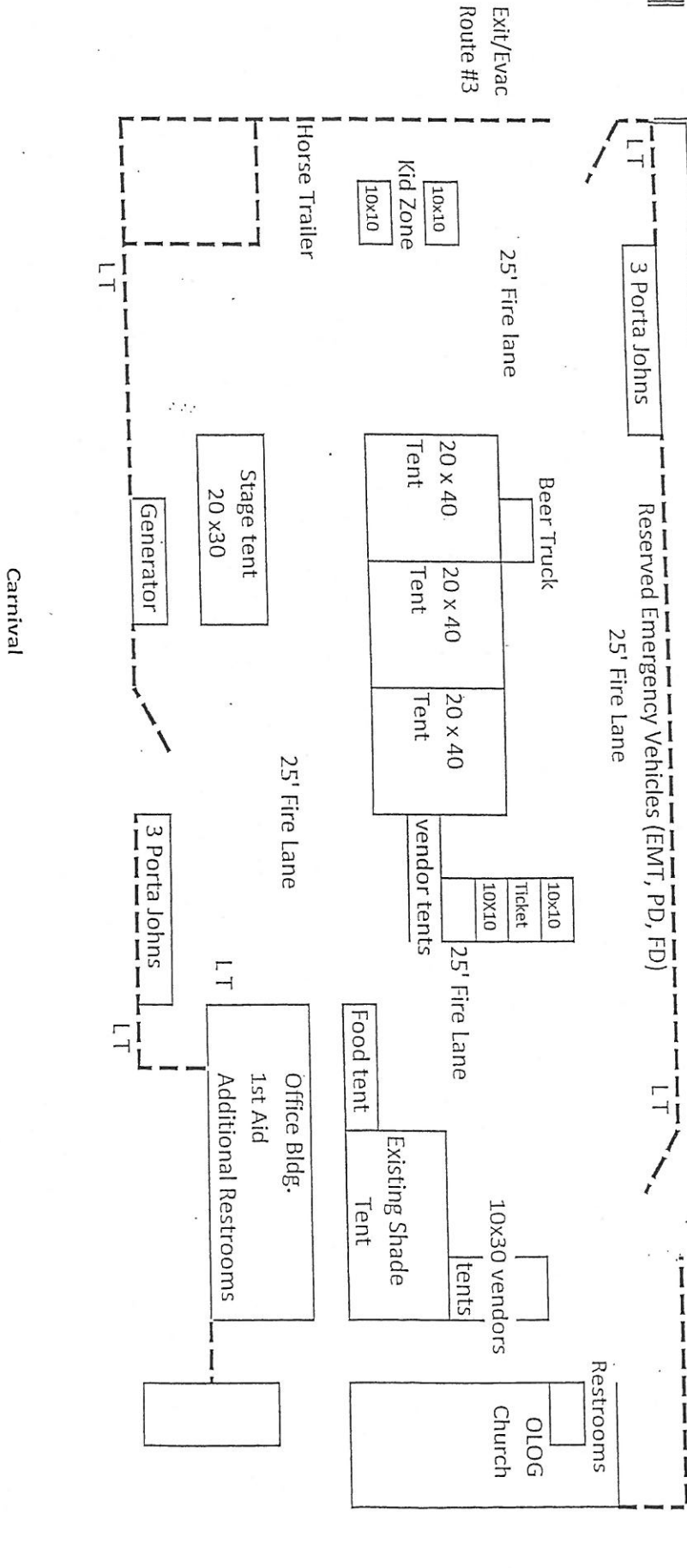
Site/Evac Plan

Taft

High School Parking

Assembly point #2

Primary Evac Route



Assembly Point 1 Rear of property

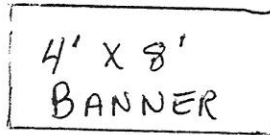
During days of Festival

**OUR LADY OF GRACE
2016 SIGNAGE PLAN**

HONEYCUT AVE



JOHN WAYNE PARKWAY



Cobblestone Farms Drive

JOHN WAYNE PARKWAY

SPECIAL EVENT PERMIT APPLICATION

OTHER – Description of any other activities at the event:

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)
High School Parking Lot	1/29/15 - 1/31/15	During event hours
Wells Middle School Parking Lot	1/29/15 - 1/31/15	" " "

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

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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SECTION VI: EVENT SECURITY

Will the event be using private security? Yes () No If yes, provide the following:

Security Company

21st Sentry Security

Address

2135 E Knudsen Dr Phoenix, AZ 85024

Contact Person

Richard Roll 623 556-7121

Number of personnel contracted for:

3

***Events greater than 1,000 people will require an experienced crowd management person plus (1) for each additional 250 persons.**

SECTION VII: ALCOHOL

***Glass containers or glass bottles are NOT allowed in City parks.**

Will there be alcohol at the event? Yes () No If yes, please answer the following:

***Beer and wine only are allowed on City property.**

Will alcohol be sold? Yes () No

Will alcohol be given away? () Yes No

Is alcohol included in the admission price to the event? () Yes No

***If you answered Yes to any of the above, a Special Event Liquor License is required.**

Charity's or Organization's Name

501 (c)3 Number

***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.**

Name of Contact at Charity or Organization

Ed Talsness

Phone Number

520 568-4605

On-Site Agent Responsible for Liquor

Angel Cruz

How will attendees over the age of 21 be identified?

use of wristbands

Have the alcohol servers received training regarding the sale and service of alcoholic beverages? Yes () No

If yes, where & when?

*On site private prior to event
by officer Mario Ortega*

What controls will be used to keep underage attendees from obtaining alcohol at the event?

All persons under 50 carded and all persons to have a wristband

***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.**

*** 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.**

Will more than 50% of the gross revenues derived from the event be derived from alcohol sales? () Yes No

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SECTION VIII: PARADE INFORMATION
Assembly Area <i>N/A</i>
Disassembly Area
Number of Units
Description of the units (e.g., motorized, animals, floats, sound amplification)
*Attach a proposed route and indicate assembly and disassembly areas.
SECTION IX: INSURANCE REQUIREMENTS
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"> • Bodily Injury • Comprehensive Form • Premises Operations • Contractual • Independent • Contractors • Products/Completed • Operations • Hazard • Personal Injury • Broad Form Property Damage

**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 <i>Edward Talsness</i>	Signature <i>Edward Talsness</i>	Date <i>12/15/15</i>
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OUR LADY OF GRACE 9TH ANNUAL FESTIVAL 2016 EMERGENCY ACTION PLAN

In case of an emergency, we have made the following plans:

An announcement will be made over the PA system from center stage to follow staff personnel in a calm fashion to one of the following areas. (see attached map)

Designated evacuation areas (3)

#1 South parking area (Behind Carnival rides)

#2 Exit out east gate and congregate in High School parking lot

#3 Exit out west gate to park

Staff personnel at front gate, west gate and parking will have 2 way radio communications

Staff Personnel Team – Abbie Legaspi, Alan Miller, Ed Talsness, Chuck Morene

All staff personnel will be in communication with security, police command center and fire by 2 way radios or by cell phone (if needed). The above will direct the staff members in moving people from one area to another. Security and Fire will be issued radios on the same channel. All Emergencies will be directed to a secure channel (channel 2) for secured communications.

Communication – P.A. stage system, Office Building/1st Aid Center/ Lost Child Center – 2 way radio communications center, Staff personnel working with security and fire in assisting the public.

Staff personnel will be assigned to each of the three entrance gate areas.

Security, Police/Fire Department- They will be set-up at the north fence. Security will be patrolling throughout the grounds during festival operating hours.

Southwest Ambulance - They will be set-up at the north fence. When available

Lost children – Contact office or staff. Security will be contacted by radio.

Lock Down – If lock down is heard over the P.A. System. All entrances will be closed and guarded and no vehicles or people will leave or enter the property.

- The Maricopa Police Department will be notified of a possible lost child or lock down situation.

Alcohol – All people will be consuming alcohol will have the ID checked and given wrist band if they meet legal drinking age (21) January 23, 1994. Drinking is allowed in Our Lady of Grace Festival fenced area. No alcohol will be allowed outside of fenced area or in carnival ride area. If problem occurs contact security and staff.

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Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
Event Date(s):	
Event time start/end:	
CSR:	
License:	

APPLICATION FOR SPECIAL EVENT LICENSE
 Fee= \$25.00 per day for 1-10 days (consecutive)
 A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control (see Section 15).

SECTION 1 Name of Organization: Our Lady of Grace Catholic Church

SECTION 2 Non-Profit/IRS Tax Exempt Number: 20-8849244

SECTION 3 The organization is a: (check one box only)

- Charitable Fraternal (must have regular membership and have been in existence for over five (5) years)
- Religious Civic (Rotary, College Scholarship) Political Party, Ballot Measure or Campaign Committee

SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises? Yes No

Name of Business	License Number	Phone (include Area Code)
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SECTION 5 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) and check one of the following boxes.

- Place license in non-use
- Dispense and serve all spirituous liquors under retailer's license
- Dispense and serve all spirituous liquors under special event
- Split premise between special event and retail location

(If not using retail license, submit a letter of agreement from the agent/owner of the licensed premise to suspend the license during the event. If the special event is only using a portion of premise, agent/owner will need to suspend that portion of the premise.)

SECTION 6 What is the purpose of this event? On-site consumption Off-site (auction) Both

SECTION 7 Location of the Event: Our Lady of Grace Church
 Address of Location: 45295 W Honeycutter Ave Maricopa Pinal AZ 85139
Street City COUNTY State Zip

SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Yes No

SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Talsness Edward Matthew 7/19/58
Last First Middle Date of Birth

2. Applicant's mailing address: 45295 W Honeycutter Ave Maricopa AZ 85139
Street City State Zip

3. Applicant's home/cell phone: (704) 806-6100 Applicant's business phone: (520) 568-4605

4. Applicant's email address: speedteced@aol.com

SECTION 10

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 Yes No (If yes, attach explanation.)

2. How many special event licenses have been issued to this location this year? 1
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. Is the organization using the services of a promoter or other person to manage the event? Yes No
 (If yes, attach a copy of the agreement.)

4. 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 the special event liquor sales. Attach an additional page if necessary.

Name Our Lady of Grace Catholic Church Percentage: 100%

Address 45295 W Honeycuth Ave Marietta AZ 85139
Street City State Zip

Name _____ Percentage: _____

Address _____
Street City State Zip

5. Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

6. What type of security and control measures will you take to prevent violations of liquor laws at this event?
 (List type and number of police/security personnel and type of fencing or control barriers, if applicable.)

Number of Police 3 Number of Security Personnel _____ Fencing Barriers

Explanation: Consumption area is fenced in. Will have staff personnel stationed at each entrance and security personnel patrolling throughout.

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.

See A.R.S. § 4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>11/29/16</u>	<u>Fri</u>	<u>4:00 PM</u>	<u>11:00 PM</u>
DAY 2:	<u>11/30/16</u>	<u>SAT</u>	<u>10:00 AM</u>	<u>11:00 PM</u>
DAY 3:	<u>11/31/16</u>	<u>SUN</u>	<u>12:00 PM</u>	<u>9:00 PM</u>
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

Our Lady of Grace Catholic Church

Parish Festival 2016

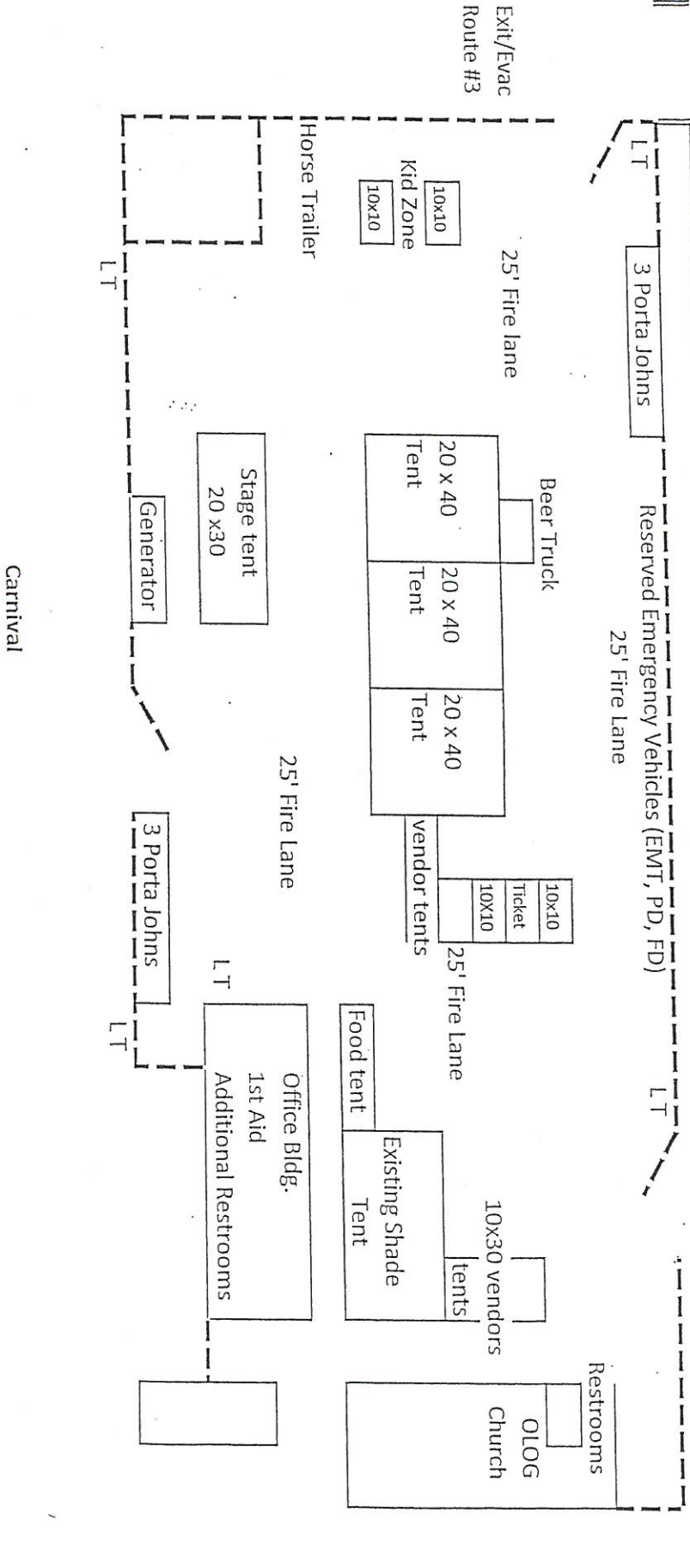
Park - Assembly point #3

Site/Evac Plan

Taft

High School Parking
Assembly point #2

Primary Evac Route



Carnival

Assembly Point 1 Rear of property

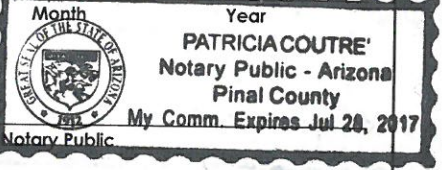
SECTION 13 To be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, Edward Matthew Talsness declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print Full Name)
 appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
 Liquor License.

X Edward M Talsness chairperson 12/16/15 520 568-5472
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledged before me this 16th December 2015
Day Month Year
 State Arizona County of Pinal

My Commission Expires on: 7/28/17 Patricia Coutre
Date Signature of Notary Public



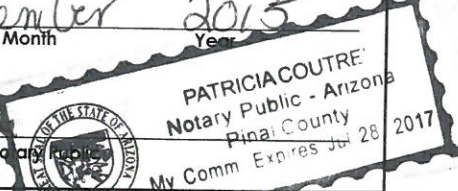
SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, Edward Matthew Talsness declare that I am the APPLICANT filing this application as
(Print Full Name)
 listed in Section 9. I have read the application and the contents and all statements are true, correct and
 complete.

X Edward M Talsness chairperson 12/16/15 520 568 5472
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 16th December 2015
Day Month Year
 State Arizona County of Pinal

My Commission Expires on: 7/28/17 Patricia Coutre
Date Signature of Notary Public



Please contact the local governing board for additional application requirements and submission deadlines. Additional
 licensing fees may also be required before approval may be granted. For more information, please contact your local
 jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)
 on behalf of _____
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice
 B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
 D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.
 E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.
 F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.