

SPECIAL EVENT PERMIT APPLICATION

Date of Application: 8-29-12		Permit Application Number:	
SECTION I: APPLICANT INFORMATION			
Name of Applicant (must be on site during the event) Wendy Weir			
Phone Number	Cell Phone Number 603-764-0433	Fax Number	
Business Address PO Box 83	City MARICOPA	State AZ	Zip Code 85139
Corporation / Organization Name or D.B.A. F.O.R. MARICOPA	E-mail Address WWEARIS@MAIL.COM		
State of Incorporation AZ	Tax ID # 26-0527062	City Sales Tax ID #	
SECTION II: EVENT INFORMATION			
Name of Event GRAP? ESCAPES			
Event Date(s) 10-12-12	Hours of Event 7-10 PM	Set Up 12-7 PM	Take Down 10-11 PM
Location of Event/ Address FRONIER			
Sponsors of the Event TBD			
Brief Description of Event WINE TASTING FUND RAISER FOR F.O.R. MARICOPA, FOOD BANK			
**PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION **			
Charity Name F.O.R. MARICOPA		501(c)3 Number 26-0527062	
Charity Contact Name Wendy Weir		Contact Phone Number 603-764-0433	
Charity Address P.O. Box 83 Maricopa AZ 85139		Charity Phone Number (if different from above) 520-251-0226	
*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? <input checked="" type="checkbox"/> Yes () No If yes, please provide the appropriate references:			
Location #1 Southern Dunes			
Date: 10/22/11	Location: Southern Dunes		
Contact Name Garrett Nalley	Phone Number 520-568-2000		
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:		
USD (PERSON)		
Anticipated daily attendance: 250	Anticipated peak attendance: 250	
Will there be entertainment? <input checked="" type="checkbox"/> Yes () No If yes, please complete the following:		
Group	Performance Location	Scheduled Time
	PROMENADE - STADIUM	7P-10PM
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	Address	
TBD		
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?		
Radio: () Yes <input checked="" type="checkbox"/> No	If yes, stations:	
TV: () Yes <input checked="" type="checkbox"/> No	If yes, stations:	
Newspaper Ads: <input checked="" type="checkbox"/> Yes () No	If yes, newspapers: MARICOPA MONITOR	
Press Releases: <input checked="" type="checkbox"/> Yes () No	If yes, how many? 1	
Fliers/Posters: <input checked="" type="checkbox"/> Yes () No	If yes, where distributed: LOCAL BUSINESSSES	
*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 <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.		

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OPEN FLAMES OR COOKING () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
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 () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
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 () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
ELECTRICAL SERVICES / GENERATORS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
*Use of generators requires an additional electrical permit from Development Services.	
CARNIVAL / AMUSEMENT RIDES () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
*An additional special permit from the City of Maricopa Fire Department is required.	
SIGNS / BANNERS () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address: N/A Private event with presales	
Contact:	Phone:
*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 () Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
WILL FOOD BE SERVED <input checked="" type="checkbox"/> Yes () No	
*If yes, a health permit from Pinal County will be required.	

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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)

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? <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Security Company	
Address	
Contact Person <u>HAL KANZUR</u>	
Number of personnel contracted for: <u>1</u>	
*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? <input checked="" type="checkbox"/> Yes () No If yes, please answer the following:	
*Beer and wine only are allowed on City property.	
Will alcohol be sold? <input checked="" type="checkbox"/> Yes () No	
Will alcohol be given away? <input checked="" type="checkbox"/> Yes () No	
Is alcohol included in the admission price to the event? <input checked="" type="checkbox"/> Yes () No	
*If you answered Yes to any of the above, a Special Event Liquor License is required.	
Charity's or Organization's Name <u>J.R. MARTIN</u> 501(c)3 Number <u>2600527242</u>	
*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 <u>WENDY WEBB</u>	Phone Number <u>602-764-0433</u>
On-Site Agent Responsible for Liquor <u>WENDY WEBB</u>	
How will attendees over the age of 21 be identified? <u>ATTENDANCE LIMITED TO 21 AND OVER</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? <u>TBD</u>	
What controls will be used to keep underage attendees from obtaining alcohol at the event? <u>ID CHECK AT ENTRANCE. NO ONE UNDER 21 ADMITTED.</u>	
*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 <input checked="" type="checkbox"/> No	



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SECTION VIII: PARADE INFORMATION	
Assembly Area	
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 Wanda Webb	Signature 	Date 9-30-12
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