

| Date of Application: December 6, 2018  | n: December 6, 2018 Permit Application Number:   |                                    |             |                                |                    |          |
|--|--|------------------------------------|-------------|--------------------------------|--------------------|----------|
| SECTION I: APPLICANT INFORMATION   |  |                                    |             |                                |                    |          |
| Name of Applicant (must be on site during the event) Rev. Marcos Velasquez (JoAnn Ortega)                            |  |                                    |             |                                |                    |          |
| Phone Number 520-568-4605  | Cell Phone Number 520-238-2381   |                                    |             | Fax Number <b>520-568-0861</b> |                    |          |
| Business Address 18700 N. St. C  |  |                                    |             | aricopa                        | State AZ           |          |
| Corporation / Organization Name or D.B<br>Our Lady of Grace Catholic Church  | B.A. E-mail Address frve   |                                    |             | elasquez51@gmail.com           |                    |          |
| State of Incorporation AZ  | <sup>rax ID #</sup> 2088   | 208849244 City Sales Tax ID # 2088 |             |                                | 8849244            |          |
| SECTION II: EVENT INFORMA  |  |                                    |             |                                |                    |          |
| Name of Event Our Lady of Gra  | ace Annua  | I Community                        | y Festi     | val                            |                    |          |
| Event Date(s) Feb 8-10, 2019 Hours of Ev   | Event Date(s) Feb 8-10, 2019 Hours of Event see description Set Up Feb 4-8, 2019 Take Down Feb 11-15, 2019 |                                    |             |                                |                    |          |
| Location of Event/ Address 18700   | N. St. Ga  | abriel Way                         | Mari        | сора, А                        | Z 85238            | 3        |
| Sponsors of the Event  |  |                                    |             |                                |                    |          |
|  | y Oi Gia   | ce Catho                           |             | Hulch                          |                    |          |
| Brief Description of Event three day f   | estival with f   | ood, drinks, en                    | tertainm    | ent, raffles                   | , games, car       | show and |
| carnival that  | at is open to  | the public. Ope                    | erating h   | ours are Fi                    | riday, 4:00 pi     |          |
| Saturday,  | 10:00 am - 1   | 1 pm, and Sund                     | day, No     | on to 8:00 p                   | om.                |          |
| **PLEASE INCLUDE A DETAILED SITE PLAN WITH THIS APPLICATION **   |  |                                    |             |                                |                    |          |
| Charity Name Our Lady of Grace Catholic Church 501(c)3 Number See attached I   |  |                                    | ched letter |                                |                    |          |
| Charity Contact Name JoAnn Ortega Contact Phone Number 520.25  |  |                                    | .251.1900   |                                |                    |          |
| Charity Address  | harity Address 18700 N. St. Gabriel Way, Maricopa, AZ 85328 Charity Phone Number (if different from above  |                                    |             | erent from above)              |                    |          |
| *If the event involves the participation of a  | charity, the appli   | cant is required to p              | rovide an a | cknowledgeme                   | nt letter from the | charity. |
| Has this event ever been held at another location? (—) Yes ( ) No If yes, please provide the appropriate references: |  |                                    |             |                                |                    |          |
| Location #1  |  |                                    |             |                                |                    |          |
| Last weekend in January, 2008-2016 Location: 45295 W. Honeycutt Ave., Maricopa, AZ 85238                             |  |                                    |             |                                |                    |          |
| Contact Name JoAnn Ortega  | P  | Phone Number 520.251.1900          |             |                                |                    |          |
| Location #2  |  |                                    |             |                                |                    |          |
| Date:  | L  | ocation:                           |             |                                |                    |          |
| Contact Name   | Pl   | hone Number                        |             |                                |                    | 101/4    |
|  |  |                                    |             |                                |                    | / VAID   |



|  | tion ever had a li  | quor license or event           | permit denied, revoke      | ed or suspended? ( ) Yes (—) No           |  |
|--|---|---------------------------------|----------------------------|---|--|
| If Yes, please explain:  Will there be an admission charge? ( ) Yes (→ No If yes, list all price categories:   |   |                                 |                            |   |  |
|  |   | ( <del>-)</del> 110 11 yes, 113 |                            |   |  |
| Anticipated daily attendance   | Anticipated daily attendance: 2000  Anticipated peak attendance: 3000   |                                 |                            |   |  |
| Will there be entertainment? (-) Yes ( ) No If yes, please complete the following:   |   |                                 |                            |   |  |
| Group  | Group Performance Location Scheduled Time   |                                 |                            | Scheduled Time                            |  |
| Various bands and dance groups, gymnastic groups, singers, etc. Church G   |   | rounds                          | various throughout festiva |   |  |
| Will novelty items be sold?  | ( ) Yes (-) N   | No If yes, please des           | cribe below:               |   |  |
| Item   |   | Vendor                          | Selling                    | Price(s)                                  |  |
| Will there be contracted concessionaires/caterers? ( ) Yes $\longleftrightarrow$ No If yes, please provide the following information:  |   |                                 |                            |   |  |
| Name of Concessionaire/Ca  | nterer  | Address                         |                            |   |  |
| Phone No.  |   |                                 |                            |   |  |
| How close are the nearest re   | esidences to the e  | ovent? 300 ft.                  |                            |   |  |
| What type of advertising/pr  | omotion will be   | done prior to the even          | t?                         |   |  |
| Radio: (_) Yes ( ) No  | Yes ( ) No If yes, stations: KCCF 88.3; KLVK 89.1; KZAI 89.9; KFLR 90.3; KEBR 90.7; KLVK 96.7; KIHP-AM 102.9; KLVA 105.5; KXEG-AM 1028; KIHP-AM 1310. |                                 |                            |   |  |
| TV: ( ) Yes ( ) No   | If yes, stations:   |                                 |                            |   |  |
| Newspaper Ads:  (—) Yes ( ) No   | If yes, newspap   | oers: Casa Grande Dis           | spatch, Catholic Outlo     | ook, COPA TV, KLOVE Community Happpenings |  |
| Press Releases:  (—) Yes ( ) No  | If yes, how man   | <sup>ny?</sup> <b>1</b>         |                            |   |  |
| Fliers/Posters:  | If yes, where di  | istributed: Church              | grounds and                | d local businesses                        |  |
| *PLEASE ATTACH ANY   |   |                                 |                            |   |  |
| SECTION III: EVENT   |   |                                 |                            |   |  |
| WILL THE EVENT INCLUDE ANY OF THE FOLLOWING? (Indicate on site plans)  TENTS OR CANOPIES (—) Yes (—) No—If yes, provide the following:   |   |                                 |                            |   |  |
|  |   | o If yes, provide the           | following:                 |   |  |
| Company: Our Lady of Grace Church Property   |   |                                 |                            |   |  |
| Address: 18700 N. St. Gabriel Way, Maricopa, AZ 85138  Contact: Abbie Legaspie Phone: 602.251.5944   |   |                                 |                            |   |  |
| Number of Tents: 5 tents and   | d 5 canonies  |                                 |                            | 20 20220 10210                            |  |
| Number of Tents: 5 tents and 5 canopies  Size(s): 50X50, 40X20, 20X20, 10X10  *Tents over 200 sq. ft. and canopies over 400 sq. ft. require permits from the City of Maricopa Fire Department. |   |                                 |                            |   |  |
|  |   |                                 |                            | et to inspection by the Fire Department.  |  |



| OPEN FLAMES OR COOKING (-) Yes ( ) No If yes,  | provide the following:  |  |  |  |
|--|---|--|--|--|
| Company: Our Lady of Grace Catholic Church   |   |  |  |  |
| Address: 18700 N. St. Gabriel Way, Maricopa, AZ 85138  |   |  |  |  |
| Contact: Teresa Diaz   | Phone: 520-280-1415   |  |  |  |
| * FIRE DEPARTMENT INSEPCTION WILL BE REQUIR  | RED PRIOR TO EVENT (Schedule with Division of Fire Prevention)        |  |  |  |
| * Fire extinguishers are required.   |   |  |  |  |
| FIREWORKS ( ) Yes ( ) No If yes, provide the following   | ng:   |  |  |  |
| Company:   |   |  |  |  |
| Address:   |   |  |  |  |
| Contact:   | Phone:  |  |  |  |
| *Fireworks require permits from the City of Maricopa Fire  | Department.   |  |  |  |
| TEMPORARY FENCING (-) Yes ( ) No If yes, provid  | e the following:  |  |  |  |
| Company: LP Rent a Fence   |   |  |  |  |
| Address: P.O. Box 519, Stanfield, AZ 85172   |   |  |  |  |
| Contact: Michelle Zavala   | Phone: 602-763-6438   |  |  |  |
| *Provide accurate dimensions of fenced area.   |   |  |  |  |
|  | VIDED & IDENTIFIED IN ACCORDANCE WITH FIRE CODE                       |  |  |  |
| AND CITY ORDINANCE 08-04 (Contact the Division of Fi   |   |  |  |  |
| PORT-A-JOHNS (-) Yes ( ) No If yes, provide the follows  | owing:  |  |  |  |
| Company: A 1 Company Inc Phx   |   |  |  |  |
| Address; P.O. Box 410004, Salt Lake City, Utah 84141-0004  |   |  |  |  |
| Contact:   | Phone: 480-633-1200   |  |  |  |
| ELECTRICAL SERVICES / GENERATORS (-) Yes ( )   | No If yes, provide the following:                                     |  |  |  |
| Company: Pineapple Equipment   |   |  |  |  |
| Address: P.O. Box 27624, Tempe, AZ 85285   |   |  |  |  |
| Contact: John Doles  | Phone: 602.689.0734   |  |  |  |
| *Use of generators requires an additional electrical permit from Development Services.   |   |  |  |  |
| CARNIVAL / AMUSEMENT RIDES (-) Yes ( ) No If   | yes, provide the following:   |  |  |  |
| Company: Sun Valley Rides  |   |  |  |  |
| Address: 7558 W. Thunderbird Rd., Peoria, AZ 85381   |   |  |  |  |
| Contact: Steve   | Phone: 602.363.2677   |  |  |  |
| *An additional special permit from the City of Maricopa Fi   |   |  |  |  |
| SIGNS / BANNERS (-) Yes ( ) No If yes, provide the fo  | llowing:  |  |  |  |
| Company: Our Lady of Grace Catholic Church   |   |  |  |  |
| Address: 18700 N. St. Gabriel Way, Maricopa, AZ 85138  |   |  |  |  |
| Contact: Ann Maidman   | Phone: 580-265-5006   |  |  |  |
| *Please submit a sign plan in conjunction with this applicati  | ion that shows the proposed location, placement, and size of all off- |  |  |  |
|  | han 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 (—) Yes ( ) No If yes, provide the following:  |   |  |  |  |
|  |   |  |  |  |
| Company: Maricopa Pantry (Mountain View Community Church)  Address: 50881 W. Papago Rd., Maricopa, AZ 85138                        |   |  |  |  |
| Contact: Jim Shoaf   | Phone:  |  |  |  |
| WILL FOOD BE SERVED (-) Yes ( ) No   | A HONE.   |  |  |  |
| *If yes, a health permit from Pinal County will be required.   |   |  |  |  |
| at 300, a hearth permit from I mai County win be required.   |   |  |  |  |



| OTHER – Description of any other activities at the event:                                      |                                      |                          |         |  |
|--|--------------------------------------|--------------------------|---------|--|
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| SECTION IV: STREETS  | S / TRAFFIC                          |                          |         |  |
|  |                                      | R USING ANY OF THE FOLLO | OWING:  |  |
|  | No If yes, provide the follow        |                          |         |  |
| Street   | From/To                              | Date(s)                  | Time(s) |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| CITY SIDEWALKS ( ) Yes   | (-) No If yes, provide the fol       | lowing:                  |         |  |
| Sidewalk   | From/To                              | Date(s)                  | Time(s) |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
|  | No If yes, provide the following     |                          |         |  |
| Alley  | From/To                              | Date(s)                  | Time(s) |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| BUBLIC BARVING LOTS /  |                                      | 1 6 11 :                 |         |  |
|  | ) Yes (—) No If yes, provide         |                          | I my    |  |
| Parking Lot  |                                      | Date(s)                  | Time(s) |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| PURI IC RICVCI E PARKIN  | G ( ) Yes ( No If yes, pro           | wide the following:      |         |  |
| Bicycle Rack Location:   | G ( ) Tes ( ) No II yes, pro         | ovide the following.     |         |  |
| Breyere Ruck Edealon.  |                                      |                          |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| What alternative bicycle parking   | g will be provided (include location | on)?                     |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| SECTION V: USE OF CI   | TY FACILITIES                        |                          |         |  |
| Will any City facilities be used?  |                                      | ide the following:       |         |  |
| Facility Person Contacted Phone  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| Will any City electric or water hookups be used? ( ) Yes ( ) No If yes, provide the following: |                                      |                          |         |  |
| Electric Location  |                                      | Service Needed (in amps) |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          |         |  |
| Water Location   |                                      | Service Needed           |         |  |
|  |                                      |                          |         |  |
|  |                                      |                          | PAR PA  |  |



| SECTION VI: EVENT SECURITY  |   |
|---|---|
| Will the event be using private security? (—) Yes ( ) No If yes, provide the following:   |   |
| Security Company 21st Sentry Security   |   |
| Address 2135 E. Knudson Dr., Phoenix, AZ 85024  |   |
| Contact Person Richard Roll 623.556.7121  |   |
| Number of personnel contracted for: 4   |   |
| *Events greater than 1,000 people will require an experienced crowd management personal section of the section | on 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? $\leftarrow$ 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 501 (c)3 Number  |   |
| *A letter from the charity or organization agreeing to participate as the agent for the sp  | ecial event liquor license is required                                      |
| and must accompany the original event application.  | Phone Number  |
| Name of Contact at Charity or Organization JoAnn Ortega   | Phone Number <b>520.251.1900</b>  |
| On-Site Agent Responsible for Liquor Rev. Marcos Velasquez  |   |
| How will attendees over the age of 21 be identified? Use of wristbands  |   |
| Have the alcohol servers received training regarding the sale and service of alcoholic beverag If yes, where & when?  | es? (—) Yes ( ) No  |
| On site training by Mario Ortega and Frank Espej  | o, retired police officers  |
| What controls will be used to keep underage attendees from obtaining alcohol at the event?  |   |
| АШ  | persons appearing under the age of 35 will be ID'd and provided wristbands. |
| *A site plan showing locations of alcohol service areas, type and height of fencing, and s provided and correspond to the description of the controls above.  | ecurity check areas must be   |
| *A site plan and emergency action plan (and/or an Incident Action Plan) must be submit Protection for review and approval 30 days prior to the event.   | tted to the Division of Fire  |
| Will more than 50% of the gross revenues derived from the event be derived from alcohol sal   | es? ( ) Yes (→ No   |





12-6-18

#### SPECIAL EVENT PERMIT APPLICATION

| SECTION VIII: PARADE INFORMATION   |
|--|
| Assembly Area  |
| Discount Association in the second se |
| Disassembly Area   |
| N. I. CVI.   |
| 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.   |
| and the state of t |
| 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.  |

#### Site Plans should indicate the following:

Print Name

the public.

1. An outline of the entire event venue including the names of all streets or areas that are part of the venue.

Signature

Rev. Marcos Velasquez Ru. Marcos C. Velosques

- 2. All existing structures, restrooms, and parking areas with the event site.
- 3. Location of proposed street closures, temporary parking areas, and any temporary fencing, barriers, or barricades.
- 4. Location of all temporary structures (stages, bleachers, grandstands, other seating areas, tents, portable restrooms, booths, trash containers, dumpsters, etc.).
- 5. Location of cooking and/or food service areas; alcohol service areas; vendor areas; and any other booth areas.
- 6. Location of vendors/information booth(s)/entertainment.
- 7. Location of generators and/or source of electricity.
- 8. Placement of vehicles and trailers.
- 9. Entrance/exit locations for outdoor events that are fenced, and entrance/exit locations within tents or temporary structures.
- 10. Identification of all event components that meet Americans with Disabilities Act accessibility requirements (including, but not limited to accessible parking, passenger loading/unloading areas, restrooms, seating, and path of travel) if your event is open to
- 11. A route map for parades or other moving components to the event.
- 12. Any staff/Information booths, first aid stations, etc.

## **Our Lady of Grace Catholic Church**

18700 North St. Gabriel Way Maricopa, Arizona 85138

520-568-4605 Fax: 520-568-0861

December 6, 2018

To Whom It May Concern,

Our Lady of Grace Catholic Church, a non-profit charitable entity, will be sponsoring the Our Lady of Grace Annual Community Festival, Friday, February 8 through Sunday, February 10, 2019,

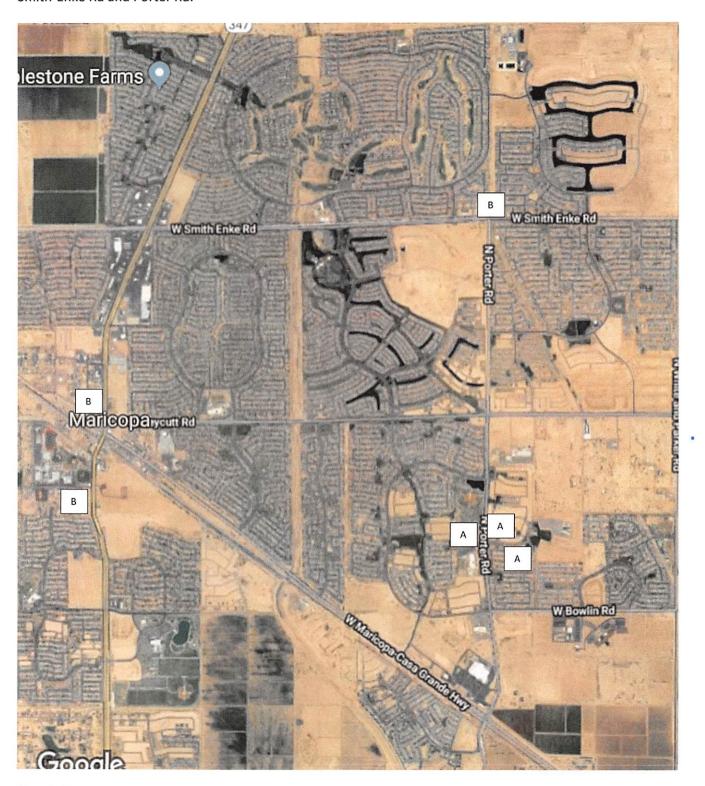
Sincerely,

Rev. Marcos Velasquez

# Our Lady of Grace Catholic Church Annual Community Festival

Signage will include A-frame directional signs, not to exceed 4 sq. ft., located on Porter Road and Adams Way.

Potential locations for banner type signs, not to exceed 32 sq. ft., are within setback limits: Headquarters Café, intersection of Honeycutt Rd and SR 347; Southwest corner, Honeycutt Ave. and SR 347; North side intersection of Smith-Enke Rd and Porter Rd.



A = A-Frame

B = Banner





## Banner Example (8' X 4')

## Our Lady of Grace Parish Festival

Food Family Fun Carnival Rides Games

Ride Wristbands available at Office until the start of the Festival

Friday 4:00 – 11:00 pm Saturday 10:00 – 11:00 pm Sunday Noon – 8:00 pm

Porter Road at Adams, then follow the signs! February 9-11, 2018

Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201

Date: June 2, 2017

United States Conference of Catholic Bishops 3211 4<sup>th</sup> Street, NE Washington, DC 20017-1194 **Department of the Treasury** 

Person to Contact: R. Meyer ID# 0110429

**Toli Free Telephone Number:** 877-829-5500

**Group Exemption Number:** 0928

Dear Sir/Madam:

This responds to your June 2,2017, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the Official Catholic Directory for 2017, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the Official Catholic Directory for 2017 are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

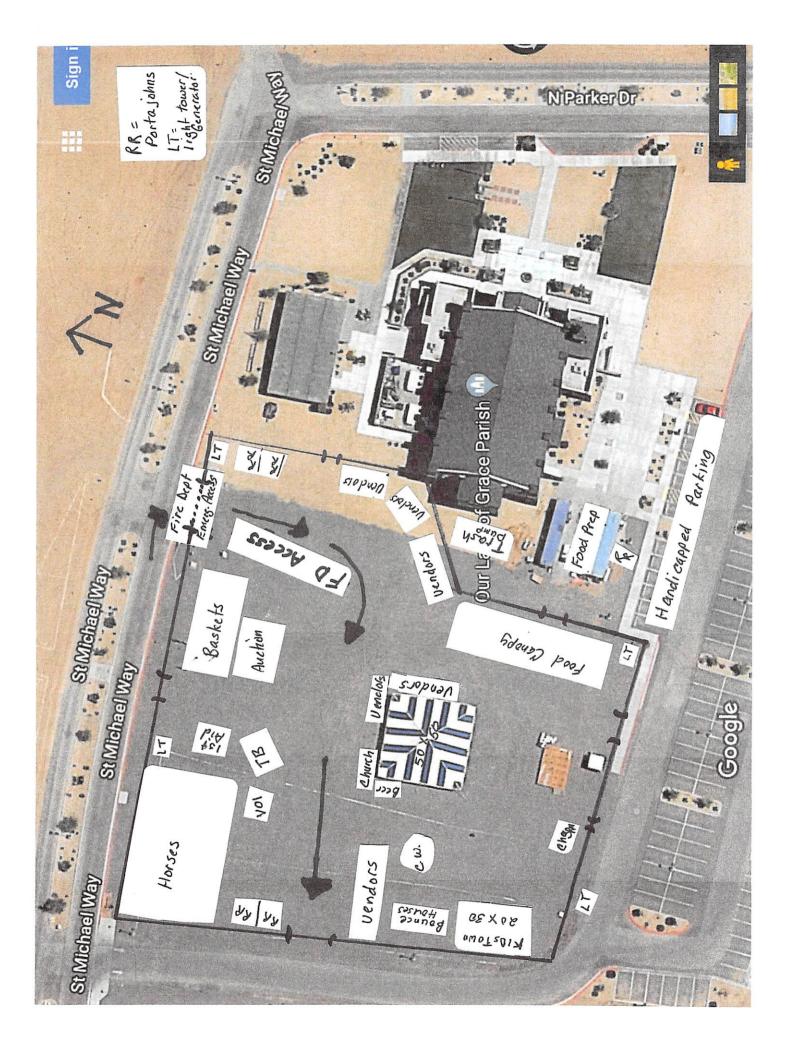
Sincerely.

Stephen A. Martin

Director, Exempt Organizations

steplen a martin

Rulings and Agreements

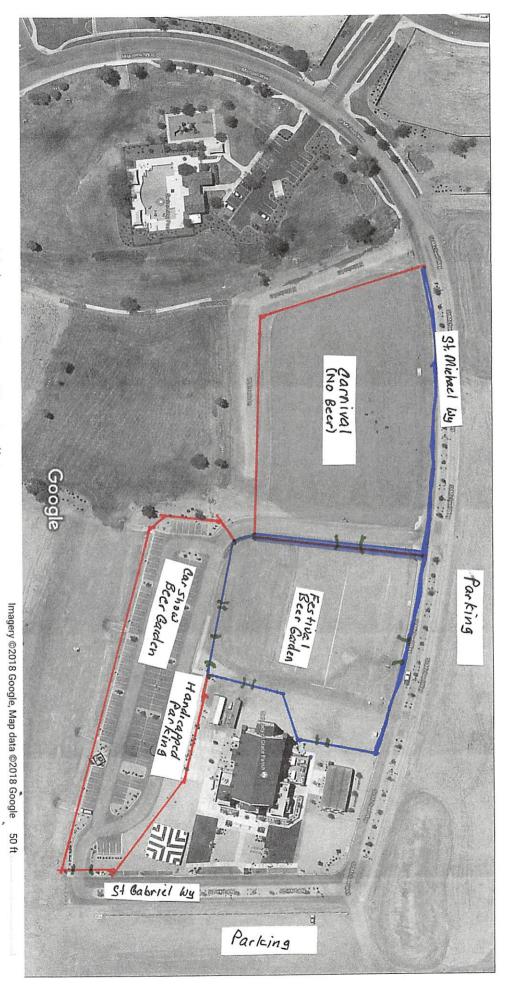


Google Maps

Maricopa

Our Lady of Grace Parish Festival





Chain link 8 st 1500' Approx nogates included

> Snow Ferre 4FT 1600' Approx