

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, Arizona 85007-2934
(602) 542-5141

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

**NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.**

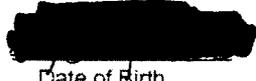
****Application must be approved by local government before submission to Department of Liquor Licenses and Control. (Section #20)**

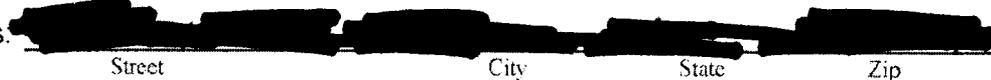
DLLC USE ONLY
LICENSE #

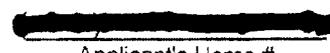
1. Name of Organization: Humane Society of Central Arizona
2. Non-Profit/I.R.S. Tax Exempt Number: 501(c)3 237206092
3. The organization is a: (check one box only)
- Charitable Fraternal (must have regular membership and in existence for over 5 years)
- Civic Religious Political Party, Ballot Measure, or Campaign Committee
4. What is the purpose of this event? on-site consumption off-site consumption (auction) both

5. Location of the event: 1105 N. Falcon Crest Dr Payson 6114 85541
Address of physical location (Not P.O. Box) City County Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Question #1. (Signature required in section #18)

6. Applicant: Hock SARAH Jane 
Last First Middle Date of Birth

7. Applicant's Mailing Address: 
Street City State Zip

8. Phone Numbers: (928) 474-5244 (928) 474-5590 
Site Owner # Applicant's Business # Applicant's Home #

9. Date(s) & Hours of Event: (see A.R.S. 4-244(15) and (17) for legal hours of service)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1:	<u>May 9, 2014</u>	<u>Friday</u>	<u>5:00 PM</u>	<u>7:30 PM</u>
Day 2:	_____	_____	_____	_____
Day 3:	_____	_____	_____	_____
Day 4:	_____	_____	_____	_____
Day 5:	_____	_____	_____	_____
Day 6:	_____	_____	_____	_____
Day 7:	_____	_____	_____	_____
Day 8:	_____	_____	_____	_____
Day 9:	_____	_____	_____	_____
Day 10:	_____	_____	_____	_____

September 2011

*Disabled individuals requiring special accommodations, please call (602) 542-9027

APR 03 2014 F. 2*

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?
 YES NO (attach explanation if yes)

11. This organization has been issued a special event license for 1 days this year, including this event
(not to exceed 10 days per year).

12. 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.

13. 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.

Name Humane Society of Central Arizona 100%
Percentage
Address PO Box 242 Payson, Az. 85547 / 1605 W. Wilson Ct. Payson, 85547
Name _____
Percentage
Address _____
(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have any questions regarding the law or this application, please contact the Arizona State Department of Liquor Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

15. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

____ # Police Fencing
____ # Security personnel Barriers

Volunteers to physically stand in entrances & exit to event area.

16. Is there an existing liquor license at the location where the special event is being held? YES NO
If yes, does the existing business agree to suspend their liquor license during the time period, and in the area in which the special event license will be in use? YES NO

(ATTACH COPY OF AGREEMENT)

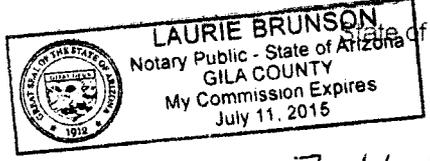
Name of Business () Phone Number

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page 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 positions.

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1

18. Sarah Hark declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X Sarah Hark (Signature) Executive Director (Title/Position) 3/21/14 (Date) (928) 474 5590 (Phone #)



State of Arizona County of Gila

The foregoing instrument was acknowledged before me this 21 Day March Month 2014 Year

My Commission expires on: 7-11-15 (Date)

Laurie Brunson (Signature of NOTARY PUBLIC)

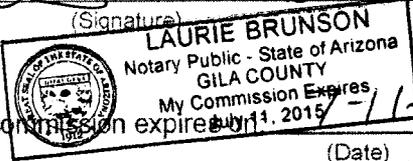
THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6

19. Sarah Hark declare that I am the APPLICANT filing this application as listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X Sarah Hark (Signature)

State of Arizona County of Gila

The foregoing instrument was acknowledged before me this 21 Day March Month 2014 Year



My Commission expires on: 7-11-15 (Date)

Laurie Brunson (Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____ (Government Official) _____ (Title) hereby recommend this special event application on behalf of _____ (City, Town or County) _____ (Signature of OFFICIAL) _____ (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) _____ (Date)

APPROVED DISAPPROVED BY: _____

(Title) _____ (Date)

Prayson Airport

SPECIAL EVENT LICENSED PREMISES DIAGRAM (This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.

← Airport Road

