CSR:	
Amount:	



## SPECIAL EVENT LICENSE APPLICATION FEE \$25.00 PER DAY

Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5<sup>th</sup> Floor Phoenix, AZ 85007 (602) 542-5141

DLLC USE ONLY
Job #:
Date Accepted:
CSR:
License #:

Application MUST be submitted to the Department of Liquor 10 days prior to the event.

<u>SECTION 1</u> Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and authorized by an Officer, Director, or Chairperson of the Organization.

Applicant:     (Must be an Officer/Member of the Non Profit Entity)	Last	irst	Middle
2. Applicant's mailing address:			
3. Applicants home/cell phone:		ant's business phone:	State Zip
4. Applicant's email address:			
5. Special Event Name:			
6. Name of Non-Profit Organization, Candi	date or Political Party/Gov.:		
7. Non-Profit/IRS Tax Exempt Number:			
3. Arizona Corporation Commission F	ile #:If o	ut of State please spec	cify:(Attach letter of good standing)
7. Event Location Name:			
10. Event Address:			

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

## \*\*SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY\*\*

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:				
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

		measures will you take to prevent violo personnel and type of fencing or control barr		s at this event?
Number of Po	olice	Number of Security Personnel	□Fencing	□Barriers
<u>Must</u> explain security measures:				
SECTION 3 What is the purpose	e of this event?			
☐On-site consumption	□Off-site	(auction/wine/distilled spirits pull)	□Воб	h
How is this special event going to Check one of the following box		pensing, serving, and selling of spirituou	s liquors?	
A) D Special Event being held Body on page 3. (If chec		<b>!</b> premises will require approval and sigr tion 4)	nature by the Locc	ll Governing
	•	ed premises and within the already app mises with an explanation of the option		ed area?
Name of	f Business	License Number	Phone (Incl	ude Area Code)
		e selling all alcohol without retailer involve g license for duration of special event	ement	
☐Dispense and serve all spiritude revenue from alcohol sales is a	·	retailer's license – Business operates norm e	nally, minimum of 25	% of gross
purchased or donated by the s	special event licen	pecial event - The special event licensee see. The retailers existing alcohol inventor from the location suspending license for	y must be separate	d from any alcoho
sales of alcohol. (These sales wi	ill be done in sepai	l location - Both the special event license rate areas. If alcohol is donated or purcho at is dispensed by the licensed retailer.)		
Off Sale only - Wine/Distilled Service of alcohol.	Spirits Pull, Live or	Silent Auctions – Retailer will still be perm	itted to conduct all	normal sale and
SECTION 4				
1. Has the applicant been con	victed of a felon	y, or had a liquor license revoked with	nin the last five (5)	years?
☐ Yes ☐ No If yes, attach let	ter of explanatior	٦.		
2. How many special event da	ys have been iss	ued to this organization during the cal	endar year?	
	and sell alcohol o	ecial Event Contractor? (A licensee co on behalf of the licensee. If no special ev		
☐ Yes ☐ No If yes, please pro	ovide the Name	of the Special Event Contractor:		
		es 6, 7, 11, or 12 licensee to manage t ense are automatically qualified to be		
☐ Yes ☐ No if yes, please pr	ovide the Name	of Licensee:	License #:	
5. List the name of the Individu	al or Organizatio	n that will receive revenues, <b>MUST EQ</b> U	JAL 100 PERCENT.	

Attach additional sheet if necessary.

ame:		Percentage:	
Address:	OII.	2	
	City	State Percentage:	Zip
Address:			
Street	City	State	Zip
Please read A.R.S. § 4-203.02 Speci	<u>ial event license; rules</u> and R19 <sup>.</sup> RAGE SALES MUST BE FOR CON	·	
ALL ALCOHOLIC BEVER O ALCOHOLIC BEVERAGES SHALL LE			
SEALED CONTAINERS OR THE SPEC			
CTION 5 License premises diagrathorized to sell, dispense or serve all your special event licensed premiseasures and security position.	coholic beverages under the p	provisions of your license.	Please attach a diagrar
AT	TACH DIA	GRAM	
Declaration:  I, (Print Name) authorized to submit this application believe all statements made on this	n. I have read the contents of the	nis application, and to the	of perjury that I am e best of my knowledge
		Signatu	re
CAL GOVERNING BODY			
Date Received:	<u> </u>		
(Government Official)		recommend DAPPR	oval 🗖 disapproval
On behalf of(City, Town, County)	Signature	Date	Phone
e local governing body (city, town polications to be completed and subject applications to be submitted. Add	mitted. Please check with local	government as to how fai	r in advance they require
□APPROVAL □ DISAPPROVAL B	3Y:	DATE:	