

Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

FOR DLLC USE ONLY

Event date(s):

Event time start/end:

### APPLICATION FOR SPECIAL EVENT LICENSE

Fee= \$25.00 per day for 1-10 days (consecutive)  
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. §44-6852)

**IMPORTANT INFORMATION: This document must be fully completed or it will be returned.**

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. 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 government before submission to the Department of Liquor Licenses and Control (see Section 15).

**SECTION 1** Name of Organization: Heart for the City

**SECTION 2** Non-Profit/IRS Tax Exempt Number: [REDACTED]

**SECTION 3** The organization is a: (check one box only)

- Charitable (501.C)  Fraternal (must have regular membership and have been in existence for over five (5) years)  
 Religious  Civic (Rotary, College Scholarship)  Political Party, Ballot Measure or Campaign Committee

**SECTION 4** Will this event be held on a currently licensed premise and within the already approved premises?  
 Yes  No

Name of Business

License Number

Phone (include Area Code)

**SECTION 5** How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) and check one of the following boxes.

- Place license in non-use  
 Dispense and serve all spirituous liquors under retailer's license  
 Dispense and serve all spirituous liquors under special event  
 Split premise between special event and retail location

(If not using retail license, submit a letter of agreement from the agent/owner of the licensed premise to suspend the license during the event. If the special event is only using a portion of premise, agent/owner will need to suspend that portion of the premise.)

**SECTION 6** What is the purpose of this event?  On-site consumption  Off-site (auction)  Both

**SECTION 7** Location of the Event: Pendergast Farm (SE Corner of W.Bethany Home Road and 95th Ave.)  
Address of Location: 9500 West Bethany Home Road, Glendale, AZ 85305

Street

City

County/State

Zip

**SECTION 8** Will this be stacked with a wine festival/craft distiller festival?  Yes  No

**SECTION 9** Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Erriquez Joe

Last

First

Middle

Date of Birth

2. Applicant's mailing address: P.O. Box 2, Glendale, AZ 85311

Street

City

State

Zip

3. Applicant's home/cell phone: ( ) [REDACTED] Applicant's business phone: ( ) (602)499-5059

4. Applicant's email address: [REDACTED]

**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? 0  
 (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 HEART FOR THE CITY Percentage 100%  
 Address P.O. Box 2, GLENDALE, AZ 85311  
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.)

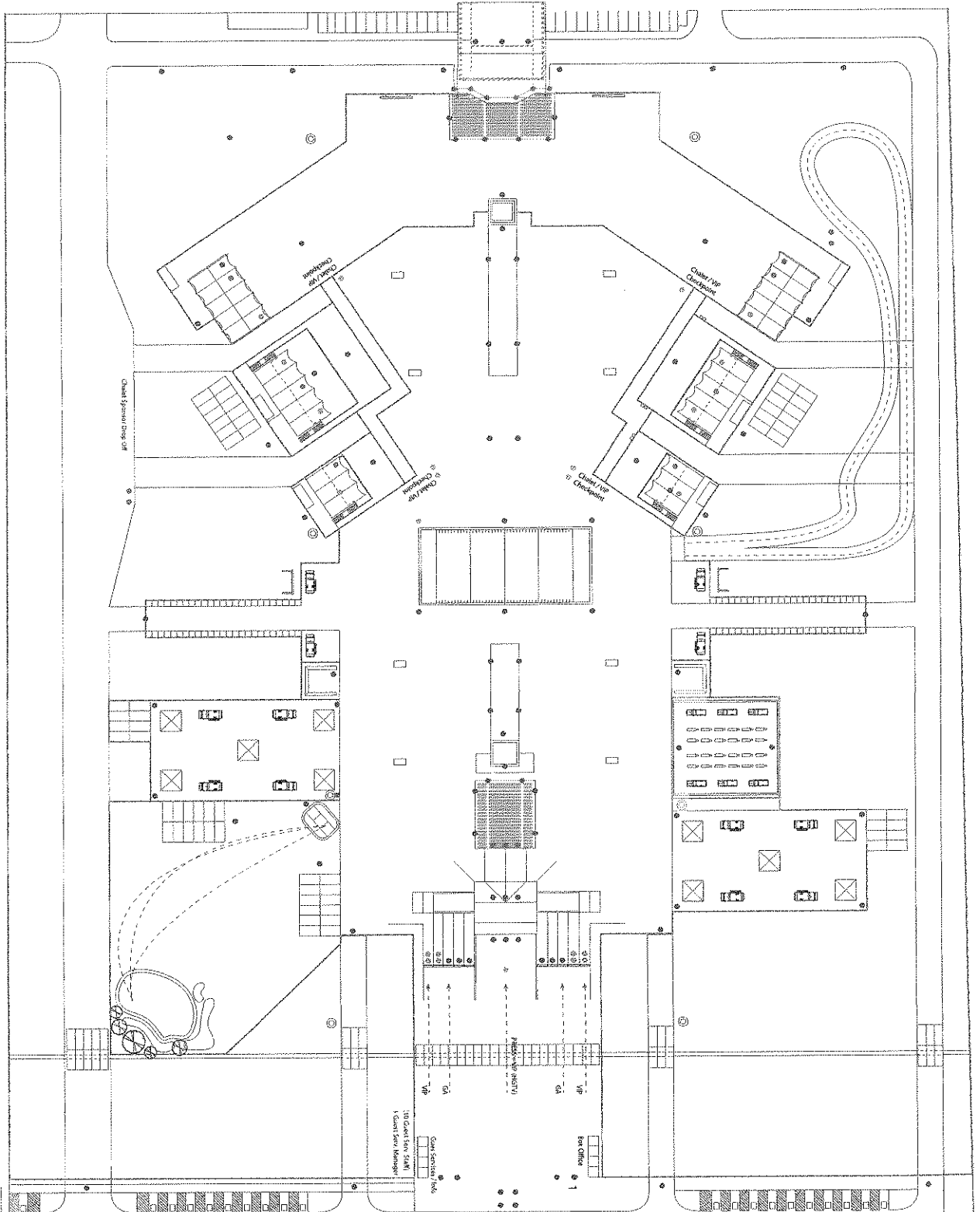
16 Number of Police 125 Number of Security Personnel  Fencing  Barriers

Explanation: SECURITY - (7) POLICE OFFICERS, (1) POLICE SERGEANT, (1) POLICE LIEUTENANT  
TRAFFIC - (5) POLICE OFFICERS, (1) POLICE SERGEANT, (1) POLICE LIEUTENANT  
EVENT SECURITY - (10) SUPERVISORS, (118) SECURITY GUARDS, 6' FENCE AROUND PERIMETER

**SECTION 11** Date(s) and Hours of Event. May not exceed 10 consecutive days. 6' FENCE AND BARRICADE FOR SAFETY INSIDE PERIMETER  
 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>1-28-15</u>	<u>WEDNESDAY</u>	<u>5:00PM</u>	<u>12:00AM</u>
DAY 2:	<u>1-29-15</u>	<u>THURSDAY</u>	<u>5:00PM</u>	<u>12:00AM</u>
DAY 3:	<u>1-30-15</u>	<u>FRIDAY</u>	<u>5:00PM</u>	<u>12:00AM</u>
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

Staff Position - Perimeter Plan  
Scale: N/A



**LEGEND:**

FCH Manager	1	QTY
Entrance Coordinator	4	
Bag Check	4	
Ushers	TBD	
Brand Liaisons	10	
Activation Liaisons	10	
Security	TBD	
VIP Liaisons	10	
Perimeter Fence		
Circulation		

**NOTES:**

- (10) Guards in BOLI and Green Room
- (10) Guards in Official Compound
- (5) Guards for VIP parking
- (10) General Parking Rangers
- \*\* Perimeter Guards At all Breaks

**PRELIMINARY**

DATE: 9/23/14  
WIP Project no. 031423  
Owner: B/MTRM  
Staff: Perimeter Plan

**A-101**

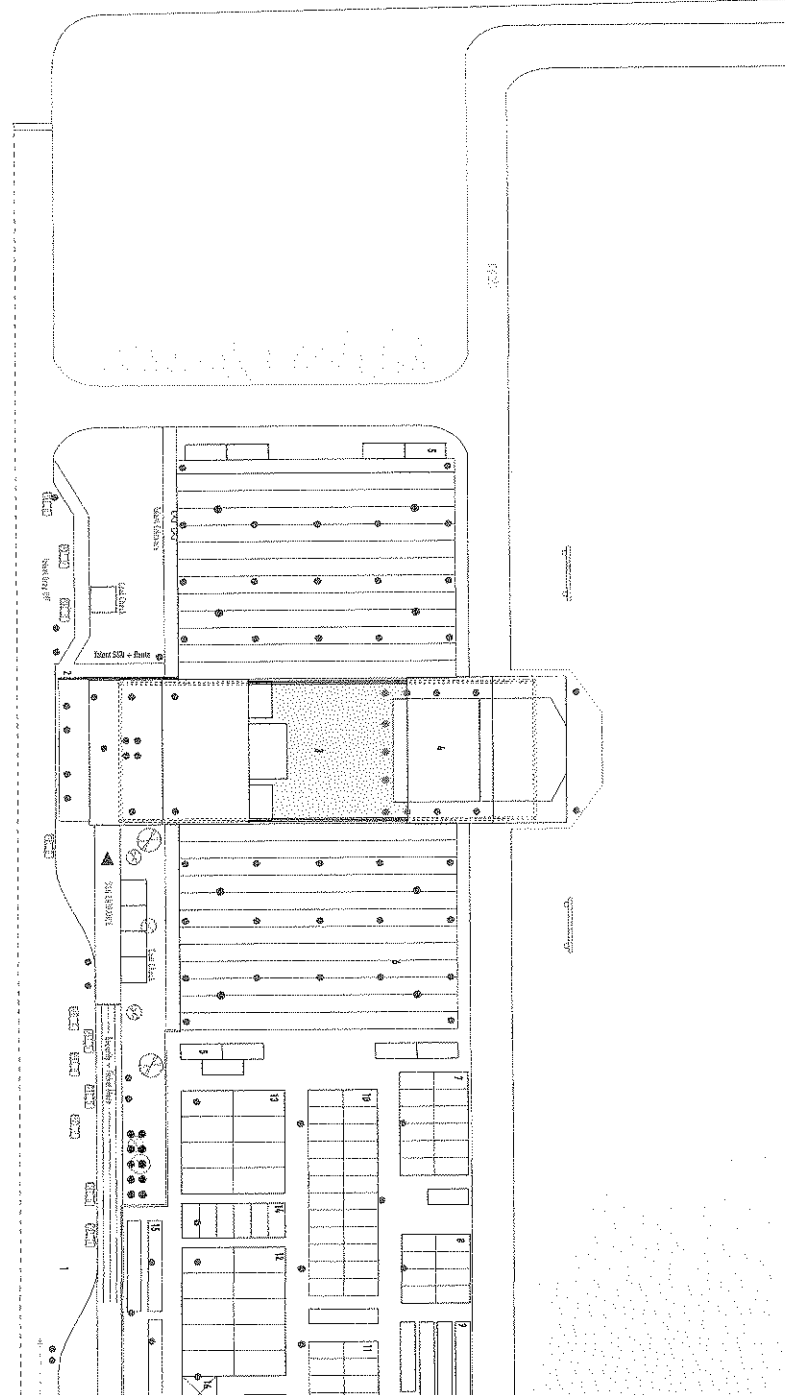
**DTV Super Bowl Program 2015**  
**Pendergrats Farm**  
**W Bethany Home Rd. & 95th Ave**  
**Glendale, AZ 85305**



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**MURPHY**  
PRODUCTION, INC.  
413 West 14th Street  
New York, New York 10014  
Office: 212.529.8999  
Fax: 212.529.5899



SSN Site Plan  
 Scale: 1" = 1/32"

**LEGEND:**

DESCRIPTION	QTY
FOH Manager	1
Entrance Coordinator	4
Bag Check	TBD
Ushers	TBD
Brand Liaisons	TBD
Activation Liaisons	TBD
Security	TBD
VIP Liaisons	TBD
Guest Services	TBD

**NOTES:**

- (10) Guards: Pit Green Room
- (3) Guards: In Office Compound
- (6) Guards: for VIP Parking
- (10) General Parking Managers
- \*\* Penetrator Guards At All Breaks

**Legend**

- 1. Show Pit (10x10)
- 2. Show Pit (10x10)
- 3. Show Pit (10x10)
- 4. Show Pit (10x10)
- 5. Show Pit (10x10)
- 6. Show Pit (10x10)
- 7. Show Pit (10x10)
- 8. Show Pit (10x10)
- 9. Show Pit (10x10)
- 10. Show Pit (10x10)
- 11. Show Pit (10x10)
- 12. Show Pit (10x10)
- 13. Show Pit (10x10)
- 14. Show Pit (10x10)
- 15. Show Pit (10x10)
- 16. Show Pit (10x10)
- 17. Show Pit (10x10)
- 18. Show Pit (10x10)
- 19. Show Pit (10x10)
- 20. Show Pit (10x10)



**PRELIMINARY**

**MURPHY**  
 ARCHITECTURAL FIRM, INC.  
 411 West 14th Street  
 New York, New York 10014  
 Tel: 212-677-2000  
 Fax: 212-677-2005

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**DTV Super Bowl Program 2015**  
**Pendergrats Farm**  
**W Bethany Home Rd. & 95th Ave**  
**Glendale, AZ 85305**

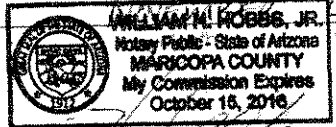
Issue/Revisions	1
Date: 8/11/14	
Project No.: 001410	
Drawn By: STUL	
SSN Site Plan	
A-101	

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

I, Joseph S. Eriquez Sr declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Title/Position CEO/President Date 10/11/14 Phone # 6024995255

The foregoing instrument was acknowledged before me this 11<sup>th</sup> Day of NOVEMBER 2014 State AZ County of MARICOPA



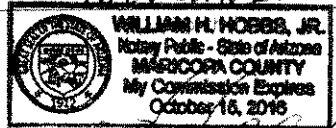
My Commission Expires on: OCTOBER 15, 16 Date [Signature] Signature of Notary Public

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

I, Joseph S. Eriquez declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] Title/Position CEO/President Date 10/11/14 Phone # 6024995255

The foregoing instrument was acknowledged before me this 11 Day of NOVEMBER 2014 State AZ County of MARICOPA



My Commission Expires on: OCTOBER 15, 16 Date [Signature] 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](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: \_\_\_\_\_