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NENTO	CDE	CIAL EVENT		Job #:
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				CSR:
* 1312001 * EST, 1939		Department of Liquor Lic Vashington St. 5 th Floor P		License #:
ARIZONA	oplication MUST be submi	(602) 542-5141 tted to the Department	of Liquor 10 days prior t	o the event.
	nt must be a member of a			rty, or Government en
orized by an Ofi	icer, Director, or Chairper			Dichann
plicant: t be an Officer/Mem	DAVIds ber of the Non Profit Entity) Last		homas	Middle
plicant's mailing	ber of the Non Profit Entity) Last g address: <u>31033</u> N. Street	TRAIL DUST D	R. SAN IAN VALLEY	A7 851 State Zip
plicants home/	cell phone: <u>480-987</u>	-2605 Appli	cant's business phone: _	480-276-62
plicant's email a	address: t davidse	1.5 76 & gma	ih . com	
	ne: LENTEN FI			
me of Non-Profil	Organization, Candidate	e or Political Party/Gov	: Knichts of Col	luybus Courcil
	xempt Number: 0188	UNIDER 5011	c)(8)	
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11/7/2022

Page 1 of 3 Individuals requiring ADA accommodations please call (602)542-2999

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SECTION 2 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.)

0	Number of Police	3	Number of Se	curity Pe	rsonnel	Fencing	, [Barriers
<u>Must</u> explain s	ecurity measures: <u>Eve</u>	st will b	LE INSIDE	the	Parish	Center	build	ING
IN the 1	Rear of the Ch	urch. En-	RANCE to t	he eve	ent is	LIM. ted to	; the	Front
door AN	o patrons mus	E purcha.	e trikets -	there.	Wehn	VE APPROX	20 Mer	nbers
					AVAI	LADIE FO	2 SECL	12101.

SECTION 3 What is the purpose of this event?

An-site consumption Off-site (auction/wine/distilled spirits pull)

How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Check one of the following boxes. (R-19-318)

A) X Special Event being held on an unlicensed premises will require approval and signature by the Local Governing Body on page 3. (If checked move to section 4)

B) Will this event be held on a currently licensed premises and within the already approved and licensed area? (Must attach a letter from the licensed premises with an explanation of the option checked below)

Name of Business	License Number	Phone (Include Area Code)			
Place license in non-use - Special Event Licensee selling all alcohol without retailer involvement Must attach letter from the location suspending license for duration of special event					

Dispense and serve all spirituous liquors under retailer's license – Business operates normally, minimum of 25% of gross revenue from alcohol sales is donated to licensee

Dispense and serve all spirituous liquors under special event - The special event licensee is in charge of selling alcohol that was purchased or donated by the special event licensee. The retailers existing alcohol inventory must be separated from any alcohol used during the special event. Must attach letter from the location suspending license for duration of special event

Split premise between special event and retail location - Both the special event licensee and the retailer will conduct sales of alcohol. (These sales will be done in separate areas. If alcohol is donated or purchased by the special event licensee it must be in a separate area than the alcohol that is dispensed by the licensed retailer.)

Off Sale only - Wine/Distilled Spirits Pull, Live or Silent Auctions – Retailer will still be permitted to conduct all normal sale and service of alcohol.

SECTION 4

1. 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 letter of explanation.

2. How many special event days have been issued to this organization during the calendar year? <u>NONE</u>

3. Is the Organization using the services of a Special Event Contractor? (A licensee can utilize the services of a special event contractor who may purchase and sell alcohol on behalf of the licensee. If no special event contractor is listed, the licensee is responsible for the sales and service of alcohol.)

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 X No if yes, please provide the Name of Licensee: ______ License #: _____

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

	, .		inital meet il nece	ssury.	
Name: KNights	of Columbus	Couveil	17036	Percentage:	100%
Address: 31033 N	TRAIL DUST	DR. SAN	TAN VALLEY	RZ	85143
Street		C	City	State	Zip
Name:				_Percentage:	
Address:					7.
Street		c	City	State	Zip

Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

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) Thomas R. DAVIDSON, 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.
Thom R. Dank
Signature

Signature

LOCAL GOVERNING BODY

Date Received: DECEMBER 12, 20			
I, NATASHA KENNEDY (Government Official) On behalf of PINAL COUNTY (City, Town, County)	CLERK DF THE BOARD reco (Title)	mmend □APPROVAL _, <u>01/04/2023</u> , ∰ Dote	6
AZDLLC USE ONLY			
□APPROVAL □ DISAPPROVAL BY:		DATE:	

