CSR:	
Amount:	



Applicant, Campbell, Brenda

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

cepted:
#:

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.

r. Applicarii	_ r r			
	ember of the Non Profit Entity) La		First	Middle
Applicant's maili	ing address: 39700 W Ci	vic Center Plaza, Maricop reet	ea, AZ 85138	State ZIp
3. Applicants home	e/cell phone: 520.316.6		cant's business phone:	
. Applicant's ema	il address: brenda.ca			
i. Special Event No	Great America	an 4th		
5. Name of Non-Pro	ofit Organization, Candido	ate or Political Party/Gov	.: City of Maricopa	<u>a </u>
	Exempt Number: 43-2			
	ration Commission File		out of State please sr	pecify:
			out of orate picase sp	(Attach letter of good stan
	ame: Copper Sky Regio			
0. Event Address: _	44345 W Martin L	uther King Jr Blvo	l, Maricopa, AZ 8	5138
Dates a	nd Hours of Event - Days	must be consecutive o	and may not exceed 10	consecutive days
			·	•
	SEPARATE APPL	ICATION FOR EACH	"NON-CONSECUTIVI	E" DAY
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	7/04/2025	Friday	11:00am	11:00pm
DAY 2:	*		-	
DAY 3:		7		
DAY 4:		-		
DAY 5:	A			
DAY 6:	-		-	<u></u>
DAY 7:	· ————————————————————————————————————			-
DAY 8:				
DAY 9:				

DAY10:

SECTION 2 What type (List type ar	e of security and control ad number of police/security	measures will you take to prevent viola personnel and type of fencing or control barrio	itions of liquor law ers, if applicable.)	s at this event?
8Num	ber of Police 20	Number of Security Personnel	✓Fencing	□Barriers
<u>Must</u> explain security m	PEASURES: The event site will be fenced wi	th barricades. No alcohol will be allowed beyond any exit of the fenced barrier. Eme	ergency exils will be clearly marked v	vith signage and personnel
Wristbands will be applied to c	customers after checking ID. The	location will be designated and enforced by TIPS certif	fied workers and public s	safety department.
SECTION 3 What is the	e purpose of this event?			
✓On-site consumption	□Off-site	e (auction/wine/distilled spirits pull)	□Во	lh _
How is this special ever Check one of the follow		spensing, serving, and selling of spirituous	s liquors?	
_	ing held on an <u>unlicense</u> , (If checked move to sec	d premises will require approval and signation 4)	nature by the Loco	al Governing
		sed premises and within the already appermises with an explanation of the option		ed area?
	Name of Business	License Number	Phone (Inc	lude Area Code)
		ee selling all alcohol without retailer involve ng license for duration of special event	ement	
	all spirituous liquors under I sales is donated to licens	retailer's license – Business operates norm ee	nally, minimum of 2	5% of gross
purchased or donate	d by the special event lice	special event - The special event licensee insee. The retailers existing alcohol inventor or from the location suspending license for	y must be separate	ed from any alcoh
sales of alcohol. (Thes	e sales will be done in sep	ail location - Both the special event license arate areas. If alcohol is donated or purcho hat is dispensed by the licensed retailer.)	ee and the retailer vased by the specia	vill conduct I event licensee
Off Sale only - Wine, service of alcohol.	/Distilled Spirits Pull, Live o	r Silent Auctions – Retailer will still be perm	itted to conduct a	'l normal sale and
SECTION 4				
1. Has the applicant b	peen convicted of a felo	ony, or had a liquor license revoked with	nin the last five (5)	years?
Yes ✓ No If yes, o	attach letter of explanation	on.		
2. How many special	event days have been is	ssued to this organization during the ca	lendar year? 2	
contractor who may	using the services of a S purchase and sell alcoho les and service of alcohol.	pecial Event Contractor? (A licensee co I on behalf of the licensee. If no special ev)	an utilize the service vent contractor is li	es of a special eve sted, the licensee
Yes ✓ No If yes, p	olease provide the Name	e of the Special Event Contractor:		
4. Is the organization (Licensees who hold	using the services of a se d a series 6, 7, 11, or 12 li	eries 6, 7, 11, or 12 licensee to manage t cense are automatically qualified to be	the sale or service the special ever	of alcohol? nt contractor)
✓ Yes ☐ No if yes, p	olease provide the Nam	e of Licensee: Chris Spear	_License #: <u>0121</u>	10011709
		ion that will receive revenues, MUST EQ	UAL 100 PERCENT.	₺

 ${\bf Attach\ additional\ sheet\ if\ necessary.}$

Name: City of Maricopa		Percentage: 25%		
Address: 39700 W Civic Center Plaza, Maricopa, AZ 85138				
Name: Roots Eatery	City	State 750/	Zip	
		Percentage: <u>75%</u>		
Address: 20024 N John Wayne Parkway #104	, Maricopa, AZ	35138 State	Zĺp	
	-			
Please read A.R.S. § 4-203.02 <u>Special event licen</u> ALL ALCOHOLIC BEVERAGE SALES N				
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIA SEALED CONTAINERS OR THE SPECIAL EVENT LIC	L EVENT UNLESS T	EY ARE IN AUCTION WINE	OR DISTILLED SPIRITS PULL	
SECTION 5 License premises diagram. The licens authorized to sell, dispense or serve alcoholic bever of your special event licensed premises. Please sho measures and security position.	sed premises for rages under the p	your special event is the provisions of your license. P	area in which you are lease attach a diaaram	
ATTACI	H DIA	GRAM		
that is not covered by the existing liquor license, this applied the Department of Liquor Licenses and Control. Please APPLICANT SIGNATURE Declaration: I, (Print Name) Brenda Campbell authorized to submit this application. I have read believe all statements made on this application to	the contents of the	l governing board for addition Leclare under penalty consists application, and to the leading to the leading and to the leading application.	onal information.	
LOCAL GOVERNING BODY				
Date Received:				
I,(Government Official) On behalf of	(Title)	recommend	val 🗖 disapproval	
(City, Town, County)	Signature	Date ,	Phone	
The local governing body (city, town or municipalications to be completed and submitted. Please these applications to be submitted. Additional licensing	check with local	government as to how far in	advance they require	
□approval □ disapproval by:		DATE:		





F FOOD TRUCK

TOSS SHOOT THROW

G GENERATOR (2-36KW)

T LIGHT TOWERS (6-MAST)

1 INFORMATION

CERT

3 FIRE

4 POLICE

CORNHOLE TOURNAMENT

TENT (20'X20' / 10'X10' / 20'X40')

S SPONSORS

W WRISTBANDS

PEDESTRIAN BARRICADE (7.5'X3')

PORTALETS

EMERGENCY EXIT (15'SWING GATE)

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INFLATABLES

SMALL GENERATOR

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