

**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**

1. 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.)

2. 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).)

3. 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.)

4. 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 2015

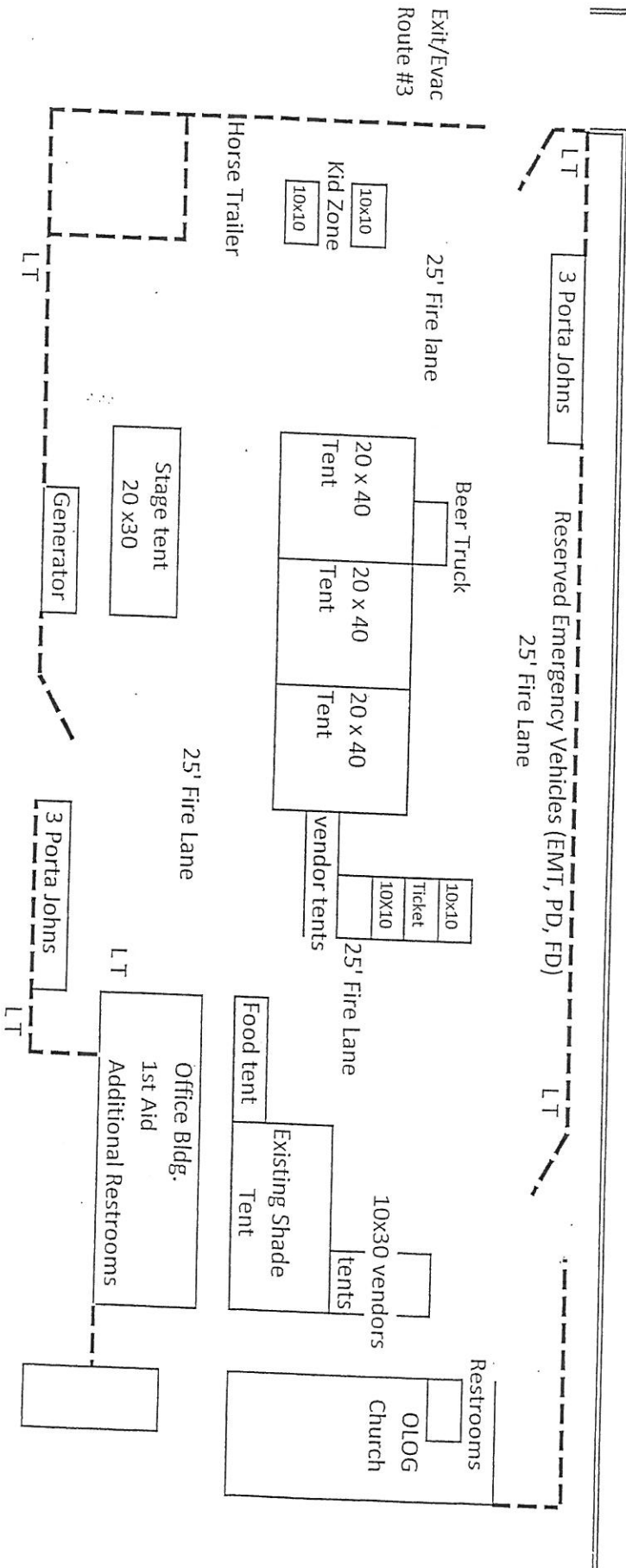
Park - Assembly point #3

Site/Evac Plan

Taft

High School Parking  
Assembly point #2

Primary Evac Route



Carnival

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

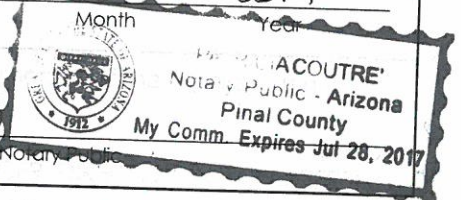
X [Signature] (Signature) Chairperson Title/ Position 11/12/14 Date 520 568-4605 Phone #

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

State Arizona County of Pinal

My Commission Expires on: Jul 28, 2017 Date

Patricia Coutre Signature of Notary Public



**SECTION 14** This section is to be completed only by the applicant named in Section 9.

I, Edward Matthew Talsness (Print full name) declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

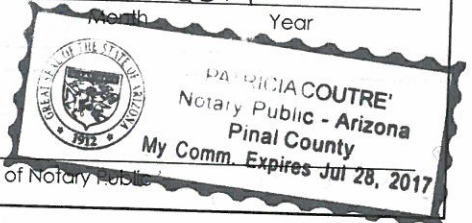
X [Signature] (Signature) Chairperson Title/ Position 11/12/14 Date 520 568 4605 Phone #

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State Arizona County of Pinal

My Commission Expires on: Jul 28, 2017 Date

Patricia Coutre 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](http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf).

**SECTION 15** Local Governing Body Approval Section

I, \_\_\_\_\_ (government official) \_\_\_\_\_ (Title) recommend  APPROVAL  DISAPPROVAL

on behalf of \_\_\_\_\_ (City, Town, County) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY**

APPROVAL  DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_