

SPECIAL EVENT LICENSE

APPLICATION FEE \$25.00 PER DAY

Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5th Floor Phoenix, AZ 85007 (602) 542-5141

DLLC USE ONLY	
Job #:	
Date Ac	cepted:
CSR:	
License	#:

Application MUST be submitted to the Department of Liquor 10 days prior to the event.

<u>SECTION 1</u> Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and authorized by an Officer, Director, or Chairperson of the Organization.

Brown, Weston Howard			
Applicant: (Must be an Officer/Member of the Non Profit Entity) Last	First	Middle	
2. Applicant's mailing address: PO 1324 Eagar, AZ 8592	5		
3. Applicants home/cell phone: 480-215-6915	City	state 480-270-432	21p
weston@westonforensic.cc 4. Applicant's email address:		35 p. 16.116.	
Round Valley Rodeo			
5. Special Event Name:			
	Round Va	lley Rodeo	
6. Name of Non-Profit Organization, Candidate or Political Part	y/Gov.:	,	
82-4086928			
7. Non-Profit/IRS Tax Exempt Number:			
8. Arizona Corporation Commission File #:	If out of State	please specify:(Attach lette	r of good standing
9. Event Location Name: Round Valley Rodeo Grounds			
7 S. Highway 180, Eagar, Arizona 85	925		
		110	

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

**SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY **

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	07/04/24	Thursday	1100	1730
DAY 2:	07/05/24	Friday	0730	1730
DAY 3:				
DAY 4:				-
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

Number of P	Police	Number of Security Personne	el Fencing	✓ Barriers
<u>Must</u> explain security measures	Volunteer po	olice staffing present as well as A	pache County	
SECTION 3 What is the purpos	se of this event?	}		
On-site consumption	□Off-s	ite (auction/wine/distilled spirits pull)	□Во	th
How is this special event going Check one of the following box		dispensing, serving, and selling of spiritu	ous liquors?	
A) Special Event being held Body on page 3. (If chec		sed premises will require approval and section 4)	signature by the Loca	al Governing
		nsed premises and within the already or remises with an explanation of the opti		ed area?
Name o	of Business	License Number	Phone (Inc	lude Area Code)
Place license in non-use - Spe Must attach letter from the lo	ecial Event Licen cation suspend	nsee selling all alcohol without retailer invo ling license for duration of special even	olvement t	
Dispense and serve all spiritud revenue from alcohol sales is a		er retailer's license – Business operates no see	ormally, minimum of 25	5% of gross
purchased or donated by the s	special event lice	er special event - The special event licens ensee. The retailers existing alcohol inven ter from the location suspending licens	tory must be separate	d from any alcoh
sales of alcohol. (These sales wi	ill be done in sep	tail location - Both the special event licer parate areas. If alcohol is donated or pur that is dispensed by the licensed retailer.)	chased by the specia	vill conduct I event licensee
Off Sale only - Wine/Distilled Service of alcohol.	Spirits Pull, Live o	or Silent Auctions – Retailer will still be pe	rmitted to conduct al	l normal sale and
SECTION 4				
I. Has the applicant been con	victed of a feld	ony, or had a liquor license revoked w	vithin the last five (5)	years?
Yes No If yes, attach lett	ter of explanation	on.		
2. How many special event da	ys have been i	issued to this organization during the	calendar year? 0	_
3 Is the Organization using the	services of a S and sell alcoho	Special Event Contractor? (A licensee of on behalf of the licensee. If no special	can utilize the service	s of a special eve sted, the licensee
Yes No If yes, please pro	ovide the Name	e of the Special Event Contractor: _		
I. Is the organization using the (Licensees who hold a series	services of a se 6, 7, 11, or 12 li	eries 6, 7, 11, or 12 licensee to manago cense are automatically qualified to	e the sale or service be the special even	of alcohol? It contractor)
Yes No if yes, please pro	ovide the Name	e of Licensee:	License #:	

Attach additional sheet if necessary.

		_ Percentage: 100	
Address: PO Box 1324 Eagar, AZ 859	25		
Street	City	State	Σlp
Name;		_ Percentage:	
Address:			
Street	City	State	Ζĺp
Please read A.R.S. § 4-203.02 Special eve	nt license; rules and R19-1-	205 Requirements for a	Special Event Licens
ALL ALCOHOLIC BEVERAGES			
O ALCOHOLIC BEVERAGES SHALL LEAVE A			
SEALED CONTAINERS OR THE SPECIAL EV	ENT LICENSE IS STACKED WIT	H WINE /CRAFT DISTILL	RY FESTIVAL LICENSE.
CTION 5 License premises diagram. The	licensed premises for you	or special event is the	area in which you
thorized to sell, dispense or serve alcoholic your special event licensed premises. Ple	s beverages under the prov	risions of your license. F	ricades, or other con
easures and security position.	ave sile ii diille islolis, sel ii	ig dieds, felicing, but	neddes, or offier con
		and the base of the same	
ATTA	CH DIAG	RΔM	
AllA	OIIDIAO	IX/A/VI	
ne special event will be held at a location with	nout a permanent liquor licen:	se or if the event will be	on any portion of a loca
t is not covered by the existing liquor license,	this application must be appro	oved by the local govern	ning body before submi
he Department of Liquor Licenses and Contro	ol. Please contact the local go	verning board for addition	onal information.
PLICANT SIGNATURE			
Doolersking			
Declaration: Weston Brown			
, (Film Name)	, decl	are under penalty o	of perjury that I am
authorized to submit this application. I have believe all statements made on this applic	eread the contents of this a	pplication, and to the	best of my knowledge
believe all statements made on this applic	dilott to be live, conect all	Alun Ban	/
		STON JUNE	4
		(signature	1
CAL COVERNING BODY			
		ecommend DAPPRO	VAL DISAPPROVAL
	(Title)	ecommend	val 🗖 disapproval
Oate Received:		ecommend DAPPRO	val 🗖 disapproval
Oate Received:		ecommend APPRO	VAL DISAPPROVAL
Oate Received: (Government Official) On behalf of	(Title)		
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Oate Received: (Government Official) On behalf of (City, Town, County) local governing body (city, town or munication)	Signature Signature	Date Place) n	Phone may require additiona
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