

SPECIAL EVENT PERMIT APPLICATION

Date of Application:		Permit Application Number:	
SECTION I: APPLICANT INFORMATION			
Name of Applicant (must be on site during the event) <i>Ed 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 Honeycutt Ave</i>		City <i>Maricopa</i>	State <i>AZ</i>
Corporation / Organization Name or D.B.A. <i>Our Lady of Grace church</i>		E-mail Address <i>speedtecd@aol.com</i>	
State of Incorporation <i>AZ</i>	Tax ID # <i>20-8849244</i>	City Sales Tax ID #	
SECTION II: EVENT INFORMATION			
Name of Event <i>Parish Annual Festival</i>			
Event Date(s) <i>JAN 23, 24, 25, 2015</i>	Hours of Event <i>23- 4PM - 11 PM</i>	Set Up <i>1/19/15 - 1/23/15</i>	Take Down <i>1/26/15 - 1/28/15</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 (<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) No If Yes, please explain:		
Will there be an admission charge? () Yes (<input checked="" type="checkbox"/>) No If yes, list all price categories:		
Anticipated daily attendance: <u>2000-2500</u>	Anticipated peak attendance: <u>4000</u>	
Will there be entertainment? () Yes () No If yes, please complete the following:		
Group	Performance Location	Scheduled Time
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? () Yes (<input checked="" type="checkbox"/>) No If yes, please provide the following information:		
Name of Concessionaire/Caterer		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? <u>Flyers, Posters, Newspaper Ads</u>		
Radio: () Yes () No	If yes, stations:	
TV: () Yes () No	If yes, stations:	
Newspaper Ads: <input checked="" type="checkbox"/> Yes () No	If yes, newspapers: <u>Monitor, In Maricopa</u>	
Press Releases: () Yes (<input checked="" type="checkbox"/>) No	If yes, how many?	
Fliers/Posters: <input checked="" type="checkbox"/> Yes () No	If yes, where distributed: <u>Church and local business's</u>	
*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 (<input checked="" type="checkbox"/>) Yes () No If yes, provide the following:		
Company: <u>OUR Lady of Grace</u>		
Address:		
Contact:		
Phone:		
Number of Tents: <u>5</u>	Size(s): <u>3 20'x40' 1 20'x30' 1 10'x30'</u>	
*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 <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <u>Our Lady of Grace Church</u>	
Address:	
Contact:	Phone:
* FIRE DEPARTMENT INSEPTION 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: <u>LP RENT A FENCE</u>	
Address: <u>Stanfield, AZ</u>	
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-JOHN <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <u>A-Company Inc</u>	
Address: <u>Gilbert, AZ</u>	
Contact:	Phone: <u>480 633-1200</u>
ELECTRICAL SERVICES / GENERATORS <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Company: <u>SUN VALLEY RIDES</u>	
Address: <u>7558 W Thunderbird Rd Peoria, AZ 85381</u>	
Contact: <u>Steve 602 363-2677</u>	Phone:
*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: <u>SUN VALLEY RIDES</u>	
Address: <u>AS ABOVE</u>	
Contact: <u>AS ABOVE</u>	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: <u>Our Lady of Grace</u>	
Address:	
Contact: <u>Patti Centre</u>	Phone: <u>520 568-4605</u>
*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.	



45145 W. Madison Ave.
 P.O. Box 610
 Maricopa, AZ 85139
 Ph: 520.568.9098
 Ex: 520.568.9120
 www.maricopa-az.gov

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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)
High School Parking Lot	1/23/15 - 1/25/15	during event hours
Middle School Parking Lot	1/23/15 - 1/25/15	" " "

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? <input checked="" type="checkbox"/> Yes () No If yes, provide the following:	
Security Company	JM Security Services
Address	SAN TAN VALLEY, AZ 85143
Contact Person	Jerry Machado 480 252-3909
Number of personnel contracted for:	2 per day
*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? () Yes <input checked="" type="checkbox"/> No	
Is alcohol included in the admission price to the event? () Yes <input checked="" type="checkbox"/> 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	Phone Number
Ed Talsness	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? <input checked="" type="checkbox"/> Yes () No	
If yes, where & when? ON site, prior to event by a Maricopa Police officer	
What controls will be used to keep underage attendees from obtaining alcohol at the event?	
All persons carded and will have a wristband placed on wrist if legal	
*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

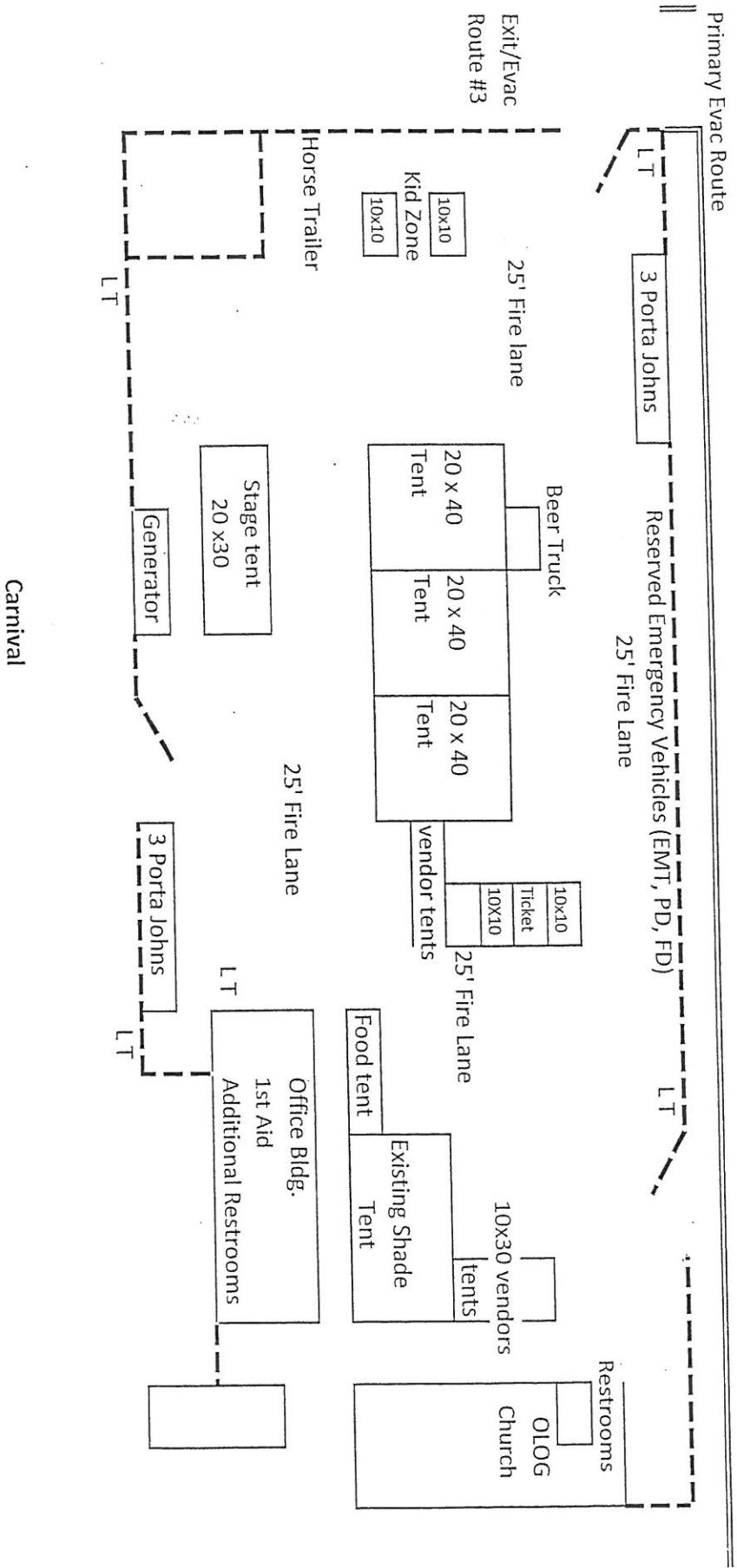
**I certify that the statements made in this application are true and complete to the best of my knowledge.
 Incomplete applications may not be processed.**

Print Name <i>Edward Talsness</i>	Signature <i>Edward m Talsness</i>	Date <i>11/12/14</i>
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Our Lady of Grace Catholic Church
Parish Festival 2015
 Site/Evac Plan
 Park - Assembly point #3

Taft
 High School Parking
 Assembly point #2



Assembly Point 1 Rear of property

During days of Festival

**OUR LADY OF GRACE
2015 SIGNAGE PLAN**

HONEYCUT AVE



JOHN WAYNE PARKWAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 0726293 1-415-546-9300 Arthur J. Gallagher & Co. Insurance Brokers of California, Inc., License #0726293 1255 Battery Street #450 San Francisco, CA 94111	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: FAX (A/C No.):																					
INSURED Roman Catholic Church Diocese of Tucson P.O Box 31 111 South Church Street Tucson, AZ 85702-0031	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>WESTERN CATHOLIC INS CO RRG INC</td> <td>14122</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	WESTERN CATHOLIC INS CO RRG INC	14122	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER: 40503142

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			WCGAL00714	07/01/14	07/01/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Our Lady of Grace, 45295 West Honeycutt Avenue, Maricopa, AZ 85239. As respects Religious Education Classes being held throughout the policy period

CERTIFICATE HOLDER**CANCELLATION**

Maricopa Unified School District #20

19595 N. Tast Ave.

Maricopa, AZ 85139

USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
06/30/2014

NAME OF INSURED: Roman Catholic Church Diocese of Tucson

Additional Description of Operations/Remarks from Page 1:

The Producer will endeavor to mail 30 days written notice to the Certificate Holder named in the certificate if any policy listed on the certificate is cancelled prior to the expiration date. Failure to do so shall impose no obligation or liability of any kind upon the Producer or otherwise alter the policy terms.

Additional Information:

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 (501.C) 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)

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 Honeycutt Ave Maricopa, 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 Honeycutt Ave Maricopa, AZ 85139
Street City State Zip
3. Applicant's home (cell phone): (702) 806-6100 Applicant's business phone: (520) 568-4605
4. Applicant's email address: speedtecd@aol.com

SECTION 10

- 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.)
- 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).)
- 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.)
- 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 Honeycutt Ave Maricopa 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 2 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>1/23/15</u>	<u>Fri</u>	<u>4:00 PM</u>	<u>11:00 PM</u>
DAY 2:	<u>1/24/15</u>	<u>SA</u>	<u>10:00 AM</u>	<u>11:00 PM</u>
DAY 3:	<u>1/25/15</u>	<u>Su</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 2 015

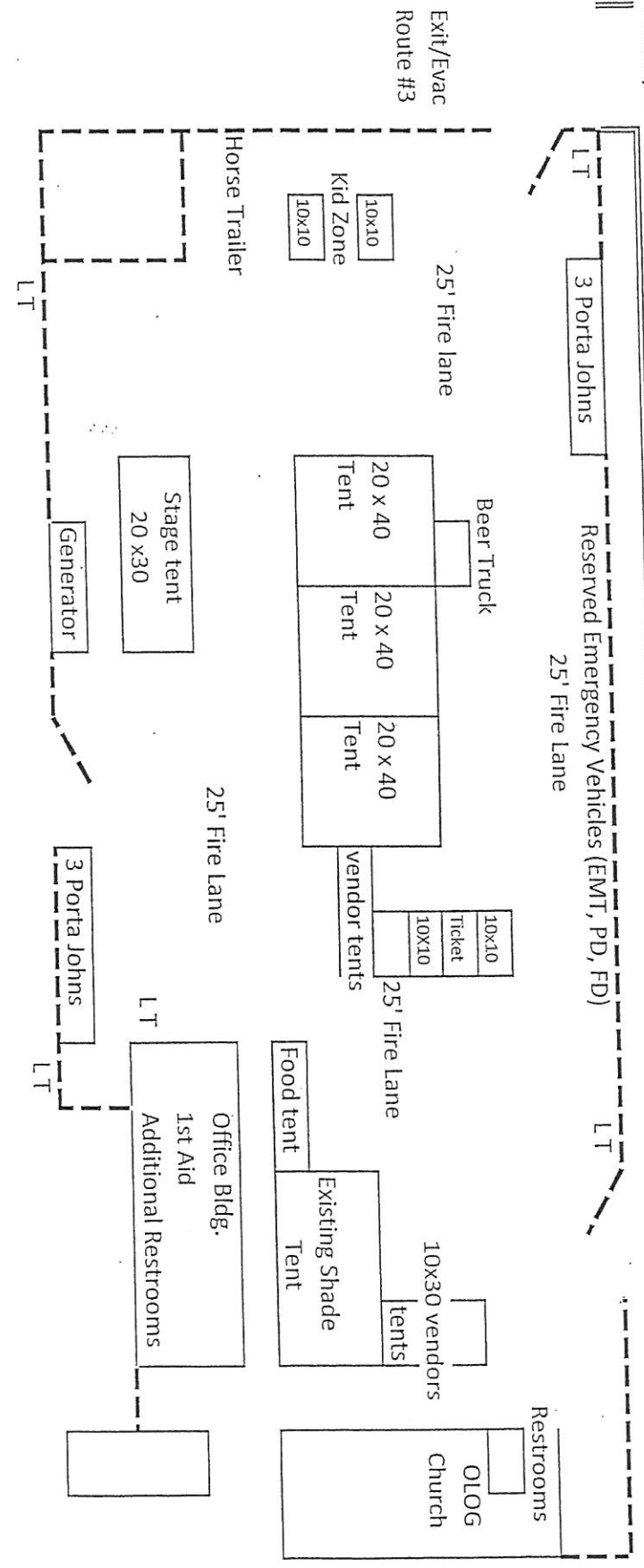
Park - Assembly point #3

Site/Evac Plan

Taft

High School Parking
 Assembly point #2

Primary Evac Route



Assembly Point 1 Rear of property

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

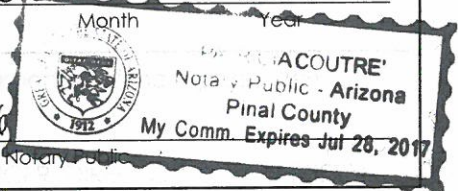
I, Edward Matthew Talsness declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

X [Signature] Title/ Position Chairperson Date 11/12/14 Phone # 520 568-4605
(Signature)

The foregoing instrument was acknowledged before me this 12 November 2014
Day Month Year
State Arizona County of Pinal

My Commission Expires on: Jul 28, 2017
Date

Patricia Centro
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.

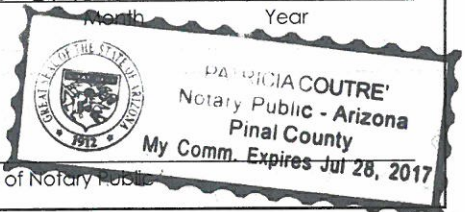
X [Signature] Title/ Position _____ Date 11/12/14 Phone # 520 568 4605
(Signature)

The foregoing instrument was acknowledged before me this 12 November 2014
Day Month Year

State Arizona County of Pinal

My Commission Expires on: Jul 28, 2017
Date

Patricia Centro
Signature of Notary Public



The local governing body may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. 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: _____