



Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

Job #:

Date Accepted:

LC:

License #:

SPECIAL EVENT LICENSE

APPLICATION FEE \$25.00 PER DAY

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

SECTION 1

Name of Non-Profit Organization, Candidate or Political Party: _____

If the event will be held on an unlicensed premises, it **MUST** be approved and signed by the Local Governing Body Before submitting to the Arizona Department of Liquor.

LOCAL GOVERNING BODY

Date Received: _____

I, _____ ☐ APPROVAL ☐ DISAPPROVAL
Government Official Title

On behalf of _____
City, Town, County Signature Date

SECTION 2

Will the event be at a location with a current liquor license and within the approved and licensed area?

☐ Yes ☒ No (if no skip to section 3)

If yes, **MUST** attach a letter of explanation/permission/suspension from the licensed location and choose **ONE** option below.

Name of Licensed Location _____ Liquor License Number _____

- ☐ Suspend license for the duration of the Special Event; Licensee selling all alcohol without retailer involvement. **Letter of suspension required.**
- ☐ Dispense and serve all spirituous liquors under retailer's license – Business operates normally, minimum of 25% of gross revenue from alcohol sales will be donated to licensee. **Letter of permission required.**
- ☐ 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 kept separate from any alcohol used during the special event. **Letter of suspension required.**
- ☐ Split premises between special event and licensed location - Both the special event licensee and the licensed location will conduct sales of alcohol. (These sales must be done in separate areas. If alcohol is donated or purchased by the special event licensee, it must be in a separate area from the alcohol that is dispensed by the licensed location.) **Letter of explanation and permission required.**
- ☐ **Off Sale only - Wine/Distilled Spirits Pull, Live or Silent Auctions** – Retailer will be permitted to conduct all normal sales and service of alcohol. **Letter of permission required.**

SECTION 3

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.

1. Applicant: Whiting Carl R
Last First Middle
2. Applicant's mailing address: P.O.Box 1025 Jerome AZ 86331
Street City State Zip
3. Applicants home/cell phone: _____ Non-profit organization phone: 928-649-3034
4. Applicant's email address: c.whiting@jerome.az.gov
5. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
☐ Yes (if yes, attach letter of explanation) ☒ No

SECTION 4

1. Name of non-profit organization: Jerome Department Auxilliary
2. Non-Profit/IRS Tax Exempt Number: _____ Arizona Corporation Commission File #: 08004140
Required Required
3. If Out Of State, specify State (Attach letter of good standing): _____
4. Special Event Name: 51st annual Halloween dance

SECTION 5

5. Event Location Name: Lower Park Basketball court
6. Event Address: 110 Conglomerat, Jerome AZ 86331

SECTION 6

Must list type of security and control measures will you take to prevent violations of liquor laws at this event.

6 Number of Police 4 Number of Security Personnel ☒ Fencing ☒ Barriers

Must explain security measures: One entry point at the parking lot with security and ID check and wrist bands ust be 21 years of age.

Fencing and barriers around the entire event with security patrols and security posted locations

1. 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)

☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

2. How many special event days have already been issued to this organization during the current year? 1

SECTION 7

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

DAYS	DATE	DAY OF WEEK	EVENT START TIME AM/PM	EVENT END TIME AM/PM
DAY 1	<u>10/31/2026</u>	<u>Saturday</u>	<u>1900</u>	<u>0200</u>
DAY 2	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 3	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 4	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 5	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 6	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 7	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 8	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 9	<u> </u>	<u> </u>	<u> </u>	<u> </u>
DAY 10	<u> </u>	<u> </u>	<u> </u>	<u> </u>

SECTION 8

1. Is the Organization using the services of a DLLC approved Special Event Contractor from the list on our website?

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

Special Event Contractor Signature: _____

2. 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 a special event contractor)

☒ Yes ☐ No if yes, Name of Licensee: _____ Liquor License #: _____

3. List the name of the Organization/individual that will receive revenues:

MUST EQUAL 100 PERCENT, APPLYING NON-PROFIT MUST RECEIVE A MINIMUM OF 25% OF THE PROCEEDS.

Name: Jerome Fire Department Auxilliary Percentage: 100%

Address: P.O.Box 1025 Jerome AZ 86331
Street City State Zip

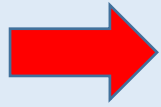
Name: _____ Percentage: _____

Address: _____
Street City State Zip

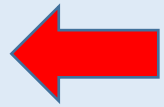
Please read A.R.S. § 4-203.02 and R19-1-205 Special event license rules and Requirements.

SECTION 9

Licensed location 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.



ATTACH DIAGRAM



Must attach a diagram of your special event showing the area where alcohol will be sold, served, and consumed. Must include dimensions of event area, fencing, barricades, or other control measures, and include positions of security personnel.

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

Declaration:

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

Signature: _____

SPECIAL EVENT DIAGRAM AND SAFETY PLAN STANDARDS

Diagrams do not need to be overly complicated, they can be hand drawn. However, we do not accept photographs or aerial views that do not show the premises clearly. The diagram should clearly depict the special event area in relation to the entire premises.

Each diagram must include:

- Overview of the location
- The event area clearly outlined with black marker
- Where alcohol will be served/stored
- All entrances and exits
- Where security will be positioned
- Square footage of event area
- Show North, East, South, West