



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

SPECIAL EVENT PERMIT APPLICATION

Date of Application: 9/16/2014		Permit Application Number:	
SECTION I: APPLICANT INFORMATION			
Name of Applicant (must be on site during the event) Carl Diedrich			
Phone Number 520-450-3071	Cell Phone Number 520-450-3071	Fax Number	
Business Address 22679 N Davis Way		City Maricopa	State AZ Zip Code 85138
Corporation / Organization Name or D.B.A. Pet Social Worker Tails of Hope		E-mail Address info@petsocialworker.org	
State of Incorporation Organized in Arizona	Tax ID # 26-1974172	City Sales Tax ID #	
SECTION II: EVENT INFORMATION			
Name of Event Yappy Hour at the Dog Park			
Event Date(s) October 24, 2014	Hours of Event 6:00 pm to 10:00 pm	Set Up 4:30 pm	Take Down 10:00 pm
Location of Event/ Address Copper Sky Recreation Complex Dog Park			
Sponsors of the Event HomeBargainPlanet.com / Home Is Where The Hound Is, LLC			
Brief Description of Event A fundraising event where dog owners are able to bring their pets and socialize with other pet owners.			
**PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION **			
Charity Name Pet Social Worker Tails of Hope		501(c)3 Number 26-1974172	
Charity Contact Name Kimberly Diedrich		Contact Phone Number 480-452-7997	
Charity Address 22679 N Davis Way, Maricopa, AZ 85138		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? (X) Yes () No If yes, please provide the appropriate references:			
Location #1 The Silver Spur Grill / The Duke at Rancho El Dorado			
Date: Multiple Events over the past 3 yrs		Location: The Duke Golf Club at Rancho El Dorado	
Contact Name Susan Miller, F&B Manager		Phone Number 480-844-1100	
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 (X) No If Yes, please explain:		
Will there be an admission charge? (X) Yes () No If yes, list all price categories:		
\$10 per person (each person receives a ticket worth \$5 towards a beverage), \$5 goes to the charity.		
Anticipated daily attendance: 100-150 ppl	Anticipated peak attendance: 150 ppl	
Will there be entertainment? (X) Yes () No If yes, please complete the following:		
Group Currently seeking light music	Performance Location Grass area east of Dog Park	Scheduled Time 6pm to 9pm
Will novelty items be sold? () Yes (X) No If yes, please describe below:		
Item	Vendor Selling	Price(s)
Will there be contracted concessionaires/caterers? (X) Yes () No If yes, please provide the following information:		
Name of Concessionaire/Caterer Raceway Bar and Grill	Address 49237 West Papago Road, Maricopa, AZ 85139	
Phone No. 520-568-0808	Items to be sold Hamburgers, Hot Dogs, Tacos, Beer, Wine, Soda, Water	
How close are the nearest residences to the event? 1/4 mile		
What type of advertising/promotion will be done prior to the event? Flyers, Posters, Email, Facebook, Newspaper		
Radio: () Yes (X) No	If yes, stations:	
TV: () Yes (X) No	If yes, stations:	
Newspaper Ads: (X) Yes () No	If yes, newspapers: Maricopa Monitor	
Press Releases: (X) Yes () No	If yes, how many? 5-10	
Fliers/Posters: (X) Yes () No	If yes, where distributed: Local businesses / Pet-related retail stores / Veterinarians	
*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 (X) Yes () No If yes, provide the following:		
Company: All light commercial pop-up canopies provided individually by companies/sponsors.		
Address:		
Contact:	Phone:	
Number of Tents:	Size(s):	
*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 <input type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
* FIRE DEPARTMENT INSEPCION WILL BE REQUIRED PRIOR TO EVENT (Schedule with Division of Fire Prevention) * Fire extinguishers are required.	
FIREWORKS <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
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-JOHNS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
ELECTRICAL SERVICES / GENERATORS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
*Use of generators requires an additional electrical permit from Development Services.	
CARNIVAL / AMUSEMENT RIDES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following:	
Company: Individual companies/sponsors will be providing banners/signage.	
Address:	
Contact:	Phone:
*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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the following:	
Company:	
Address:	
Contact:	Phone:
WILL FOOD BE SERVED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
*If yes, a health permit from Pinal County will be required.	

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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 (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:

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? (X) Yes () No If yes, provide the following:

Facility	Person Contacted	Phone
Copper Sky Dog Parks		

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


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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:	
*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? (X) Yes () No If yes, please answer the following:	
*Beer and wine only are allowed on City property.	
Will alcohol be sold? (X) Yes () No	
Will alcohol be given away? () Yes (X) No	
Is alcohol included in the admission price to the event? (X) Yes () No	
*If you answered Yes to any of the above, a Special Event Liquor License is required.	
Charity's or Organization's Name	Pet Social Worker 501 (c)3 Number 26-1974172
*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	Kimberly Diedrich Phone Number 480-452-7997
On-Site Agent Responsible for Liquor	Jeanna Clare Del Cotto, Agent
How will attendees over the age of 21 be identified?	Checkpoint station for ID Check at entrance, wristbands
Have the alcohol servers received training regarding the sale and service of alcoholic beverages? (X) Yes () No If yes, where & when?	PSCC Title 4 Manager Training / Certificate
What controls will be used to keep underage attendees from obtaining alcohol at the event?	ID Check and Wristbands for over 21, tickets must be purchased separate from serving area to verify age.
*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 (X) No	

SPECIAL EVENT PERMIT APPLICATION

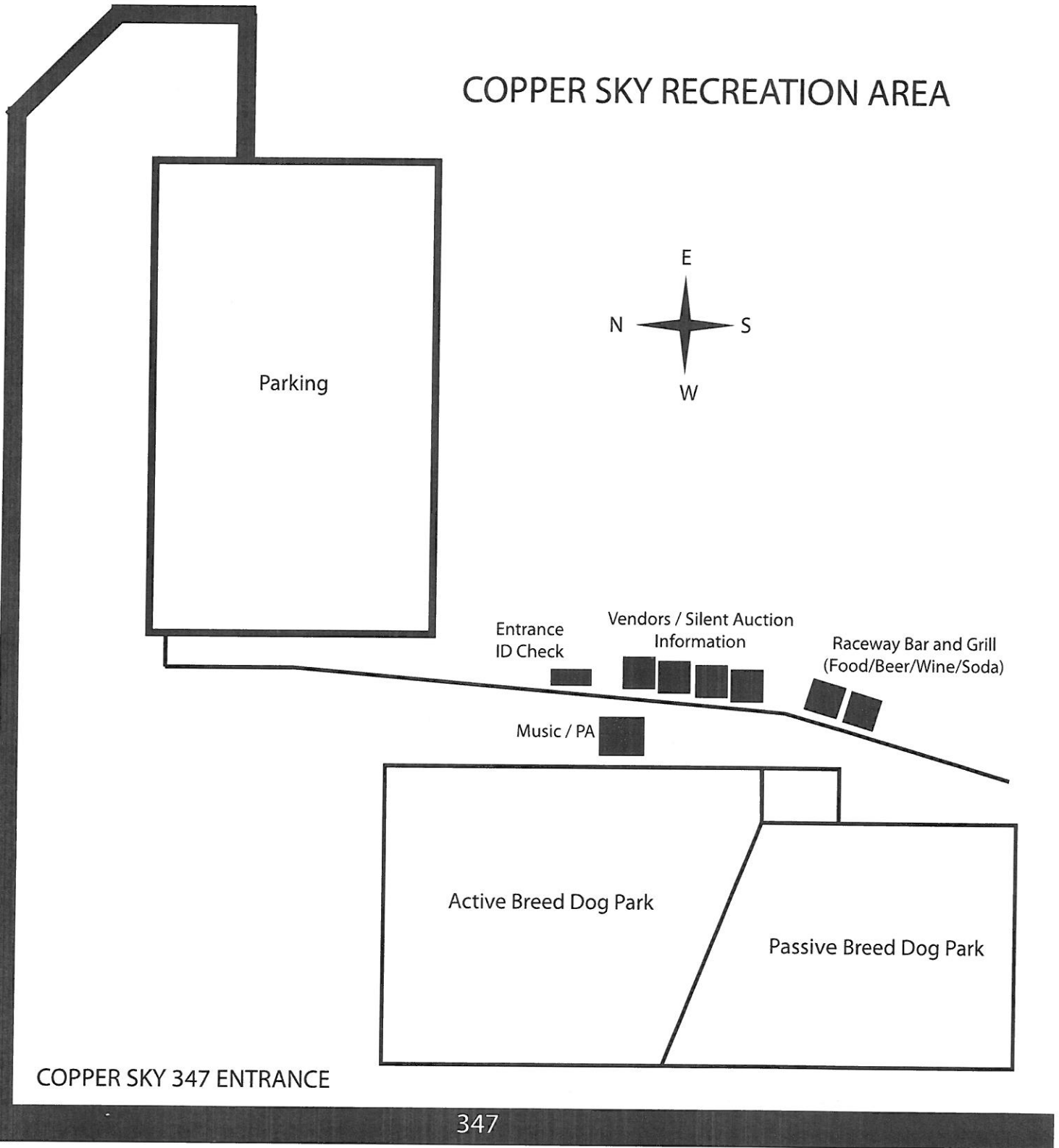
SECTION VIII: PARADE INFORMATION
Assembly Area
Disassembly Area
Number of Units
Description of the units (e.g., motorized, animals, floats, sound amplification)
*Attach a proposed route and indicate assembly and disassembly areas.
SECTION IX: INSURANCE REQUIREMENTS
Proof of applicable insurance that 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 Carl Diedrich	Signature 	Date 09/16/14
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ADDENDUM 1 - SITE PLAN

COPPER SKY RECREATION AREA



COPPER SKY 347 ENTRANCE

347

ADDENDUM 2 - HEALTH DEPT LICENSE/RATING



P I N A L E Ñ O C O U N T Y
wide open opportunity

E

RATING FOR THIS INSPECTION

RATING FOR THIS INSPECTION

Dore Anne, R.S. 5.28.14

Environmental Health Specialist

Date

Environmental Health Specialist

Date

Environmental Health Specialist

Thomas Schryer, Director
Public Health Service District

Christopher Reimus, Assistant Director
Environmental Health Services

Food Establishment Rating Card

Papage Cantina

ESTABLISHMENT NAME

49237 W. Papage Rd, Maricopa

ADDRESS

Pro-09-0751

PERMIT #

E=Excellent

S=Satisfactory

N=Needs Improvement

U=Unacceptable

This rating card must be posted in a conspicuous location at all times

ADDENDUM 3 - LIQUOR LICENSE

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES
AND CONTROL
ALCOHOLIC BEVERAGE LICENSE

License 07110007

Issue Date: 3/26/2007

Expiration Date: 8/31/2015

Beer & Wine Bar

Issued To:
JEANNA CLARE DEL COTTO, Agent
PAPAGO CANTINA LLC, Owner

Mailing Address:

Location:
PAPAGO CANTINA
49237 W PAPAGO RD STE 007
MARIKOPA, AZ 85239

JEANNA CLARE DEL COTTO
PAPAGO CANTINA LLC
PAPAGO CANTINA
51460 W DEER RUN RD
MARIKOPA, AZ 85239

EXP 8/31/2015



POST THESE PLANS IN A CONSPICUOUS PLACE



September 16, 2014

City of Maricopa
39700 W Civic Center Plaza
Maricopa, AZ 85138

RE: Special Event Permit / October 24, 2014

Mayor Price and Honorable City Council,

Please accept this acknowledgment that Pet Social Worker/Tails of Hope rescue is sponsoring and participating in the event known as Yappy Hour at Copper Sky Recreation Area Dog Park pending City Council and Arizona Board of Liquor Control approval.

Pet Social Worker/Tails of Hope rescue provides rescue, rehoming, and lost and found pet services to the City of Maricopa and its surrounding areas.

Yappy Hour is a successful fall and winter event series that promotes rescue activities and provides funding for rescue operations, foster support, spay and neuter programs, etc.

Your consideration and approval is requested to help us continue to provide these valuable services to our community.

Sincerely,

Kimberly Diedrich
President

