

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.aziiquor.gov (602) 542-5141

FOR DLLC USE ONLY
Event Date(s):
Event time start/end:
CSR:
License:

APPLICATION FOR SPECIAL EVENT LICENSE
Fee= \$25.00 per day for 1-10 days (consecutive)
Cash Checks or Money Orders Only

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 12).
SECTION 1 Name of Organization: CTTY OF MARICOPA
Name of Licensed Contractor (if any): /// / (Please complete if anyone other than the organization is receiving profits or assisting in the managing of the event)
(if lease complete it arryone office than the organization is receiving profits or assisting in the managing of the event)
SECTION 2 Non-Profit/IRS Tax Exempt Number: 43 - 20358 23
SECTION 3 Event Location: COPPBE SKY REGIONAL PARK
Event Address: 44345 W. MARTIN LUTHUR KINGBLYD MARICOPA AZ85138
SECTION 4 Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.
1. Applicant: KIENY PAT 06/07/60
Last First Middle Date of Biltin
2. Applicant's mailing address: 3544 & MeLONY DR HOCKLX Street City Storie Zip
3. Applicant's home/cell phone: 480 341-6891 Applicant's business phone: 579 568-6011
1. Applicant's email address: PSEHT@HOTMA; Lo COM
Applicant's ethali dadress. 15011 C 1701 10111 100
I, (Print Full Name) AT TONY declare that I am the APPLICANT filing this application
I, (Print Full Name) + 1/2 1
X MI, The OWNSC 9 11 520-568-6017 Signifure Title/ Position Date Phone Number
Signifiure Title/ Position Date Phone Number
The foregoing instrument was acknowledged before me this
Day Mohth You
State HC County of Physical Coun
120 September 1 MANO GO MANO GO
My Commission Expires on: Date Signature of Notary Public Signature of Notary Public

SECTION	15 Regarding the Applicant's a meets the criteria in A.R.S. § 4 the boxes below.	pplication for a specion-203.02(E) for the issua	al event permit, I hance of the permit	ereby certify that the Organizatio as indicated by checking one of	n
(1)	The Applicant is a political par indicate the name of the can the month and year that the c	didate that the Applic	ant supports, the	g a candidate for public office. Ple office that the candidate seeks, ar essful.	ase nd
	Candidate:				
	Name		Office	Month/Year	
(2)	designation as a nonprofit enti If the Applicant is applying und	ty under Section 501 (0 der option (2) as a nor	C) of the internal re profit entity, plea :	the laws of another state that is elevenue code of the United States. se also INITIAL in the space provides knowledge, they are true and co	ded next
K	eligible for designation as a no special event will occur, or has	nprofit entity under Se a pending application all days that the spec	ection 501(C), eligi on with the IRS for s cial event will occi	venue Service ("IRS") indicating the bility or will be eligible on all days the uch treatment that has not been rur. (Please provide a copy of either application).	hat the
	eligibility under 501 (C), or if the	re is a pending applic and has a good faith	ation, the Applica	, or otherwise eliminate the Applic Int has not received any indication In a reasonable inquiry into IRS regu	n that
	that it has an affirmative duty tregard to the loss of eligibility.	oility under 501 (C), who notify the Departme	ether before or afent of Liquor, which	fter completing this form that may ter receiving an IRS determination In may then take appropriate actio	letter.
To be co	mpleted only by an Officer, Directo	or, or Chairperson of the	organization.		
the control of true, X	Fry 11 Mc	Title/	declare that I declar	am an Officer, Director, or Chairpersor and the contents and all statements of Phone Number Month Year	n of ore
THE PARTY OF THE P	NOTARY PUBLIC Date STATE OF ARIZONA	2021	VALUE:	SAL BUYUS Ignature of Notary Public	
SECTION	My Comm. Expires April 16, 2021 Will this event be held on a life yes, Local Governing Bo	a currently licensed pre ody Signature not requi	emise and within the	e already approved premises? Ye	əs X No
	Name of Business		License Number	Phone (Include Area Code)	.)

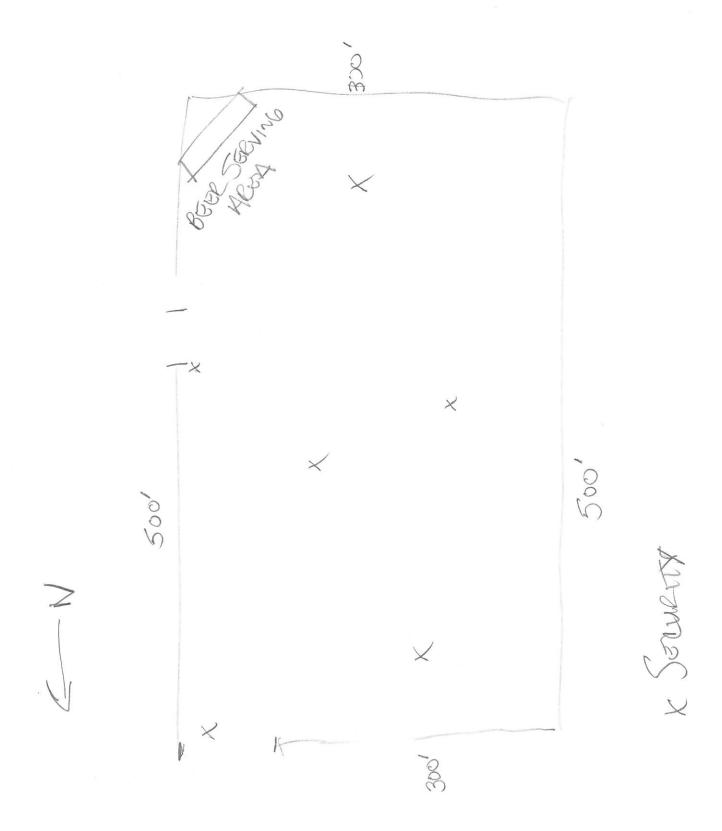
How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation and check one of the following boxes.
Place license in non-use
Dispense and serve all spirituous liquors under retailer's license
☑Dispense and serve all spirituous liquors under special event
Split premise between special event and retail location
(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)
SECTION 8
What is the purpose of this event? Mon-site consumption Off-site (auction/wine/distilled spirits pull)
SECTION 9
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 days have been issued to this organization during the calendar year? (The number cannot exceed 10 days per year.)
3. Is the organization using the services of a promoter or other person to manage the sale or service of alcohol? Yes (If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)
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 CTTY OF MARICOPA Percentage: 25%
Address 39700 W. CIVIC CENTER PLAZE MARICORA, AZ 85138
Address of the total control of the total
Name NATTIVE GRIUS WINGS Percentage: 15 %
Address 21164 WJOHN WAYNE BUYS MARCLOPA AZ 85139
Streef City State Zip
The Control of the Co
Please read A.R.S. § 4-203.02 <u>Special event license; rules</u> and R19-1-205 <u>Requirements for a Special Event License</u> .
Note: All ALCOHOLIC REVERACE CALEC MUST BE FOR COMMUNICATION AT THE STATE OF THE ST
Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL
SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.
5. 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.)
2
Number of Police Number of Security Personnel Barriers
Explanation: THE BESE COMPAGN WILL BE FENCEN OFF.
WE WILL WRIST BAND CUSTOMERS AFTER CHECKING 10.

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date 1	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	8 28 17	SATWODAY	6:00 AM	4,00 PM
DAY 2:				***************************************
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:		1		
DAY 7:				
DAY 8:	THE RESIDENCE			
DAY 9:				
DAY10:	A SOUTH WEARING	PARALE APPLICATE OF	PACK BATTLES	

SECTION 11 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.

ATTACH DIAGRAM



Please contact the local governing board for additional application requirements and submission deadlines. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction.

SECTION 12 Local Governing Body Approval Se	CTION.		
Date Received: I, (Government Official)	(Title)	recommend	□ disapproval
On behalf of, (City, Town, County)	Signature	Date	Phone
SECTION 13 For Department of Liquor Licenses o	and Control use only.		
□approval □disapproval by:		DATE:	/

A.R.S. § 41-1030. <u>Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice</u>

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.
- E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.
 - F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.