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.

DLLC USE ONLY
LICENSE #

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

1. Name of Organization: GLOBE LIONS CLUB
2. Non-Profit/I.R.S. Tax Exempt Number: 501(C)4 86-6052543
3. The organization is a: (check one box only)
   - [X] 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? [X] on-site consumption [ ] off-site consumption (auction) [ ] both
5. Location of the event: GILA COUNTY FAIRGROUNDS, GLOBE, GILA CO. 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:** ANDERSON, DONNA L. 3-6-1933
   Last | First | Middle | Date of Birth
7. Applicant's Mailing Address: P.O. BOX 171 GLOBE AZ 85502
   Street | City | State | Zip
8. Phone Numbers: (928) 402-4344 (928) 812-2969 (928) 425-2453
   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:	9-20-2014	SATURDAY	6:00 P.M.	10:00 P.M.
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
Day 8:				
Day 9:				
Day 10:				

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

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 5 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 Percentage 100%

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
4 # Security personnel ☒ Barriers

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. I, DONNA LOUISE ANDERSON declare that I am an **Officer/Director/Chairperson** appointing the
(Print full name)
applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X Donna Louise Anderson TREASURER _____ (928) 812-2969
(Signature) (Title/Position) (Date) (Phone #)

OFFICIAL SEAL
LORI SACKETT
NOTARY PUBLIC – STATE OF ARIZONA
GILA COUNTY
My Comm. Expires 04-30-2017

State of Gila County of Arizona
The foregoing instrument was acknowledged before me this
9 August 2014
Day Month Year

My Commission expires on: April 30, 2017 Lori Sackett
(Date) (Signature of NOTARY PUBLIC)

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

19. I, DONNA LOUISE ANDERSON declare that I am the APPLICANT filing this application as
(Print full name)
listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X Donna L Anderson State of Arizona County of Gila
(Signature) The foregoing instrument was acknowledged before me this
9 August 2014
Day Month Year

OFFICIAL SEAL
LORI SACKETT
NOTARY PUBLIC – STATE OF ARIZONA
GILA COUNTY
My Comm. Expires 04-30-2017

My commission expires on: April 30, 2017 Lori Sackett
(Date) (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, _____ _____ hereby recommend this special event application
(Government Official) (Title)

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)

SPECIAL EVENT LICENSED PREMISES DIAGRAM

(This diagram must be completed with this application)

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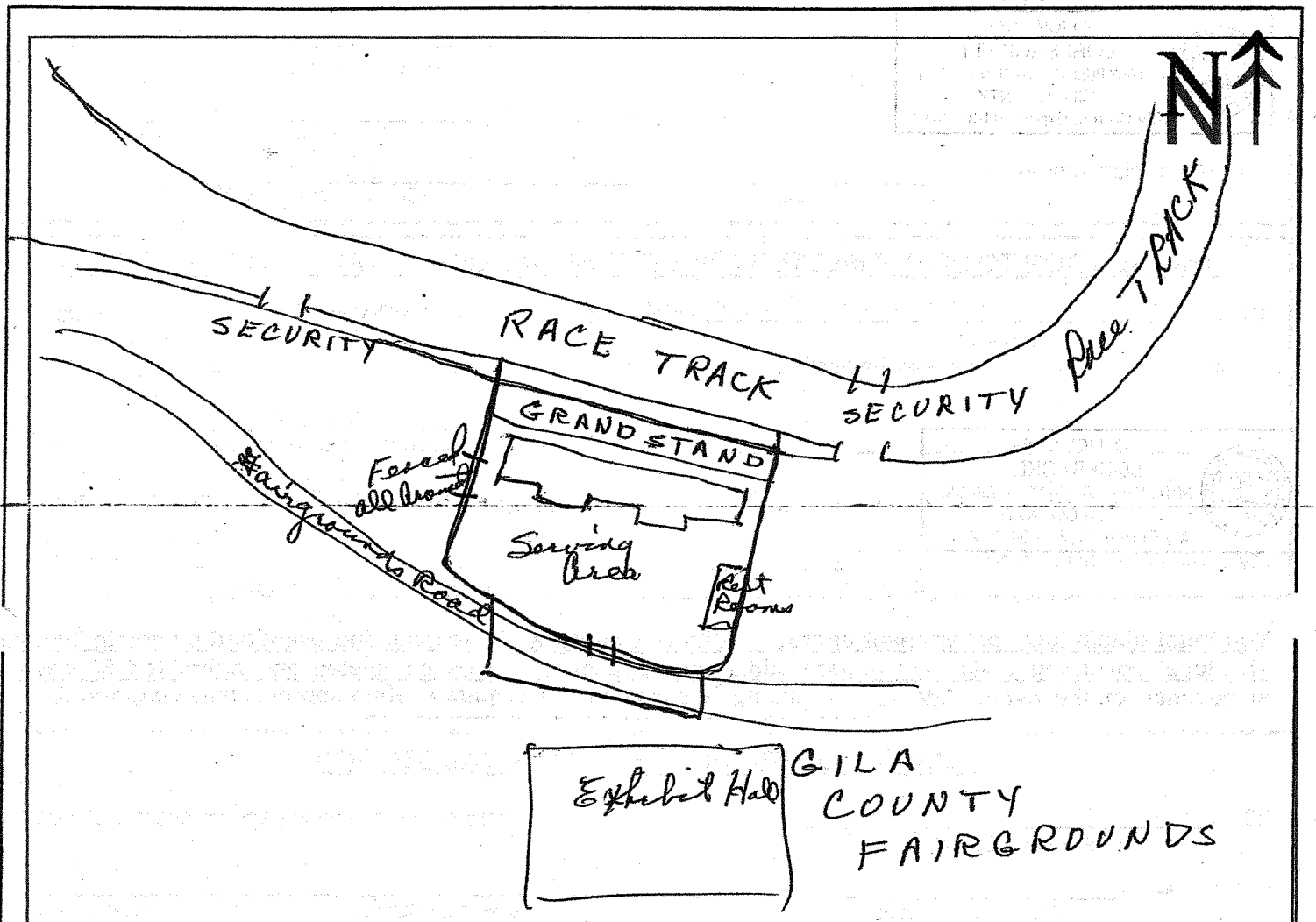
Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.

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