

SECTION 10

- Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 Yes No (If yes, attach explanation.)
- How many special event licenses have been issued to this location this year? 1
(The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)
- 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.)
- 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 ASPF Affiliate Friends of Tonto Natural Bridge State Park Percentage 100%
 Address PO Box 841, Payson, AZ 85547-0841
Street City State Zip

Name _____ Percentage _____
 Address _____
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.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

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.)

4 Number of Police _____ Number of Security Personnel Fencing Barriers

Explanation: Two on-duty state park LE rangers from 5:00 pm - 10:00 pm at security positions;
One on-duty state park LE ranger at park contact station;
One one-duty state park LE ranger roaming.

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
 See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>10-3-15</u>	<u>Saturday</u>	<u>3 PM</u>	<u>10 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

Tonto Natural Bridge State Park

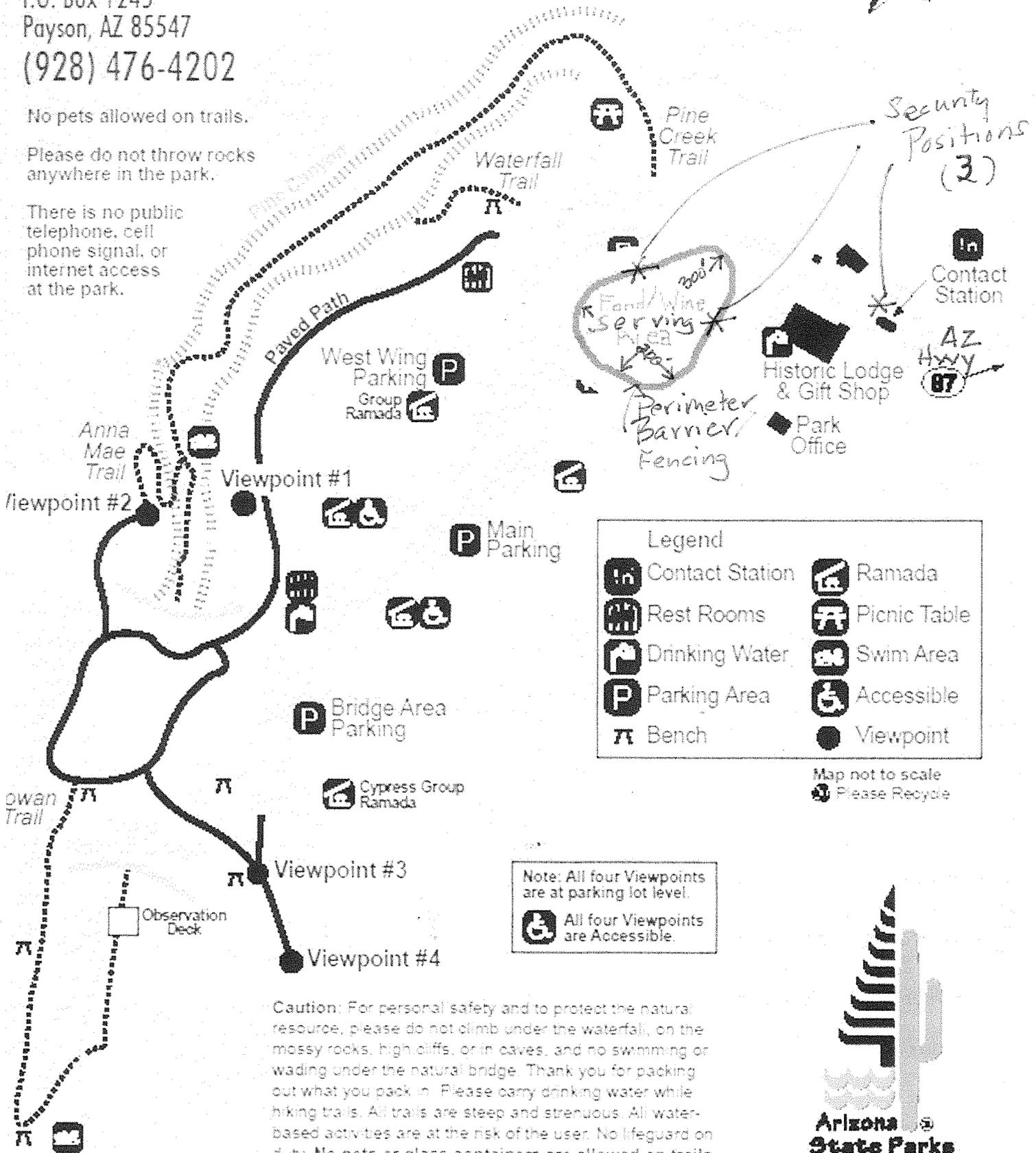
P.O. Box 1245
 Payson, AZ 85547
 (928) 476-4202



No pets allowed on trails.

Please do not throw rocks anywhere in the park.

There is no public telephone, cell phone signal, or internet access at the park.

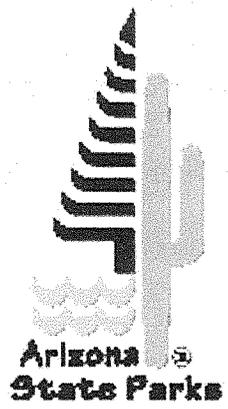


Legend	
	Contact Station
	Rest Rooms
	Drinking Water
	Parking Area
	Bench
	Ramada
	Picnic Table
	Swim Area
	Accessible
	Viewpoint

Map not to scale
 Please Recycle

Note: All four Viewpoints are at parking lot level.
 All four Viewpoints are Accessible.

Caution: For personal safety and to protect the natural resource, please do not climb under the waterfall, on the mossy rocks, high cliffs, or in caves, and no swimming or wading under the natural bridge. Thank you for packing out what you pack in. Please carry drinking water while hiking trails. All trails are steep and strenuous. All water-based activities are at the risk of the user. No lifeguard on duty. No pets or glass containers are allowed on trails.

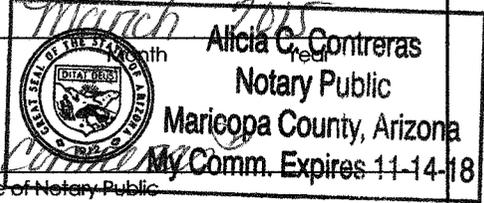


SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, Cristie Statler declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x Cristie Statler Exec. Dir. 3-20-15 602-920-4505
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 20th March 2015
Day Month Year
State Arizona County of Maricopa
My Commission Expires on: 11-14-18 Alicia C. Contreras My Comm. Expires 11-14-18
Date Signature of Notary Public

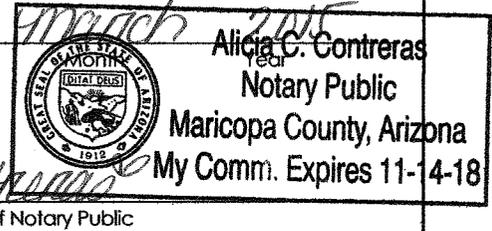


SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, Cristie Statler declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

x Cristie Statler Exec. Dir. 3-20-15 602-920-4505
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 20th March 2015
Day Month Year
State Arizona County of Maricopa
My Commission Expires on: 11-14-18 Alicia C. Contreras My Comm. Expires 11-14-18
Date Signature of Notary Public



The local governing body may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(government official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____