CSR:					
Amount:					
MENTOR	SP CP	SPECIAL EVENT LICENSE		DLLC USE ONLY Job #:	
S Constant	C Statement and a second se	PLICATION FEE \$25.	Date Accepted:		
a.				CSR:	
ARIZONA	800 W	Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5 th Floor Phoenix, AZ 85007 (602) 542-5141		License #:	
w.		bmitted to the Department			
		of a qualifying nonprofit person of the Organizatio		irty, or Government entity ar	
. Applicant: Krus	se, Griffen J.				
(Must be an Officer/M	ember of the Non Profit Enfity) La	ast on Horse Trail, Tucson, A	First Z 85747	Middle	
	21	IT SAT	Спу	State Zip	
	e/cell phone: (206) 82		cant's business phone:		
. Applicant's ema	il address: griffen.krus	e@gmail.com			
. Special Event No	ame: 24 Hours in the	Old Pueblo			
Name of Non-Pro	ofit Organization. Candic	date or Political Party/Go	, Sonoran Desert M	ountain Bicyclists	
	Exempt Number: 27-4				
. Arizona Corpo	pration Commission Fil	e #:lf	out of State please sp	OECITY: (Attach letter of good standing	
	lame: Arizona State Land				
0. Event Address:	Tipperary Road Wes	t of Willow Springs R	oad/E Willow Spring	is Dr., Oracle AZ 85232	
Dates ar	nd Hours of Event - Days	s must be consecutive a	nd may not exceed 10	consecutive days.	
	** <u>SEPARATE APPL</u>	ICATION FOR EACH	NON-CONSECUTIVE	T DAY **	
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1	2/17/23	Friday	11:00 AM	11:30 PM	
DAY 1: DAY 2:	2/18/23	Saturday	10:00 AM	11:30 PM	
DAY 3:	2/19/23	Sunday	10:00 AM	5:00 PM	
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY 8:					
DAY 9:					
DAY10:					
11/7/2022		Page 1 of 3		and the second sec	

Individuals requiring ADA accommodations please call (602)542-2999

SECTION 2	What type of security and control (list type and number of police/security	measures will you take to prevent viola personnel and type of fencing or control barrl	tions of liquor law ers, if applicable.)	rs at this event?
2	Number of Police 5	Number of Security Personnel	Fencing	Barriers
Must explain	n security measures:	provide security for the beer garden areas. Primary duties include	checking identification and dis	tributing
		exit points during hours of service. The primary be		
exit points with fend	sing and barriers around the perimeter. The secondary beer g	arden will have 1 entry/exit with fencing around the perimeter. AS a	ahown in the attached event d	legram.
SECTION 3	What is the purpose of this event?			
	20n-site consumption	Off-site (auction/wine/distilled spirits	pull) 🔤Both	
	pecial event going to conduct all di of the following boxes. (R-19-318)	spensing, serving, and selling of spirituous	s liquors?	
-	al Event being held on an <u>unlicense</u> on page 3. (If checked move to sec	d premises will require approval and sigr ction 4)	nature by the Loco	al Governing
		sed premises and within the already app emises with an explanation of the option		ed area?
	Name of Business	License Number	Phone (Inc	lude Area Code)
		ee selling all alcohol without retailer involve g license for duration of special event	ement	
•	and serve all spirituous liquors under rom alcohol sales is donated to license	retailer's license – Business operates norm ee	nally, minimum of 2	5% of gross
was purch	ased or donated by the special even	special event - The special event license t licensee. The retailers existing alcohol inv ch letter from the location suspending li c	entory must be sep	parated from any
sales of al	cohol. (These sales will be done in sepa	il location - Both the special event license prate areas. If alcohol is donated or purcho pat is dispensed by the licensed retailer.)		
	nly - Wine/Distilled Spirits Pull, Live of ce of alcohol.	r Silent Auctions – Retailer will still be perm	itted to conduct a	li normai sale
SECTION 4	ł			
	applicant been convicted of a felo No If yes, attach letter of explanatio	ny, or had a liquor license revoked with n.	nin the last five (5)	years?
2. How mar	ny special event days have been is	sued to this organization during the cal	lendar year?	one
3. Is the Or event cor	ganization using the services of a	Special Event Contractor? (A licensee alcohol on behalf of the licensee. If no sp	can utilize the ser	vices of a specia

Yes No If yes, please provide the Name of the Special Event Contractor: _____

4. Is the organization using the services of a series 6, 7, 11, or 12 licensee to manage the sale or service of alcohol? (Licensees who hold a series 6, 7, 11, or 12 license are automatically qualified to be the special event contractor)

☐ Yes ☑ No if yes, please provide the Name of Licensee: ______ License #: _____

5. List the name of the Individual or Organization that will receive revenues, **MUST EQUAL 100 PERCENT**.

Attach additional sheet if neces ame: Sonoran Desert Mountain Bicylists		Percentage: 100°	%
	075 Tucson, AZ 8571	5	
Street	City	State	Zip
)e:		Percentage:	
ress:			
Street	City	State	Zip

NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.

SECTION 5 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local governing body before submitting to the Department of Liquor Licenses and Control. Please contact the local governing board for additional information.

APPLICANT SIGNATURE

Declaration:

I, (Print Name) Griffen Kruse declare under penalty of perjury that I am authorized to submit this application. I have read the contents of this application, and to the best of my knowledge believe all statements made on this application to be true, correct and complete.

Signature

LOCAL GOVERNING BODY

Date Received: DECEMBER 12, 2022						
I, NATASIHA KENNEDY (Government Official)	CLEAK OF THE BOARD recommend	DAPPROVAL DISAPPROVAL				
On behalf of PINAL COUNTY (City, Town, County)	 Signature	4/2023, 520-8106-6068 Date Phone				
AZDLLC USE ONLY						
		DATE:				

