ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix, Arizona 85007-2934 (602) 542-5141

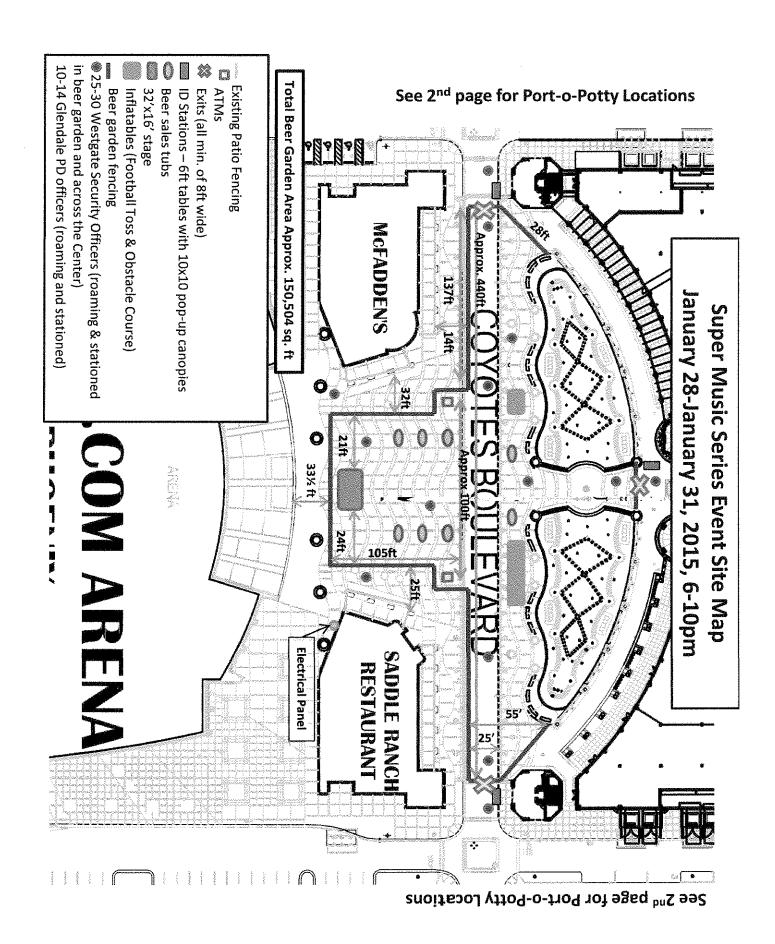
APPLICATION FOR SPECIAL EVENT LICENSE

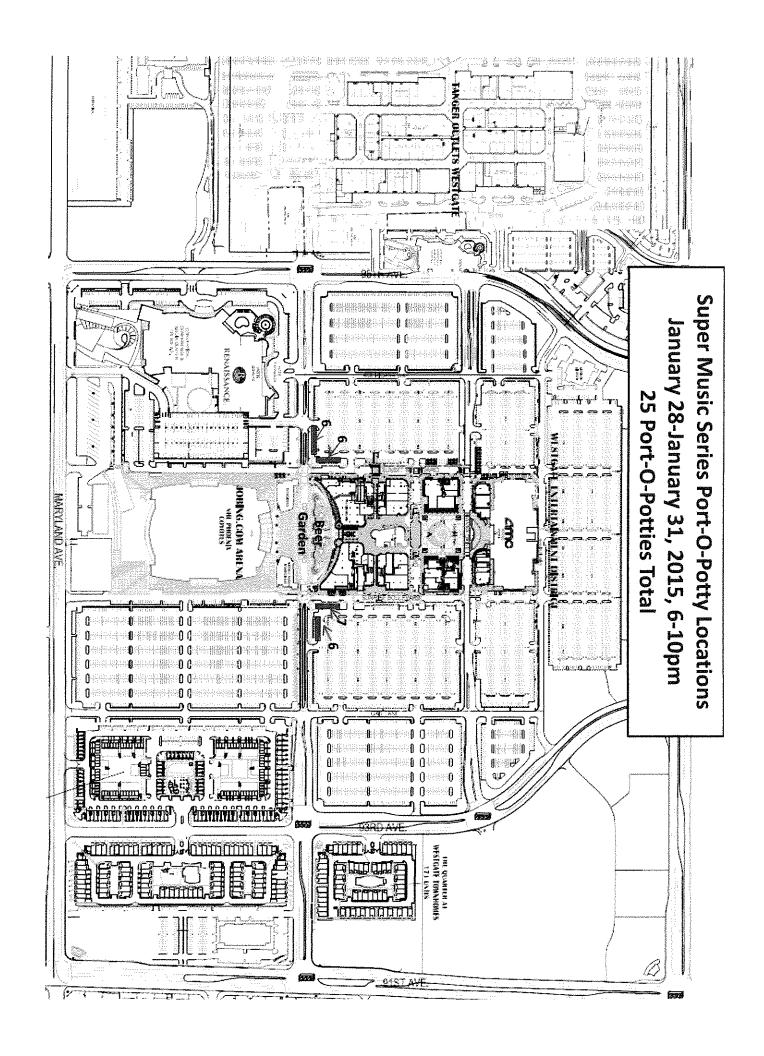
Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S.§ 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED. PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING

	PLEASE ALLOV	V-10 BUSINESS DAY:	S FOR PROCE	SSING,	,
**Application must be approved by local Department of Liquor Licenses and Con		government before submission to rol. (Section #20)		DLLC US	E ONLA
				LICENSE	11
1. Name of O	ganization: 100 Club of Arizon	8			***************************************
2. Non-Profit/I	R.S. Tax Exempt Numbe				
3. The organiz	ration is a: (check one bo	x only)			
	ritable	ust have regular mem	bership and in e	existence for	over 5 years)
☐ Civid	Religious	☐ Political Party, I	Ballot Measure,	or Campaig	n Committee
4. What is the	purpose of this event? ✓	on-site consumption	☐ off-site cons	sumption (au	action) 🗌 both
Super Music S	eries for Super Bowl		of the minimum content which is a superior of the content of the c	Markinskandil Markil Komeron najaga, papaga (1884) dan dan dari	
5. Location of	the event: 6751 North Sunset Bi	vd - Westgate Entertainment Distr	nd Glendale	Marico	oa 85305
	Address of physical	location (Not P.O. Box)	City	County	Zip
the Organization	be a member of the qualifying named in Question #1. (S	<u>ng organization and aut</u> Ignature required in sec	thorized by an Of tion #18\	ficer, Directo	r or Chairperson of
6. Applicant:		Stave		í	
me a displacement and	Last	First	Middle		Date of Birth
7. Applicant's	Mailing Address:		And the second s	in and the second section of the second	
		ireel	City	State	Zip
8. Phone Num			8 2927	(
O Detale) 9 1	Site Owner#	• • •	nt's Business#	App	ficant's Home #
a. Date(s) & F	ours of Event: (see A,R,S, 4		hours of service)		
	Date	Day of Week	Hours from	A.M./P.M.	To A.M./P.M.
Day 1	*	Wednesday	<u>6PM</u>		10 PM_
Day 2		Thursday	<u> LOPM</u>	- Andrews	JOPM
Day 3	January 20	Friday	<u> OPM</u>	- Control of the Cont	TORW
Day 4		Saturday	_ 0PM_	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> 10PM</u>
Day 5				***************************************	-
Day 6					
	the state of the s				
Day 7	Control Andrews Control Contro		© (000 - 1000 -	Therefore American (1994) And Schwerz A. P. Jansson A. Park	
Day 8			Office sensors sensors state and sensors senso	mention and the state of the st	
•					
Day 8					

10. Has the applicant been convicted of a felony in the past five years, or had a liquor lice ☐ YES ☑ NO (attach exp	
	including this event 110 days per year).
 Is the organization using the services of a promoter or other person to manage the e If yes, attach a copy of the agreement. 	vent? YES NO
 List all people and organizations who will receive the proceeds. Account for 100% of THE ORGANIZATION APPLYING MUST RECEIVE 25% OF THE GROSS REVENI EVENT LIQUOR SALES. 	the proceeds. UES OF THE SPECIAL
Name 100 Club of Arizona	25
Address 5033 North 19th Avenue, Sulte 123, Phoenix, Arizona 85015	Percantage
Name Westgate Entertainment District	75
Address 6751 North Sunset Blvd, Suite 333, Glendale, Arizona 85305	Percentage
(Attach additional sheet if necessary)	
14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law vio any questions regarding the law or this application, please contact the Arizona State Licenses and Control for assistance.	olations. If you have Department of Liquor
NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE "NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PI	EVENT SITE ONLY. REMISES."
15. What security and control measures will you take to prevent violations of state liquor (List type and number of security/police personnel and type of fencing or control barries.)	
10-14 # Police	
Numbers listed are for each event day. Fencing will be bike-rack barricades surrounding perimeter of beer	garden,
16. Is there an existing liquor license at the location where the special event is being held if yes, does the existing business agree to suspend their liquor license during the timperiod, and in the area in which the special event license will be in use? (ATTACH COPY OF AGREEMENT)	
· · · · · · · · · · · · · · · · · · ·	
Name of Business (Phone Number
17. Your licensed premises is that area in which you are authorized to sell, dispense, under the provisions of your license. The following page is to be used to prepare event licensed premises. Please show dimensions, serving areas, fencing, be measures and security positions.	a diagram of your special





THIS SECTION TO BE COMPLETED O	ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE
ORGANI	IZATION NAMED IN QUESTION #1
18. Steve Horrell (Print full name)	declare that I am an Officer/Director/Chaimerson appointing the
applicant listed in Question 6, to apply on behalf (of the foregoing organization for a Special Event Liquor License.
(Signature	Board of Directors Secretary / / / / / (502) 468-4622 (Title/Position) (Date) (Phone #)
www.www.	Arizona county of Maricopa
Notary Public State of Arizona Maricopa County Karely Alcantar Ny Commission Expires 09/29/2018	The foregoing instrument was acknowledged before me this
My Commission expires on: 09/29/20	Day Month Year Cart Lat (Signature of NOTARY PUBLIC)
	ED ONLY BY THE APPLICANT NAMED IN QUESTION #6
19. L Steve Horrell (Print full name)	declare that I am the APPLICANT filing this application as
listed in Question 6. I have read the applicat	ation and the contents and all statements are true, correct and complete
Tono Harrell	State of Arizoba County of Maricopa
S	The foregoing instrument was acknowledged before me this
Notary Public Siste of Arizona Misricope County Karety Alcantar	Day O Month O Year
M Same South Explication of the 21/201	
CORE CONTRACTOR CONTRA	(Signature of NOTARY PUBLIC)
the local governing body may require a	val. City or County MUST recommend event and complete Item # additional applications to be completed and submitted 60 days using fees may also be required before approval may be granted.
LOCAL GOVE	RNING BODY APPROVAL SECTION
20. l,	hereby recommend this special event application
(Government Official) on behalf of	(Title)
(City, Town or County)	(Signature of OFFICIAL) (Date)
FOR DL	LLC DEPARTMENT USE ONLY
Department Comment Section:	
(Employee)	(Date)
☐ APPROVED ☐ DISAPPROVED	BY:
Security State of Security Sta	• •
	(Title) (Date)