

State of Arizona Department of Liquor Licenses and Control  
 800 W. Washington, 5th Floor  
 Phoenix, AZ 85007  
 www.azliquor.gov  
 (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 APPROVAL**

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

DLLC USE ONLY LICENSE #
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1. Name of Organization: Lion's Club of Globe Az. Inc.

2. Non-Profit/I.R.S. Tax Exempt Number: 501(c)4 86-6052543

3. The organization is a: (check one box only)

- Charitable   
  Fraternal (must have regular membership and in existence for over 5 years)  
 Civic   
  Political Party, Ballot Measure, or Campaign Committee  
 Religious

4. What is the purpose of this event? Sheriff Poase Dance

5. Location of the event: Gila County Fairgrounds 85501  
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: Hefel David A. 3/29/50  
Last      First      Middle      Date of Birth

7. Applicant's Mailing Address: 808 S. Sandi Ln. Globe Az. 85501  
Street      City      State      Zip

8. Phone Numbers: ( ) (928) 812-0041 ( )  
Site Owner #      Applicant's Business #      Applicant's Home #

9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1:	<u>2/9/13</u>	<u>Saturday</u>	<u>4-11</u>	<u>P.m.</u>
Day 2:	_____	_____	_____	_____
Day 3:	_____	_____	_____	_____
Day 4:	_____	_____	_____	_____
Day 5:	_____	_____	_____	_____
Day 6:	_____	_____	_____	_____
Day 7:	_____	_____	_____	_____
Day 8:	_____	_____	_____	_____
Day 9:	_____	_____	_____	_____
Day 10:	_____	_____	_____	_____

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 Globe Lions Club 100%  
Percentage

Address \_\_\_\_\_

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  
2 # Security personnel  Barriers

Inside Building (Exhibit Bldg)

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)**

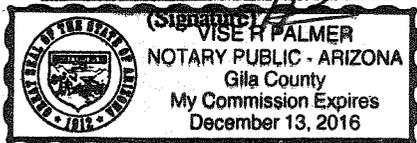
\_\_\_\_\_  
Name of Business ( ) Phone Number

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 CHAIRMAN OF THE ORGANIZATION NAMED IN QUESTION #1**

I, David ALAN HEFFEL, 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 David Heffel President 1.10.13 928-812-0041  
 (Signature) (Title/Position) (Date) (Phone #)



State of AZ County of GILA  
 The foregoing instrument was acknowledged before me this

10 day of January, 2013  
 Day of Month Month Year

My Commission expires on: Dec. 13, 2016

[Signature]

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

I, David ALAN HEFFEL, declare that I am the APPLICANT filing this application as is listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X David Heffel State of AZ County of Gila  
 (Signature) The foregoing instrument was acknowledged before me this

10 day of January, 2013  
 Day of Month Month Year

My commission expires on: Dec. 13, 2016  
 (Date)

[Signature]  
 (Signature of NOTARY PUBLIC)

**You must obtain local government approval. City or County MUST recommend event & complete item #20. The local city or county jurisdiction may require additional applications to be completed and additional licensing fees before approval may be granted.**

**LOCAL GOVERNING BODY APPROVAL SECTION**

20. I, \_\_\_\_\_, hereby recommend this special event application,  
 (Government Official) (Title)  
 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)

**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.

