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 Ac	cepted:
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: Campbell, Brenda		
(Must be an Officer/Member of the Non Profit Entity) Last First	Middle	
2. Applicant's mailing address: 39700 W Civic Center Plaza, Maricopa, AZ 85138		
Street City	State	Zip
3. Applicants home/cell phone: 520-705-0890 Applicant's business phone:	520-316-6963	
4. Applicant's email address: brenda.campbell@maricopa-az.gov		
5. Special Event Name: Stagecoach Days		
6. Name of Non-Profit Organization, Candidate or Political Party/Gov.: City of Maricopa	a	
7. Non-Profit/IRS Tax Exempt Number: 43-2035823		
8. Arizona Corporation Commission File #:If out of State please sp		r of good standing)
9. Event Location Name: Pacana Park		
10. Event Address: 19700 N Porter Rd, Maricopa, AZ 85138		

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive 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:	10/24/2025	Friday	11:00am	11:00pm
DAY 2:	10/25/2025	Saturday	11:00am	11:00pm
DAY 3:		·		
DAY 4:		:		
DAY 5:	<u></u>	: <u> </u>		
DAY 6:		i a		
DAY 7:		:		
DAY 8:	,	-		
DAY 9:		-		
DAY10:		-		

<u> JECHON 2</u>		measures will you take to prevent vio personnel and type of fencing or control ba		s at this events
8	Number of Police 20	Number of Security Personnel	✓ Fencing	□Barriers
<u>Must</u> explai	n security measures:	h barricades. No alcohol will be allowed beyond any exit of the fenced barrier,	Emergency exits will be clearly marked	with signage and personnel
Wristbands will	be applied to customers after checking ID. The le	ocation will be designated and enforced by TIPS ce	rtified workers and public	safety department.
SECTION 3	What is the purpose of this event?			
 ✓On-site c	onsumptionOff-site	(auction/wine/distilled spirits pull)	□ Во	th _
	pecial event going to conduct all dis of the following boxes. (R-19-318)	spensing, serving, and selling of spirituo	us liquors?	
	al Event being held on an unlicense on page 3. (If checked move to sec	d premises will require approval and signion 4)	gnature by the Loca	al Governing
		ed premises and within the already apmises with an explanation of the option		ed area?
-	Name of Business	License Number	Phone (Inc	ude Area Code)
		ee selling all alcohol without retailer involv g license for duration of special event	vement	
	and serve all spirituous liquors under rom alcohol sales is donated to license	retailer's license – Business operates non e	mally, minimum of 25	5% of gross
purchased	l or donated by the special event licer	special event - The special event license nsee. The retailers existing alcohol inventor r from the location suspending license	ory must be separate	d from any alcoh
sales of ald	cohol. (These sales will be done in sepa	il location - Both the special event licens trate areas. If alcohol is donated or purct at is dispensed by the licensed retailer.)		
Off Sale o		Silent Auctions – Retailer will still be perr	mitted to conduct all	normal sale and
SECTION 4				
1. Has the c	pplicant been convicted of a felor	ny, or had a liquor license revoked wit	thin the last five (5)	years?
☐ Yes 🗸	No If yes, attach letter of explanation	n.		
2. How mar	y special event days have been iss	ued to this organization during the co	alendar year? 3	
contracto		pecial Event Contractor? (A licensee of on behalf of the licensee. If no special e		
☐ Yes 🗸	No If yes, please provide the Name	of the Special Event Contractor:		
		ies 6, 7, 11, or 12 licensee to manage ense are automatically qualified to b		
✓ Yes	No if yes, please provide the Name	of Licensee: Chris Spear	_ License #: <u>0121</u>	10011709
5. List the no	ame of the Individual or Organizatio	on that will receive revenues, MUST EG	QUAL 100 PERCENT.	
	Attac	th additional sheet if necessary.		

2/6/2023

Name: City of Maricopa		Percentage: 25%	
Address: 39700 W Civic Center Plaza, Maricopa, AZ 85138			
Street	City	State	Zip
Name: Roots Eatery		Percentage: 75%	
Address: 20024 N John Wayne Parkway #10	4, Maricopa, AZ 8	5138	
Street	City	State	Zip
Please read A.R.S. § 4-203.02 Special event lice	ense; rules and R19-	1-205 Requirements for a	Special Event License.
ALL ALCOHOLIC BEVERAGE SALES	MUST BE FOR CON	SUMPTION AT THE EVENT	SITE ONLY.
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECI SEALED CONTAINERS OR THE SPECIAL EVENT LI			
SECTION 5 License premises diagram. The licenauthorized to sell, dispense or serve alcoholic bevor special event licensed premises. Please statements and security position.	erages under the pi	rovisions of your license. F	Please attach a diagram
ATTAC	H DIA	GRAM	
Declaration: I, (Print Name) Brenda Campbell authorized to submit this application. I have rea believe all statements made on this application	d the contents of th	eclare under penalty of is application, and to the and complete. Signature	best of my knowledge
LOCAL GOVERNING BODY			
Date Received:			
(Government Official)	(Title)	recommend	oval 🗖 disapproval 📗
	(me)		
On behalf of,,,,,	Signature		Disease
	signature	Date	Phone
The local governing body (city, town or municipe applications to be completed and submitted. Please these applications to be submitted. Additional licent	ality where the fair,	festival will take place) povernment as to how far	may require additional in advance they require

