

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.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 15).

SECTION 1 Name of Organization:	<u>Uon Bridge Ri</u>	stary tounda	tion
SECTION 2 Non-Profit/IRS Tax Exempt Number:	86-0448536	ں •	
SECTION 3 The organization is a: (check one box onl Charitable Fraternal (must have regular mo Religious Civic (Rotary, College Scholars)	embership and have bee		정 (6) 2일 - 2일
<u>SECTION 4</u> Will this event be held on a currently licer	ised premise and within th	ne already approved (premises? Yes 🏹 No
Name of Business	License Number	Ph	one (include Area Code)
Granutzenen zumannen zumannen zum 25. der 16.	vide) and check one of the r retailer's license r special event ail location the agent/owner of the licen /owner will need to suspend On-site consumption On-site consumption <u>ehind Mudshar</u> Son Ave UHC City	ne following boxes. Insed premise to suspend that portion of the premise Doff-site (auction) C. Brewery - Mohave COUNTY	t he license during the event. se.) Both
SECTION 9 Applicant must be a member of the qual of the Organization named in Section 1. (Authorizing s	lifying organization and a signature is required in Sec	uthorized by an Office	r, Director or Chairperson
1. Applicant: Gray Go	ing l	iddle	Date of Birth
2. Applicant's mailing address:		LHC A	2 86405
3. Applicant's home/cell phone:		city I's business phone: (state Zip)N/a
4. Applicant's email address:	. com		
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Individuals requiring ADA accommodations call (602)542-9027.

SECTION 10

- 1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
- 2. How many special event licenses have been issued to this location this year? (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 (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 London Bridge Rotary	Percentage: _	25%	
Address	LHC	AR	86405
Street	City	State 💭	Zíp
Name The Norona Effect	Percentage:	15%	
Address	LHC 1	r'	86403
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. <u>"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL</u> <u>EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"</u>

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.)

00	Number	of Police		Number of Se	17254 - 17256 - 17256		X IFencing	Barriers
Explanation:	Thore	will onl	y be one	e enterar	ice/ex	It with	a minim	um of
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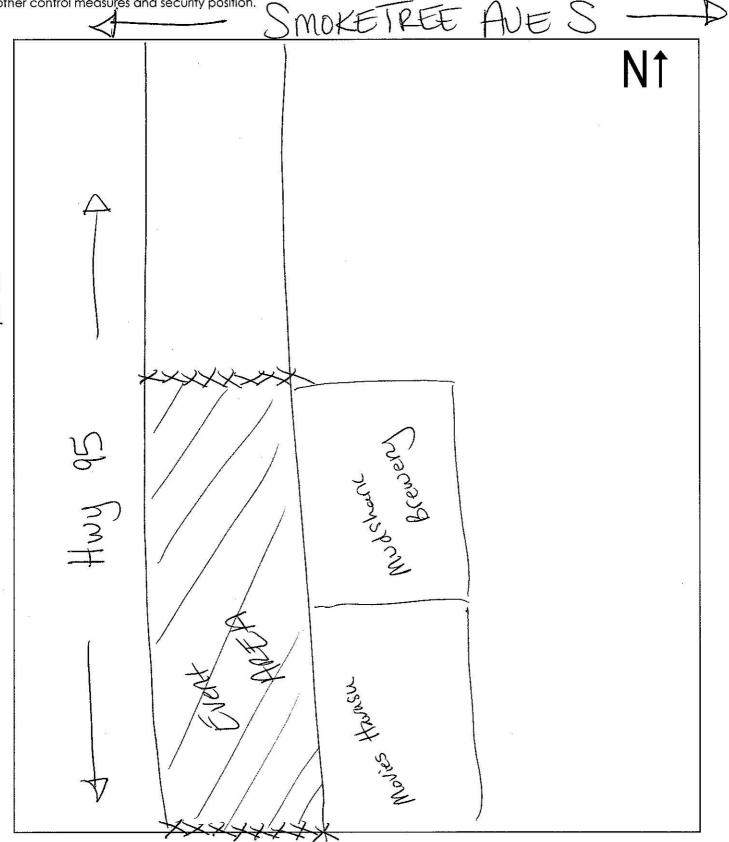
SECTION 11 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days. See A.R.S. § 4-244(15) and (17) for legal hours of service.

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

ž	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	10/21/16	Fielday	12:00pm	11:00 pm
DAY 2:	20 5 61			
DAY 3:	t <u></u> 1	21 	<u></u>)	
DAY 4:		August -	1	
DAY 5:	2 2			
DAY 6:	1 <u></u> 0		2 	<u> </u>
DAY 7:		(5	
DAY 8:			3	p
DAY 9:	7		Approximate and a construction	
DAY 10:				

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Page 2 of 4 Individuals requiring ADA accommodations call (602)542-9027. **SECTION 12** 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. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



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