



October 17, 2017

City of Maricopa
Special Event Permit
39700 W. Civic Center
Maricopa, Az. 85138

Re: Seeds of Change Gala
Special Event Permit

City of Maricopa,

This letter is in support of the Against Abuse Inc. 13th Annual Seed of Change Gala. This fundraising event will support our local Women and Children's domestic violence shelter programs and operating expenses.

Thank you in advance for your support in granting our special event permit. This event will be held at the Province Town Hall with Meritage Homes as our host sponsor on March 3, 2018.

Respectfully,

Torri Anderson

AAI Board of Directors
Gala Chairperson
Phone: 520-560-3665
Email: torrilanderson@gmail.com

Pat Griffen

Executive Director
Against Abuse, Inc
Phone: 520-836-1239
Email: patgriffen@against-abuse.org

SPECIAL EVENT PERMIT APPLICATION

Contact: Deb Beggs	Phone: 602-232-9900
*Use of generators requires an additional electrical permit from Development Services.	
CARNIVAL / AMUSEMENT RIDES () Yes (x) 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 (x) No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
*Please submit a sign plan in conjunction with this application that shows the proposed location, placement, and size of all offsite directional signs. Directional signs shall be no greater than four (4) square feet and may be permitted within the City rightof-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 (x) No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
WILL FOOD BE SERVED (x) Yes () No	
*If yes, a health permit from Pinal County will be required.	

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 (x) No If yes, provide the following:

Street	From/To	Date(s)	Time(s)

CITY SIDEWALKS () Yes (x) No If yes, provide the following:

Sidewalk	From/To	Date(s)	Time(s)

CITY ALLEYS () Yes (x) No If yes, provide the following:

SPECIAL EVENT PERMIT APPLICATION

Alley	From/To	Date(s)	Time(s)

PUBLIC PARKING LOTS () Yes (x) No If yes, provide the following:

Parking Lot	Date(s)	Time(s)

PUBLIC BICYCLE PARKING () Yes (x) 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 (x) No If yes, provide the following:

Facility	Person Contacted	Phone

Will any City electric or water hookups be used? () Yes (x) No If yes, provide the following:

Electric Location	Service Needed (in amps)
Water Location	Service Needed

SECTION VI: EVENT SECURITY

Will the event be using private security? () Yes (x) No If yes, provide the following:

Security Company
Address
Contact Person
Number of personnel contracted for:

SPECIAL EVENT PERMIT APPLICATION

***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? Yes No If yes, please answer the following:
***Beer and wine only are allowed on City property.**

Will alcohol be sold? Yes No

Will alcohol be given away? Yes No

Is alcohol included in the admission price to the event? Yes No

***If you answered Yes to any of the above, a Special Event Liquor License is required.**

Charity's or Organization's Name Against Abuse Inc. | 501 (c)3 Number 942856310

***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 Torri Anderson	520-560-3665
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On-Site Agent Responsible for Liquor
 True Grit Tavern & Torri Anderson

How will attendees over the age of 21 be identified? This is a 21 and over event however if the volunteers are under 21 they will have a wristband or stamp

Have the alcohol servers received training regarding the sale and service of alcoholic beverages? Yes No
 If yes, where & when?
 True Grit Tavern Bartenders will be working the event bar.

What controls will be used to keep underage attendees from obtaining alcohol at the event?
 All volunteers will be clearly noted and bartenders will know the one or two underage volunteers x

***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 No

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.**

SPECIAL EVENT PERMIT APPLICATION

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:

- 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	Signature	Date 10/17/2017
Torri Anderson		



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2007

PRODUCER (520)670-1111 FAX (520)670-1121
The Schneider Group
P.O. Box 42040
Tucson, AZ 85733-2040
Joanne Gouldin

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Against Abuse, Inc.
P. O. Box 10733
Casa Grande, AZ 85230-0733

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SSCIP	0776
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRT	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SS30911708	09/26/2007	09/26/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000								
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SS30911708	09/26/2007	09/26/2008	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Professional Liability Sexual Abuse/Molesta tion Liab:	SS30911708 SS30911708	09/26/2007 09/26/2007	09/26/2008 09/26/2008	\$1,000,000 c l m / \$3,000,000 agg \$1,000,000 c l m / \$2,000,000 agg both are claims made								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The State of Arizona and the Department of Economic Security shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor or involving automobiles hired or borrowed by the contractor. Policy contains waiver of subrogation against the State of Arizona.

DES Contract #: DES-060034-013 and DES-060036-002.

CERTIFICATE HOLDER

CANCELLATION

State of Arizona
Department of Economic Security
Office of Community Services
PO Box 6123, Site Code 086-Z
Phoenix, AZ 85005-6123

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
[Signature]



Torri Anderson <torrianderson@gmail.com>

Gala event emergency plan

Wendy Weber <wweber@ccmcnet.com>

Fri, Nov 17, 2017 at 12:36 PM

To: Eddie Rodriguez <Eddie.Rodriguez@maricopa-az.gov>

Cc: Torri Anderson <torrianderson@gmail.com>

Hi Eddie,

For the Seeds of Change Gala in March, Torri Anderson and I will be the emergency contacts.

Torri Anderson – 520-560-3665

Wendy Weber – 484-225-1110

Province also uses a 2-way radio system to communicate with our courtesy patrol.

Thank you Eddie, please let me know if I can be of any further assistance.

Have a great weekend!

Wendy Weber, CAASP*Lifestyle Director, Province Community Association*

20942 N. Province Parkway • Maricopa, AZ 85138

www.CCMCnet.com p: 520-568-8316

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