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 Accepted:
CSR:
License #:

<u>\$ECTION 1</u> Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and

authorized by an C	Officer, Director, or Chairp	erson of the Organization	n.	,,
1. Applicant: Web	ob, Wendy R.			
(Must be an Officer/Me	mber of the Non Profit Entity) Last		First	Middle
2. Applicant's maili	ng address: P.O. Box 82	Maricopa, AZ 85139		
	stre c/cell phone: <u>623-764-</u> (сну cant's business phone: _	State Zip 520-251 - 0226
4. Applicant's emai	address: formaricop	a123@gmail.com	1	
5. Special Event Na	me: Thirsty Thirdso	lay		
6. Name of Non-Pro	fit Organization, Candida	te or Political Party/Gov	F.O.R. Maricopa	a
7. Non-Profit/IRS Tax	Exempt Number: 26-05	527262		
8. Arizona Corpor	ation Commission File	#: 11026367 If c	out of State please sp	ecify:
9. Event Location No	_{ame:} Province			(Attach letter of good standing)
10. Event Address: 2	20942 N. Province	Parkway Maricon	oa, AZ 85138	
Dates ar	nd Hours of Event - Days	must be consecutive a	nd may not exceed 10	consecutive days.
	SEPARATE APPLI	CATION FOR EACH	"NON-CONSECUTIVI	E" DAY
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1.	January 16, 2025	Thursday	3:30 n m	6:30 p m

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	January 16, 2025	Thursday	3:30 p.m.	6:30 p.m.
DAY 2:			-	
DAY 3:	2		100	n
DAY 4:	·	-		***************************************
DAY 5:	·			
DAY 6:				<u></u>
DAY 7:				
DAY 8:	:	-	-	
DAY 9:	7	****	· · · · · · · · · · · · · · · · · · ·	
DAY10:		S=====================================		*

SECTION 2 What type of secu (list type and number		easures will you take to pre rsonnel and type of fencing or c			s at this event?
Number of Po	olice 2	Number of Security Pe	ersonnel	✓ Fencing	✓ Barriers
<u>Must</u> explain security measures:	The event takes pl	ace at the clubhouse of the	private, gate	ed community of	Province.
Management and security	will be on-site.	The gatehouse team pro	ovides 24	-hour security.	
SECTION 3 What is the purpose	of this event?				
✓On-site consumption	☐Off-site (c	auction/wine/distilled spirits	pull)	□Bot	h
How is this special event going t Check one of the following box		ensing, serving, and selling o	f spirituous li	quors?	
A) Special Event being held a Body on page 3. (If check			ıl and signa	ture by the Loca	l Governing
B) Will this event be held on a (Must attach a letter from		d premises and within the alroses with an explanation of the			d area?
Name of	Business	License No	ımber	Phone (Inclu	ude Area Code)
Place license in non-use - Spec Must attach letter from the loc				ent	
Dispense and serve all spirituo revenue from alcohol sales is de		ailer's license – Business oper	ates normal	ly, minimum of 25%	% of gross
Dispense and serve all spirituol purchased or donated by the spused during the special event.	pecial event license	e. The retailers existing alcoho	l inventory n	nust be separated	d from any alcoho
Split premise between special sales of alcohol. (These sales will it must be in a separate area the	be done in separat	e areas. If alcohol is donated	or purchase		
Off Sale only - Wine/Distilled Spervice of alcohol.	pirits Pull, Live or Sil	ent Auctions – Retailer will still	be permitte	ed to conduct all I	normal sale and
SECTION 4					
1. Has the applicant been conv	ricted of a felony,	or had a liquor license revo	oked within	the last five (5) y	ears?
☐ Yes 7 No If yes, attach letter	er of explanation.				
2. How many special event day	s have been issue	d to this organization during	g the calen	dar year? 8 in 2024	l. Same in 2025
3. Is the Organization using the contractor who may purchase responsible for the sales and sen	and sell alcohol on	cial Event Contractor? (A lid behalf of the licensee. If no s	ensee can (pecial ever	utilize the services It contractor is list	of a special ever ed, the licensee
✓ Yes ☐ No if yes, please pro-	vide the Name of	the Special Event Contrac	ctor: Couple	of Bartenders, Liq	uid Caterers
4. Is the organization using the s (Licensees who hold a series of					
☐ Yes ☑ No if yes, please pro	vide the Name of	Licensee:	Lic	cense #:	
5. List the name of the Individuo	ıl or Organization t	hat will receive revenues, N	AUST EQUA	L 100 PERCENT.	

Attach additional sheet if necessary.

Address: P.O. Box 82 Maricopa, AZ 85139	
Address: F.O. DOX OZ Maricopa, AZ 00109	Percentage: 25%
Street City Name: Liquid Caterers	State Zip Percentage: 75%
Address: 3145 E. Chandler Blvd. Chandler, AZ 8	
Street City	State ZIp
Please read A.R.S. § 4-203.02 Special event license; ru	ules and R19-1-205 Requirements for a Special Event License.
	BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
	NT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.
authorized to sell, dispense or serve alcoholic beverages	remises for your special event is the area in which you are under the provisions of your license. Please attach a diagram mensions, serving areas, fencing, barricades, or other control
ATTACH	DIAGRAM (
Declaration: I, (Print Name) Wendy R. Webb authorized to submit this application. I have read the abelieve all statements made on this application to be	, declare under penalty of perjury that I am contents of this application, and to the best of my knowledge true, correct and complete. Signature
OCAL GOVERNING BODY	
Date Received:	
Daie Received.	. E. 2000 C
On behalf of	recommend APPROVAL DISAPPROVAL (Title)
· · · · · · · · · · · · · · · · · · ·	
On behalf of	Signature Date Phone Date Phone Pho

