CSR:	
Amount:	



Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

DLLC USE ONL	
Job #:	
Date A	ccepted:
CSR:	
License	#:
License	и.

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: Webb, Wendy R.		
(Must be an Officer/Member of the Non Profit Entity) Last	First	Middle
2. Applicant's mailing address: P.O. Box 82 Maricopa, AZ 85	139	
Street	City	State Zip
3. Applicants home/cell phone: 623-764-0433	Applicant's business phone:	520-251-0226
4. Applicant's email address: formaricopa123@gmail.com	F	
5. Special Event Name: Thirsty Thirdsday		
6. Name of Non-Profit Organization, Candidate or Political Part	y/Gov.: F.O.R. Maricopa	
7. Non-Profit/IRS Tax Exempt Number: 26-0527262	-	
3. Arizona Corporation Commission File #: 11026367	If out of State please s	
P. Event Location Name: Province		(Attach letter of good standing)
10. Event Address: 20942 N. Province Parkway Maricopa, A	AZ 85138	

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	Sept. 18, 2025	Thursday	3:30 p.m.	6:30 p.m.
DAY 2:			<u> </u>	
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

Number of Police 2	Number of Security Personnel	[ <b>7</b> ]Eana:	<b>✓</b> Barriers
		<b>☑</b> Fencing	
Must explain security measures: The event takes	s place at the clubhouse of the private,	gated communit	y of Province.
Management and security will be on-site. T	he gatehouse team provides 24-hou	r security.	
ECTION 3 What is the purpose of this event?			
<b>Z</b> On-site consumption ☐Off-site	(auction/wine/distilled spirits pull)	□Boi	h
How is this special event going to conduct all dis Check one of the following boxes. (R-19-318)	pensing, serving, and selling of spirituous	liquors?	
A) Special Event being held on an unlicensed Body on page 3. (If checked move to sec	=	ature by the Loca	l Governing
(Must attach a letter from the licensed pre			ed area?
Name of Business	License Number	Phone (Incl	ude Area Code)
Place license in non-use - Special Event License  Must attach letter from the location suspending		ment	
Dispense and serve all spirituous liquors under revenue from alcohol sales is donated to license		ally, minimum of 25	% of gross
Dispense and serve all spirituous liquors under s purchased or donated by the special event licen used during the special event. Must attach letter	see. The retailers existing alcohol inventory	must be separated	d from any alco
Isplit premise between special event and retail sales of alcohol. (These sales will be done in sepal it must be in a separate area than the alcohol tha	rate areas. If alcohol is donated or purchas		
Off Sale only - Wine/Distilled Spirits Pull, Live or service of alcohol.	<b>Silent Auctions</b> – Retailer will still be permiti	ted to conduct all	normal sale and
ECTION 4			
. Has the applicant been convicted of a felon	y, or had a liquor license revoked withir	n the last five (5) y	/ears?
☐ Yes ☑ No If yes, attach letter of explanation	l.		
. How many special event days have been issi	ued to this organization during the cale	ndar year? 8 in 20	24. Same in 2025
. Is the Organization using the services of a Sp- contractor who may purchase and sell alcohol or responsible for the sales and service of alcohol.)	ecial Event Contractor? (A licensee can on behalf of the licensee. If no special eve	utilize the services ent contractor is list	of a special eve ed, the license
✓ Yes ☐ No If yes, please provide the Name (	of the Special Event Contractor: Coup	le of Bartenders, L	iquid Caterers
. Is the organization using the services of a serie			
(Licensees who hold a series 6, 7, 11, or 12 lice	ense are automatically qualified to be t		commucion
	• ,	·	•

Attach additional sheet if necessary.

Name: F.O.R. M	1aricopa		Percentage: 25%	
Address: P.O.	Box 82 Maricopa, AZ 85139 Street			
Name: Liquid		City	state Percentage: 75%	Zip
		· A7 95049	Percentage: 1370	-
Address: 3143	E. Chandler Blvd. Chandler	City	State	Zip
Please read	A.R.S. § 4-203.02 <u>Special even</u>	t license: rules and R19.	1-205 Requirements for a	Special Event license
	LL ALCOHOLIC BEVERAGE SA			
NO ALCOHOLIC	BEVERAGES SHALL LEAVE A S NTAINERS OR THE SPECIAL EVE	PECIAL EVENT UNLESS TH	EY ARE IN AUCTION WINE	OR DISTILLED SPIRITS PULL
authorized to se	ense premises diagram. The II, dispense or serve alcoholic event licensed premises. Plea ecurity position.	beverages under the pi	rovisions of your license. P	lease attach a diagram
	ATTA	CH DIA	GRAM	
APPLICANT SIGE  Declaration:  I, (Print Name authorized to	d by the existing liquor license, that of Liquor Licenses and Control NATURE  Wendy R. Webb submit this application. I have attements made on this application.	. Please contact the local, do, do read the contents of the ation to be true, correct	governing board for addition  eclare under penalty of application, and to the	onal information.  of periury that I am
			Signature	•
LOCAL GOVERN	IINC PODY			
Date Receive	d:			
l,	overnment Official)	(Title)	recommend	val 🗖 disapproval
		(ime)		
orr borial or _	(City, Town, County)	Signature	Date ,	Phone
applications to b	ning body (city, town or mun e completed and submitted. P ns to be submitted. Additional li LY	lease check with local g	overnment as to how far i	n advance they require
□ APPROVA	al 🗖 disapproval 🛮 by:		DATE:	

## September 18, 2025 - Application

Final Audit Report 2025-07-03

Created:

2025-07-03

By:

Province Community (mtrujillo@ccmcnet.com)

Status:

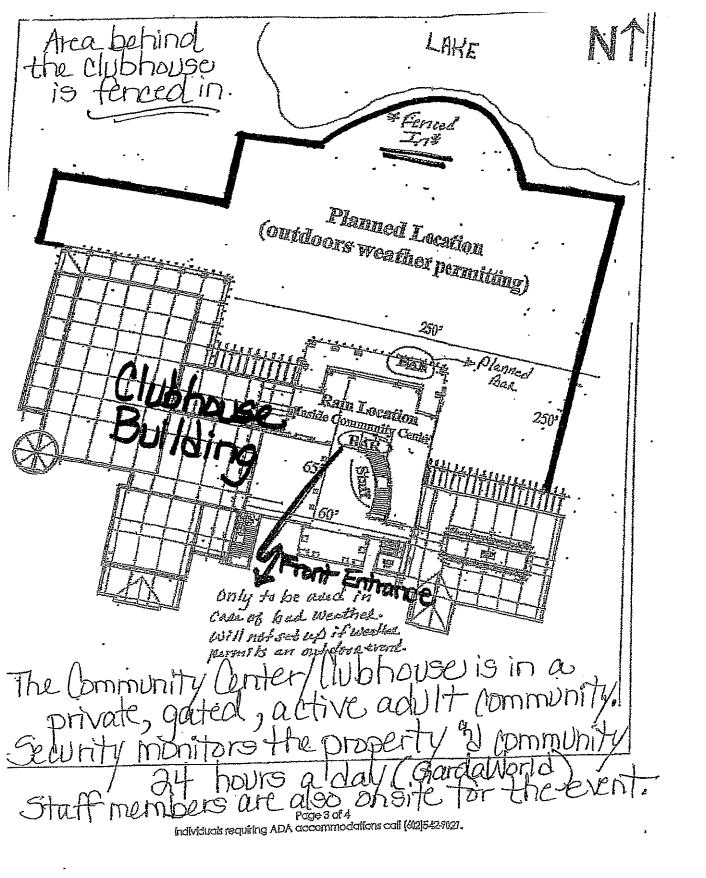
Signed

Transaction ID:

CBJCHBCAABAAv8yriZZF4UsdQqTnHS3-XjaV7jDT9i1r

### "September 18, 2025 - Application" History

- Document created by Province Community (mtrujillo@ccmcnet.com) 2025-07-03 7:55:35 PM GMT
- Document emailed to Wendy Webb (wwebb15@gmail.com) for signature 2025-07-03 7:56:38 PM GMT
- Email viewed by Wendy Webb (wwebb15@gmail.com) 2025-07-03 8:43:25 PM GMT
- Occument e-signed by Wendy Webb (wwebb15@gmail.com)
  Signature Date: 2025-07-03 8:43:39 PM GMT Time Source: server
- Agreement completed. 2025-07-03 - 8:43:39 PM GMT



CSR:	
Amount:	



Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

DLLC USE ONLY	120
Job #:	
Date Accepted:	_
CSR:	_
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: Webb, Wendy R.		
(Must be an Officer/Member of the Non Profit Entity) Last	First	Middle
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Street	City	State Zip
3. Applicants home/cell phone: <u>623-764-0433</u>	Applicant's business phone:	520-251-0226
4. Applicant's email address: formaricopa123@gmail.com		
5. Special Event Name:		
6. Name of Non-Profit Organization, Candidate or Political Part	y/Gov.: F.O.R. Maricopa	
7. Non-Profit/IRS Tax Exempt Number: 26-0527262		
3. Arizona Corporation Commission File #: 11026367	If out of State please s	pecify:
9. Event Location Name: Province		(**************************************
10. Event Address: 20942 N. Province Parkway Maricopa, A	AZ 85138	

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	Oct. 16, 2025	Thursday	3:30 p.m.	6:30 p.m.
DAY 2:				
DAY 3:				
DAY 4:	<del> </del>			-
DAY 5:				
DAY 6:				
DAY 7:			[ <del></del>	
DAY 8:				(400-400-
DAY 9:				·
DAY10:		<u> </u>	·	-

SECTION 2 What type of (List type and no	security and control r umber of police/security	measures will you take to prevent personnel and type of fencing or control	violations of liquor lav I barriers, if applicable.)	vs at this event?
Number	of Police 2	Number of Security Personr	nel <b>Z</b> Fencing	<b>∠</b> Barriers
<u>Must</u> explain security meas	ures: The event takes	place at the clubhouse of the pri	vate, gated communit	ty of Province.
Management and secur	ity will be on-site. T	he gatehouse team provides 24	-hour security.	
<b>SECTION 3</b> What is the pu	rpose of this event?			
✓On-site consumption	☐Off-site	(auction/wine/distilled spirits pull)	<b>□</b> Во	th
How is this special event go Check one of the following		oensing, serving, and selling of spiril	tuous liquors?	
	held on an <u>u<b>nlicensed</b></u> checked move to sect	l premises will require approval and ion 4)	d signature by the Locc	al Governing
B) Will this event be held (Must attach a letter	d on a currently license from the licensed prer	ed premises and within the already nises with an explanation of the op	approved and license tion checked below)	ed area?
No	ame of Business	License Number	Phone (Inc	ude Area Code)
Place license in non-use  Must attach letter from th	- Special Event Licensee e location suspending	e selling all alcohol without retailer inv glicense for duration of special eve	volvement ent	
Dispense and serve all sp	oirituous liquors under re es is donated to licensee	etailer's license – Business operates r e	normally, minimum of 25	5% of gross
purchased or donated by	the special event licens	oecial event - The special event licer see. The retailers existing alcohol inve from the location suspending licen	ntory must be separate	d from any alcoh
sales of alcohol. (These sale	es will be done in sepan	location - Both the special event lice ate areas. If alcohol is donated or pu It is dispensed by the licensed retailer	irchased by the special	rill conduct event licensee
Off Sale only - Wine/Distil service of alcohol.	led Spirits Pull, Live or S	<b>Silent Auctions</b> – Retailer will still be p	ermitted to conduct all	normal sale and
SECTION 4				
I. Has the applicant been	convicted of a felony	y, or had a liquor license revoked	within the last five (5)	years?
☐ Yes ☑ No If yes, attack	h letter of explanation			
2. How many special even	t days have been issu	ved to this organization during the	calendar year? 8 in 20	024. Same in 2025
B. Is the Organization using contractor who may purch responsible for the sales an	hase and sell alcohol o	ecial Event Contractor? (A licensed on behalf of the licensee. If no special	e can utilize the services al event contractor is lis	of a special eve ted, the licensee
Yes No If yes, please	e provide the Name c	of the Special Event Contractor: _	Couple of Bartenders, I	iquid Caterers
I. Is the organization using (Licensees who hold a se	the services of a serie eries 6, 7, 11, or 12 lice	es 6, 7, 11, or 12 licensee to manag nse are automatically qualified to	ge the sale or service be the special even	of alcohol? t contractor)
☐ <b>Yes </b> ☑ <b>No</b> if yes, pleas	e provide the Name (	of Licensee;	License #:	
5. List the name of the Indi	vidual or Organizatior	n that will receive revenues, <b>MUST</b>	EQUAL 100 PERCENT.	
	Attact	n additional sheet if necessary.		

Name: F.O.R. Maricopa		Percentage: 25%	
Address: P.O. Box 82 Maricopa, AZ 85139			
Street Name: Liquid Caterers	City	state Percentage: 75%	Zip
Address: 3145 E. Chandler Blvd. Chandler, AZ	<u>′</u> 85048		
		State	Zip
Please read A.R.S. § 4-203.02 Special event lice			
ALL ALCOHOLIC BEVERAGE SALES			
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPEC SEALED CONTAINERS OR THE SPECIAL EVENT L	ICENSE IS STACKED	WITH WINE /CRAFT DISTILLED	RY FESTIVAL LICENSE.
SECTION 5 License premises diagram. The lice authorized to sell, dispense or serve alcoholic bevor your special event licensed premises. Please smeasures and security position.	verages under the p	provisions of your license. Pl	ease attach a diagram
ATTAC	H DIA	GRAM	
o the Department of Liquor Licenses and Control. Ple  APPLICANT SIGNATURE  Declaration:  I, (Print Name) Wendy R. Webb  authorized to submit this application. I have real believe all statements made on this application	, c ad the contents of th n to be true, co <b>rrec</b>	declare under penalty o nis application, and to the b	f perjury that I am
		Signature	
OCAL GOVERNING BODY			
Date Received:			
l, (Government Official)	(Title)	recommend	/al □ disapproval
On behalf of,, (City, Town, County)	Signature	,,,,,,,,,	Phone Phone
he local governing body (city, town or municipal applications to be completed and submitted. Pleas hese applications to be submitted. Additional licen	e check with local	government as to how far in	advance they require
□approval □ disapproval by:		DATE:	

## October 16, 2025 - Application

Final Audit Report 2025-07-03

Created: 2025-07-03

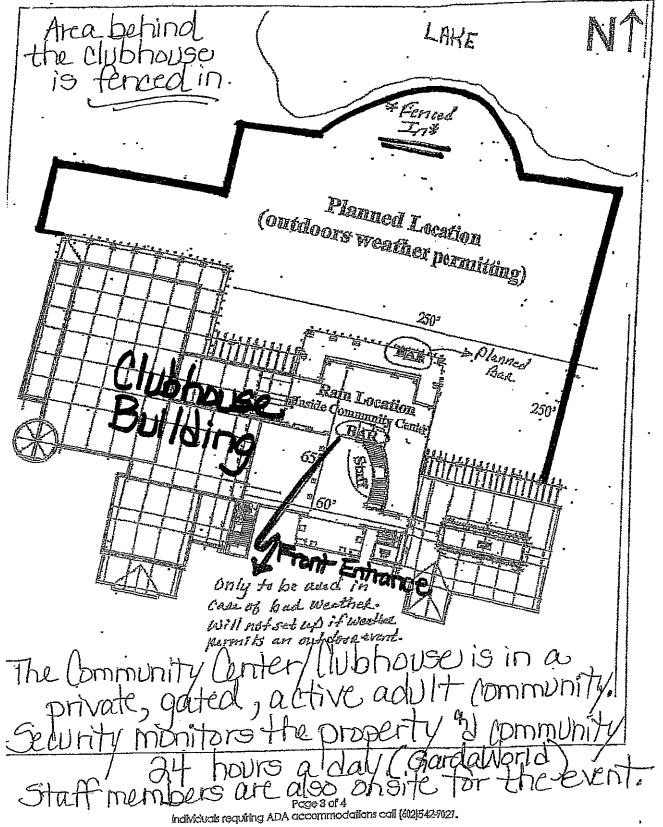
By: Province Community (mtrujillo@ccmcnet.com)

Status: Signed

Transaction ID: CBJCHBCAABAAeYtCH7II74zxVA9ctEojNUJd2IV3rpxL

### "October 16, 2025 - Application" History

- Document created by Province Community (mtrujillo@ccmcnet.com) 2025-07-03 7:57:06 PM GMT
- Document emailed to Wendy Webb (wwebb15@gmail.com) for signature 2025-07-03 7:57:27 PM GMT
- Email viewed by Wendy Webb (wwebb15@gmail.com) 2025-07-03 8:42:43 PM GMT
- Document e-signed by Wendy Webb (wwebb15@gmail.com)
  Signature Date: 2025-07-03 8:43:06 PM GMT Time Source: server
- Agreement completed. 2025-07-03 - 8:43:06 PM GMT



CSR:	
Amount:	



Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

	DLLC USE ONLY
Job #:	
Date A	ccepted:
CSR:	
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.

(Must be an Officer/Member of the Non Profit Entity) Last First Middle  2. Applicant's mailing address: P.O. Box 82 Maricopa, AZ 85139    Street   City   State   Zip	1. Applicant: Webb, Wendy R.			
3. Applicants home/cell phone: 623-764-0433 Applicant's business phone: 520-251-0226  4. Applicant's email address: formaricopa123@gmail.com  5. Special Event Name: Thirsty Thirdsday  6. Name of Non-Profit Organization, Candidate or Political Party/Gov.: F.O.R. Maricopa  7. Non-Profit/IRS Tax Exempt Number: 26-0527262  8. Arizona Corporation Commission File #: 11026367 If out of State please specify: (Attach letter of good standing province)	(Must be an Officer/Member of the Non Profit Entity) Last	1777	Middle	
3. Applicants home/cell phone: 623-764-0433 Applicant's business phone: 520-251-0226  4. Applicant's email address: formaricopa123@gmail.com  5. Special Event Name: Thirsty Thirdsday  6. Name of Non-Profit Organization, Candidate or Political Party/Gov.: F.O.R. Maricopa  7. Non-Profit/IRS Tax Exempt Number: 26-0527262  8. Arizona Corporation Commission File #: 11026367 If out of State please specify: (Attach letter of good standing)  9. Event Location Name: Province	2. Applicant's mailing address: P.O. Box 82 Maricopa, AZ 8.	5139		
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9. Event Location Name: Province	7. Non-Profit/IRS Tax Exempt Number: 26-0527262			
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10. Event Address: 20942 N. Province Parkway Maricopa, AZ 85138	P. Event Location Name: Province		(Attach letter of good s	tanding)
	10. Event Address: 20942 N. Province Parkway Maricopa,	AZ 85138		

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	Nov. 20, 2025	Thursday	3:30 p.m.	6:30 p.m.
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:		3		
DAY 7:		T	<del></del>	-
DAY 8:				
DAY 9:				
DAY10:			·	-

SECTION 2 What type of securit (list type and number of		asures will you take to prev sonnel and type of fencing or co			s at this event?
Number of Police	ce <u>2</u>	Number of Security Per	sonnel <b>[</b>	<b>1</b> Fencing	<b>∠</b> Barriers
<u>Must</u> explain security measures: $\underline{T}$	he event takes pl	ace at the clubhouse of the	private, gated	d communit	y of Province.
Management and security will	l be on-site. The	gatehouse team provide	s 24-hour sec	urity.	
<b>SECTION 3</b> What is the purpose of	of this event?				
☑On-site consumption	☐Off-site (a	uction/wine/distilled spirits p	ull)	□Bot	h
How is this special event going to Check one of the following boxes		nsing, serving, and selling of	spirituous liquo	rs?	
A) Special Event being held on Body on page 3. (If checke			and signature	by the Loca	l Governing
B) Will this event be held on a c (Must attach a letter from the					ed area?
Name of Bu	siness	License Nur	nber	Phone (Incl	ude Area Code)
Place license in non-use - Special Must attach letter from the locat					
Dispense and serve all spirituous revenue from alcohol sales is don		niler's license – Business opera	ites normally, m	inimum of 25	% of gross
Dispense and serve all spirituous purchased or donated by the speused during the special event. Mu	cial event licensee	. The retailers existing alcohol	inventory must	be separated	d from any alcoh
Split premise between special e sales of alcohol. (These sales will be it must be in a separate area than	e done in separate	e areas. If alcohol is donated o	or purchased by		
Off Sale only - Wine/Distilled Spin service of alcohol.	rits Pull, Live or Sile	<b>ent Auctions</b> – Retailer will still l	be permitted to	conduct all	normal sale and
SECTION 4					
1. Has the applicant been convic	cted of a felony, c	or had a liquor license revol	ced within the	last five (5) y	/ears?
☐ <b>Yes I No</b> If yes, attach letter	of explanation.				
2. How many special event days	have been issued	d to this organization during	the calendar	year? <u>8 in 20</u>	24. Same in 2025
<ol> <li>Is the Organization using the se contractor who may purchase ar responsible for the sales and service</li> </ol>	nd sell alcohol on b	al Event Contractor? (A lice behalf of the licensee. If no sp	ensee can utilize pecial event co	the services ntractor is list	of a special eve ed, the licensee
✓ Yes ☐ No If yes, please provided in the	de the Name of t	he Special Event Contract	or: Couple of E	Bartenders, L	iquid Caterers
<ol> <li>Is the organization using the ser (Licensees who hold a series 6,</li> </ol>					
☐ <b>Yes ☑ No</b> if yes, please provi	de the Name of I	icensee:	Licens	e#:	
5. List the name of the Individual	or Organization th	nat will receive revenues, <b>M</b>	UST EQUAL 100	PERCENT.	

Attach additional sheet if necessary.

Name: F.O.R. Maricopa		Percentage: 25%	
Address: P.O. Box 82 Maricopa, AZ 85139	<u>į</u>		
Street Name: Liquid Caterers	City	state Percentage: 75%	Zip
	or A7 85048		
Address: 3145 E. Chandler Blvd. Chandle	City	State	Zip
Please read A.R.S. § 4-203.02 Special ever	nt license: rules and R19	-1-205 Requirements for a	Special Event License.
ALL ALCOHOLIC BEVERAGE S			
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ATTA	CH DIA	GRAM	
Declaration:  I, (Print Name)  authorized to submit this application. I have believe all statements made on this applic	cation to be true, correc	leclare under penalty of the list application, and to the stand complete.  Ly Webb  Signature	
LOCAL GOVERNING BODY			
Date Received:			
, (Government Official)	(Title)	recommend	val 🗖 disapproval
On behalf of(City, Town, County)	Signature	Date	Phone
The local governing body (city, town or mulapplications to be completed and submitted. It has applications to be submitted. Additional AZDLLC USE ONLY	Please check with local	government as to how far i	n advance they require
□approval □ disapproval by:		DATE:	

## November 20, 2025 - Application

Final Audit Report 2025-07-03

Created: 2025-07-03

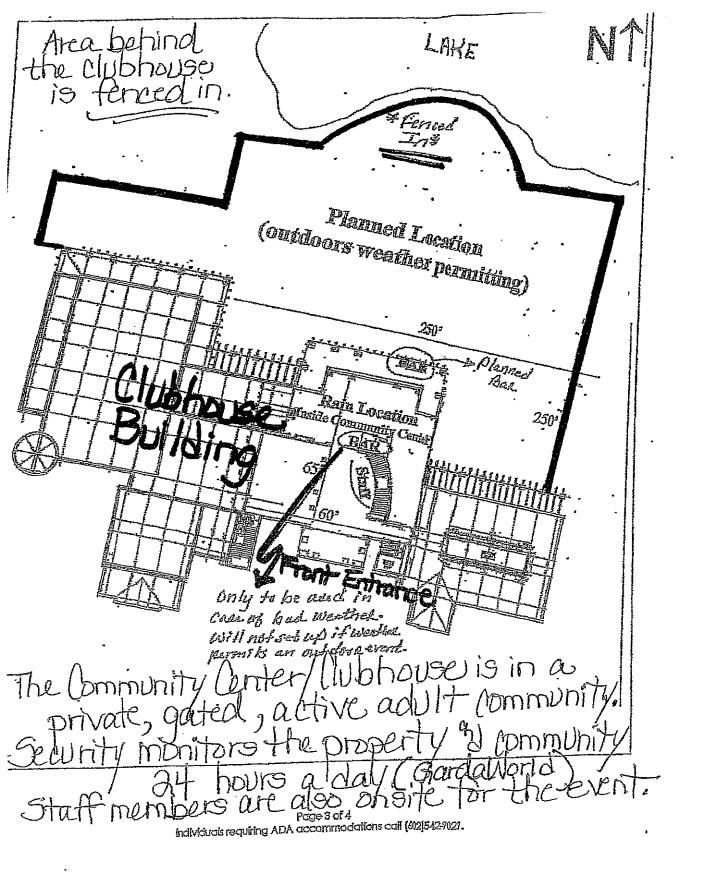
By: Province Community (mtrujillo@ccmcnet.com)

Status: Signed

Transaction ID: CBJCHBCAABAAXDiuTEY5tJyFbMmFNdnLsGR4crzUB8PP

### "November 20, 2025 - Application" History

- Document created by Province Community (mtrujillo@ccmcnet.com) 2025-07-03 7:57:48 PM GMT
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- Agreement completed. 2025-07-03 - 8:38:59 PM GMT



CSR:	
Amount:	



Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

	DLLC USE ONLY
Job #:	
Date Ac	ccepted:
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DAY 2:				
DAY 3:				F
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

SECTION 2 What type of securification (List type and number	ity and control of police/security	measures will you take to p personnel and type of fencing o	prevent violat pr control barrie	ions of liquor law rs, if applicable.)	s at this event?
Number of Po	lice <u>2</u>	Number of Security	Personnel	<b>☑</b> Fencing	<b>✓</b> Barriers
Must explain security measures:	The event takes	s place at the clubhouse of	the private,	gated communit	y of Province.
Management and security wi	ll be on-site. T	he gatehouse team prov	ides 24-hou	r security.	
SECTION 3 What is the purpose	of this event?				
☑On-site consumption	☐Off-site	(auction/wine/distilled spiri	its pull)	□Bot	h
How is this special event going to Check one of the following boxe		pensing, serving, and selling	g of spirituous	liquors?	
A) Special Event being held o Body on page 3. (If checket			oval and signo	ature by the Loca	l Governing
B) Will this event be held on a (Must attach a letter from the		ed premises and within the mises with an explanation o			d area?
Name of B	usiness	License	e Number	Phone (incl	ude Area Code)
Place license in non-use - Spec Must attach letter from the loca				nent	
Dispense and serve all spirituou revenue from alcohol sales is do			perates norma	lly, minimum of 25	% of gross
Dispense and serve all spirituou purchased or donated by the spused during the special event. <b>M</b>	ecial event licen	see. The retailers existing alco	hol inventory i	must be separated	d from any alcoh
Split premise between special sales of alcohol. (These sales will if must be in a separate area tha	be done in sepai	rate areas. If alcohol is donat	ed or purchas		
Off Sale only - Wine/Distilled Sp. service of alcohol.	oirits Pull, Live or	<b>Silent Auctions</b> – Retailer will	still be permitt	ed to conduct all	normal sale and
SECTION 4					
1. Has the applicant been convi	icted of a felon	y, or had a liquor license re	evoked within	the last five (5) y	/ears?
☐ <b>Yes I</b> No If yes, attach lette	r of explanation	n.			
2. How many special event days	s have been issu	ued to this organization du	ring the cale	ndar year? 8 in 20	24. Same in 2025
3. Is the Organization using the s contractor who may purchase of responsible for the sales and server.  Output  Description:	and sell alcohol o	ecial Event Contractor? (A on behalf of the licensee. If n	licensee can o special eve	utilize the services nt contractor is list	of a special evel ed, the licensee
✓ Yes ☐ No If yes, please prove	ide the Name (	of the Special Event Contr	actor: Coupl	e of Bartenders, L	iquid Caterers
4. Is the organization using the se (Licensees who hold a series 6					
☐ <b>Yes ☑ No</b> if yes, please prov	vide the Name	of Licensee:	Li	cense #:	
5. List the name of the Individual	l or Organizatio	n that will receive revenue:	s, <b>MUST EQUA</b>	L 100 PERCENT.	

Attach additional sheet if necessary.

Name: F.O.R. Maricopa		Percentage: 25%	
Address: P.O. Box 82 Maricopa, AZ 85139			
Street Name: Liquid Caterers	City	state Percentage: 75%	Zip
	A7 85048	r cicemage.	
Address: 3145 E. Chandler Blvd. Chandler,	City	State	Zip
Please read A.R.S. § 4-203.02 Special event I	license; rules and R19	1-205 Requirements for a	a Special Event License.
ALL ALCOHOLIC BEVERAGE SAL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPE SEALED CONTAINERS OR THE SPECIAL EVENT			
<b>SECTION 5</b> License premises diagram. The licentriced to sell, dispense or serve alcoholic bof your special event licensed premises. Please measures and security position.	everages under the p	rovisions of your license.	Please attach a diagram
ATTAC	CH DIA	GRAM	
APPLICANT SIGNATURE  Declaration:  I, (Print Name) Wendy R. Webb authorized to submit this application. I have rebelieve all statements made on this application.	, c ead the contents of th tion to be true, correc	eclare under penalty is application, and to the t and complete. by Webb	of perjury that I am be best of my knowledge
		Signatu	'e
LOCAL GOVERNING BODY			
Date Received:			
l,(Government Official)	(Title)	recommend	OVAL 🗖 disapproval
	(iiie)		
On behalf of, (City, Town, County)	Signature	Date	Phone
The local governing body (city, town or munic applications to be completed and submitted. Ple these applications to be submitted. Additional lic	ease check with local g	government as to how far	in advance they require
AZDLLC USE ONLY			
□approval □ disapproval by:		DATE	

## December 18, 2025 - Application

Final Audit Report 2025-07-03

Created:

2025-07-03

By:

Province Community (mtrujillo@ccmcnet.com)

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Signed

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