

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: DEEP WITHIN REHAB CENTER INC

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: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y
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: HUMES CYNTHIA ANN [REDACTED]
Last First Middle Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)

2. How many special event licenses have been issued to this location this year? 1
(The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. 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.)

4. 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	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25 %</u>
Address	<u>11713 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47 %</u>
Address	<u>8701 S. HARDY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.)
Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers
Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
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>9-11-16</u>	<u>SUNDAY</u>	<u>12 PM</u>	<u>10 PM</u>
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				

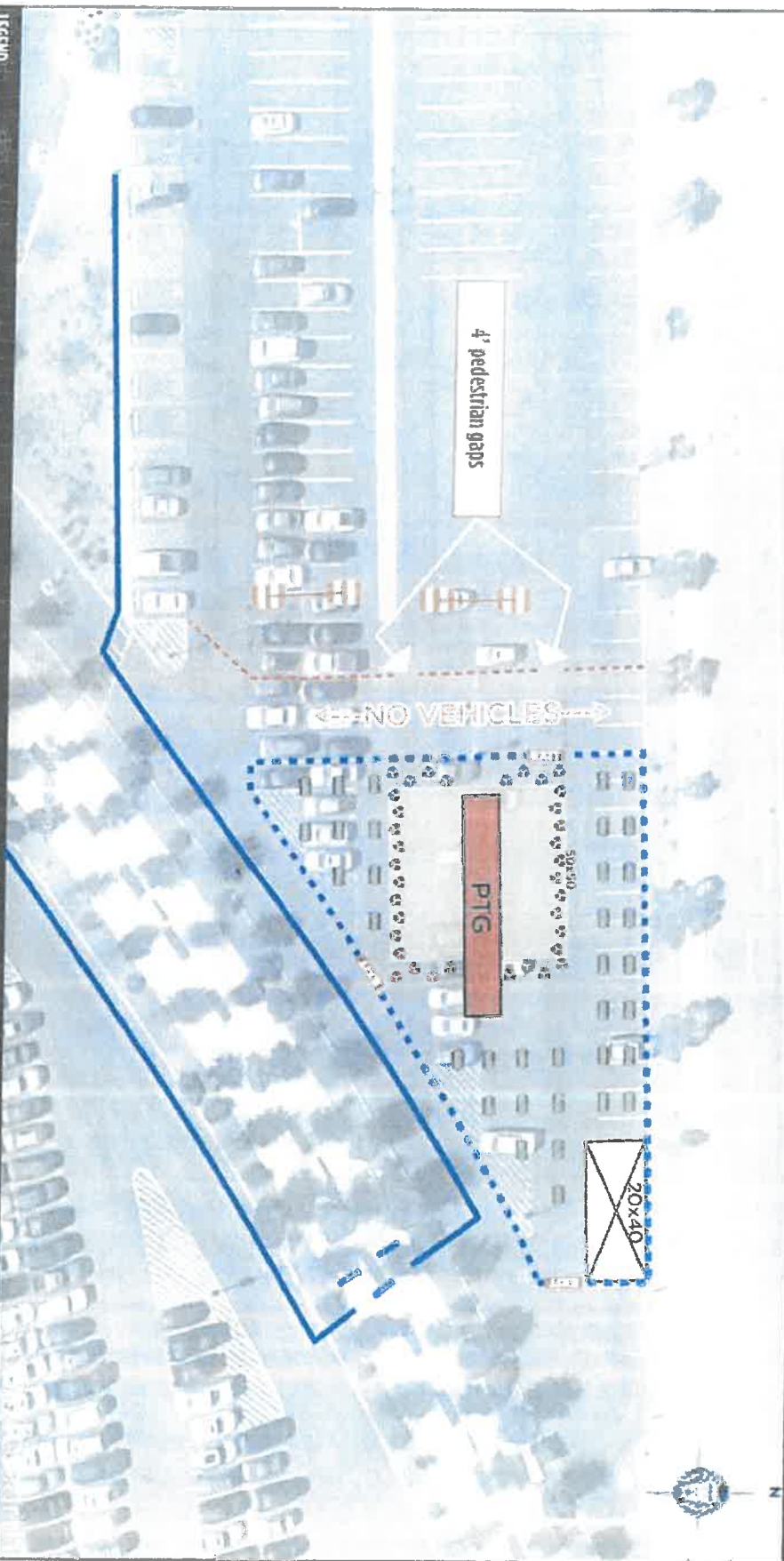
Section 10

4. 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 Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



LEGEND

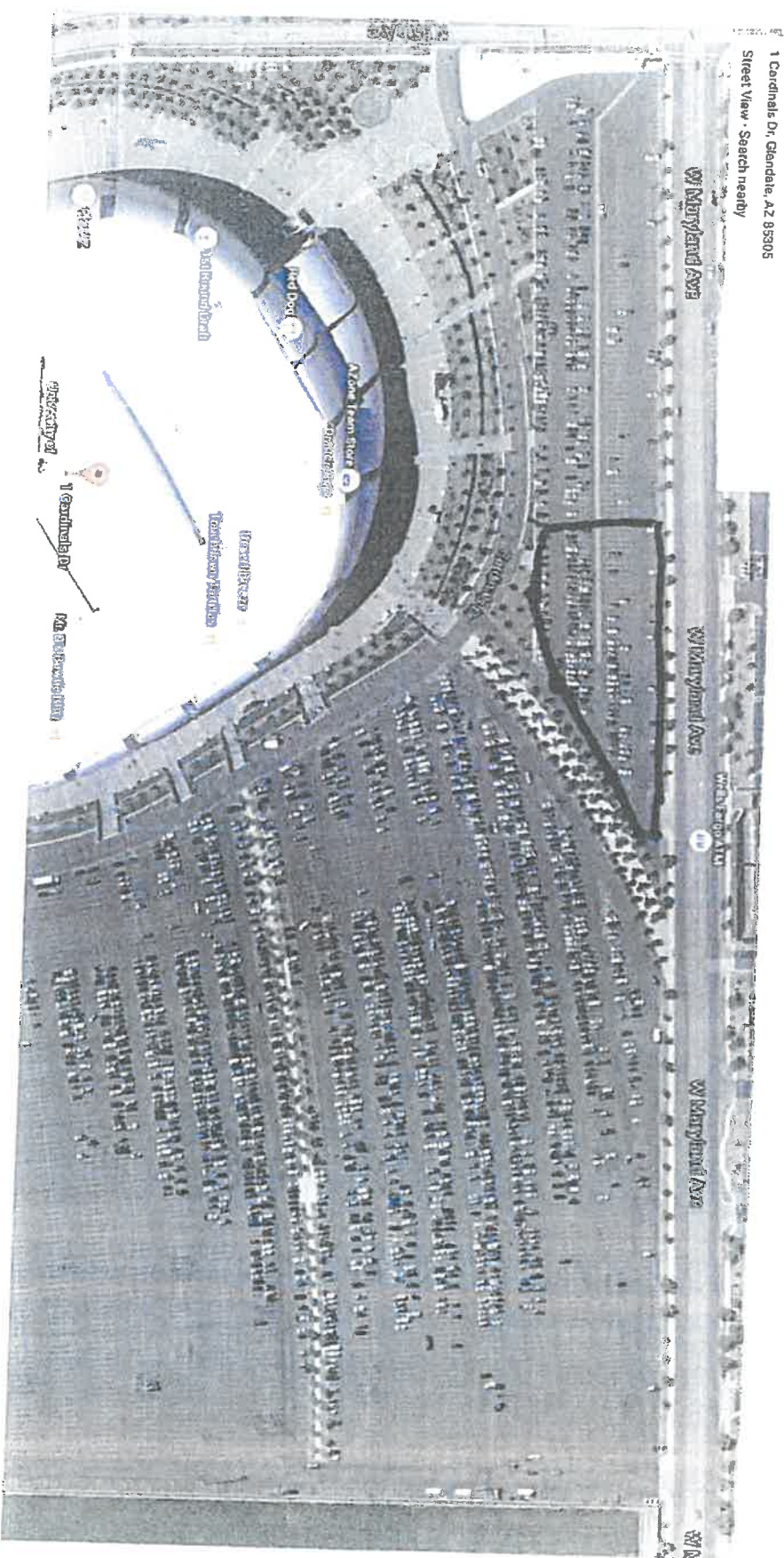
- PTG EVENT FENCE
- 50" COCKTAIL
- 362 PERIMETER
- PENNANT FLAG
- PICNIC TABLE
- UMBRELLAS
- COOL TOWER

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ NP		NORTH PRIME TIME		Glendale	
SPEED LIMIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Constant	1 of 1	1		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estrada		5/20/15	
REVIEWED BY		DATE			



1 Cardinals Dr, Glendale, AZ 85305
Street View · Search nearby



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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
State Arizona County of Maricopa
Day Month Year

My Commission Expires on: 10/31/2017
Date

Veronica Castro
Signature of Notary Public



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

I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

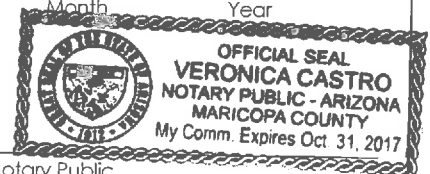
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SECTION 15 Local Governing Body Approval Section

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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on September 11, 2016. The hours of operation are as follows:

September 11, 2016

12:00pm-10:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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SECTION 1 Name of Organization: DEEP WITHIN REHAB CENTER INC

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

SECTION 3 The organization is at: (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
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SECTION 7 Location of the Event: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]

Last

First

Middle

Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345

Street

City

State

Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)
2. How many special event licenses have been issued to this location this year? 2
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)
3. 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.)
4. 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 DEEP WITHIN REHAB CENTER Percentage 25%
 Address 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

Name ARIZONA CARDINALS FOOTBALL CLUB Percentage 47%
 Address 8701 S. HARDY DRIVE TEMPE AZ 85284
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.

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Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

- SECTION 11** Date(s) and Hours of Event. May not exceed 10 consecutive days.
 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>9-18-16</u>	<u>SUNDAY</u>	<u>8 AM</u>	<u>6 PM</u>
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				

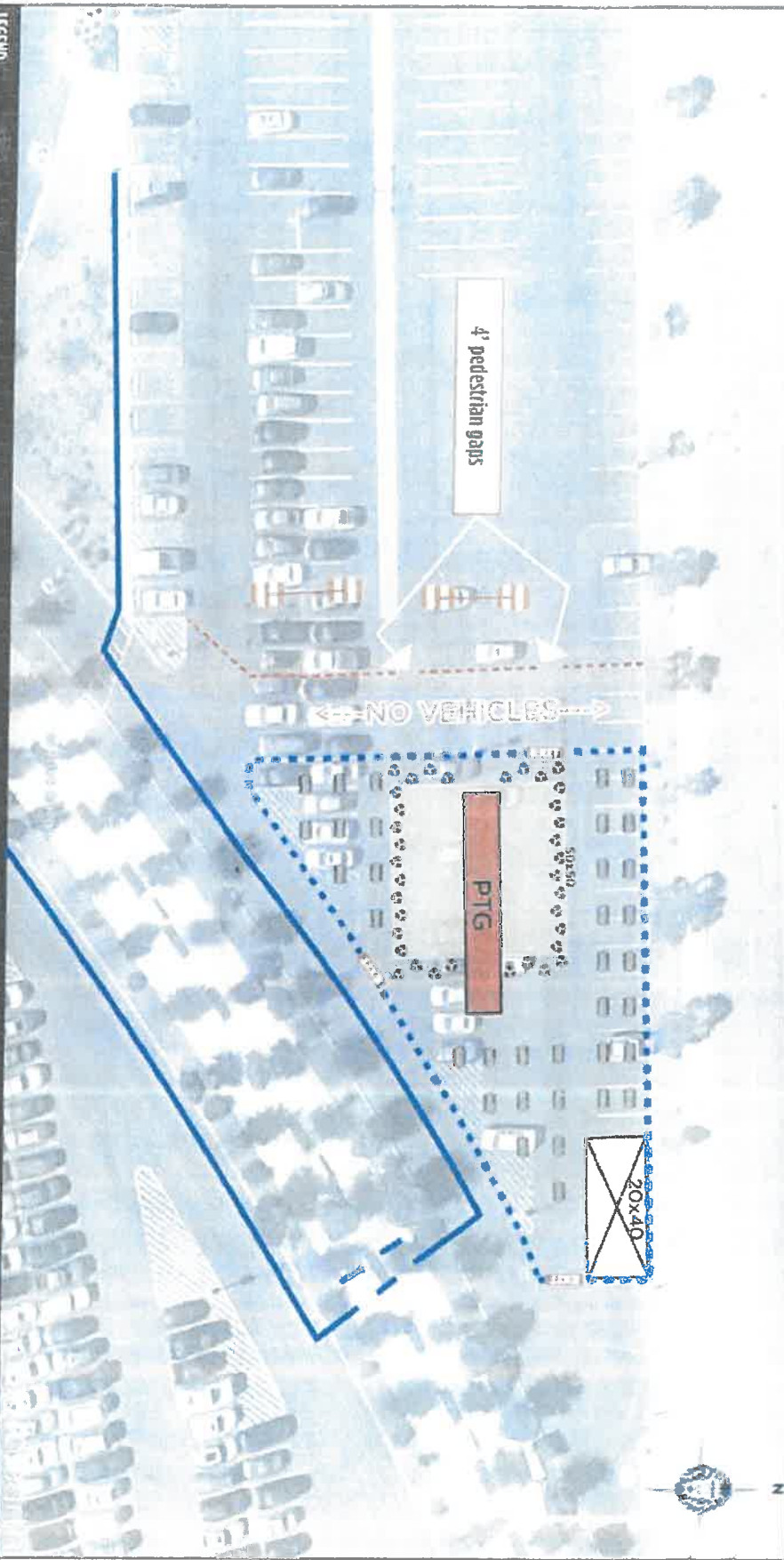
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Name Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



LEGEND

- PTG EVENT FENCE
- 30" COCKTAIL
- BBQ PERIMETER
- PENNYANT FLAG
- PICNIC TABLE
- UMBRELLAS
- COOLTOWER

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

MAP NOT TO SCALE

EVENT NAME

LOCATION

MUNICIPALITY

2015 PTG @ MP

NORTH HAVEN

Glendale

SPEED LIMIT

FLOW PATTERN

PAGE

REV

N/A

☐ Ingress ☐ Egress ☒ Constant

1 of 1

1

CONTRACTOR

PREPARED BY

DATE

Pride Group, LLC

Extrada

5/20/15

REVIEWED BY

DATE



480.653.3911 | PrideGroup.us

1st St

Maryland Ave

Glendale

Phoenix

Scottsdale

Tempe

Mesa

Chandler

Gilbert

Peoria

Flagstaff

Tucson

Yuma

Phoenix Sky Harbor International Airport

Phoenix Sky Harbor International Airport

0 1 mile

1 Cardinals Dr, Glendale, AZ 85305
Street View · Search nearby

<https://www.google.com/maps/place/1+Cardinals+Dr,+Glendale,+AZ+85305/@33.21711,-112.04111,15z>

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I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

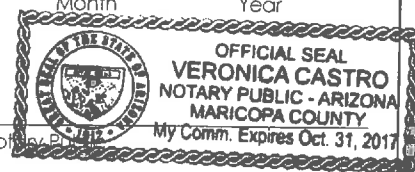
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Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

☐ APPROVAL ☐ DISAPPROVAL BY: _____ DATE: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on September 18, 2016. The hours of operation are as follows:

September 18, 2016

8:00am-6:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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FOR DLLC USE ONLY

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☐ Yes ☒ No

Name of Business

License Number

Phone (include Area Code)

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Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

Street

City

County/State

Zip

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First

Middle

Date of Birth

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☐ Yes ☒ No (If yes, attach explanation.)

2. How many special event licenses have been issued to this location this year? 3
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. Is the organization using the services of a promoter or other person to manage the event? ☒ Yes ☐ No
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Name	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25%</u>
Address	<u>11773 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47%</u>
Address	<u>8701 S. HAROY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.

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Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE
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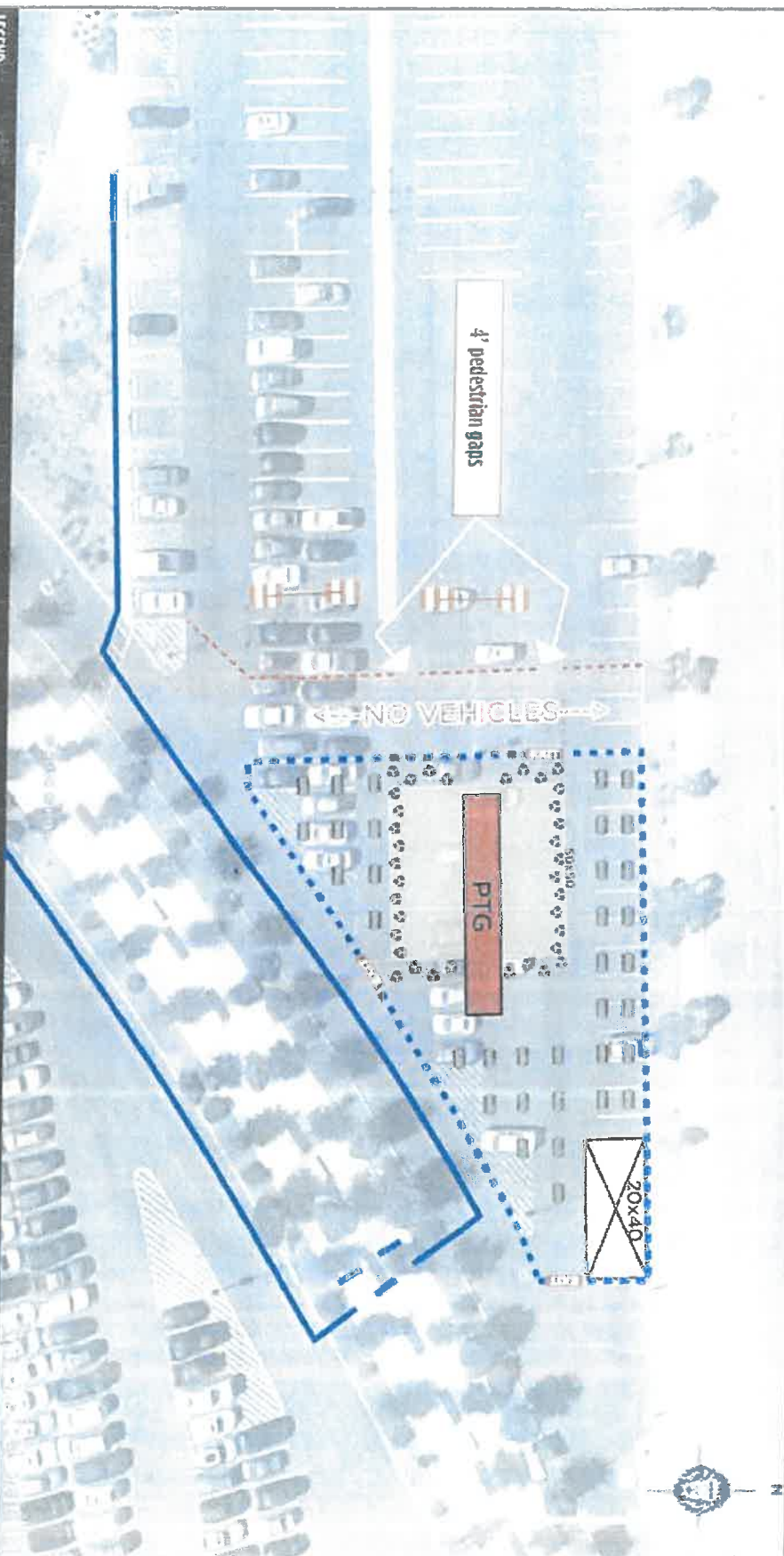
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 See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>10-2-16</u>	<u>SUNDAY</u>	<u>8 AM</u>	<u>6 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

Section 10

4. 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	Rojo Hospitality Group	Percentage	28%
Address	1 Cardinals Drive Glendale, AZ 85305		



LEGEND

- PTG EVENT FENCE
- 30" COCKTAIL
- BBQ PERIMETER
- PENNYANT FLAG
- PICNIC TABLE
- UMBRELLAS
- COOLBOX

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

MAP NOT TO SCALE

EVENT NAME

2015 PTG @ NP

LOCATION

NORTH PARK

MUNICIPALITY

Glendale

SPEED LIMIT

N/A

FLOW PATTERN

☐ Ingress ☐ Egress ☒ Constant

PAGE REV

1 of 1

CONTRACTOR

Pride Group, LLC

PREPARED BY

Extrada

DATE

5/20/15

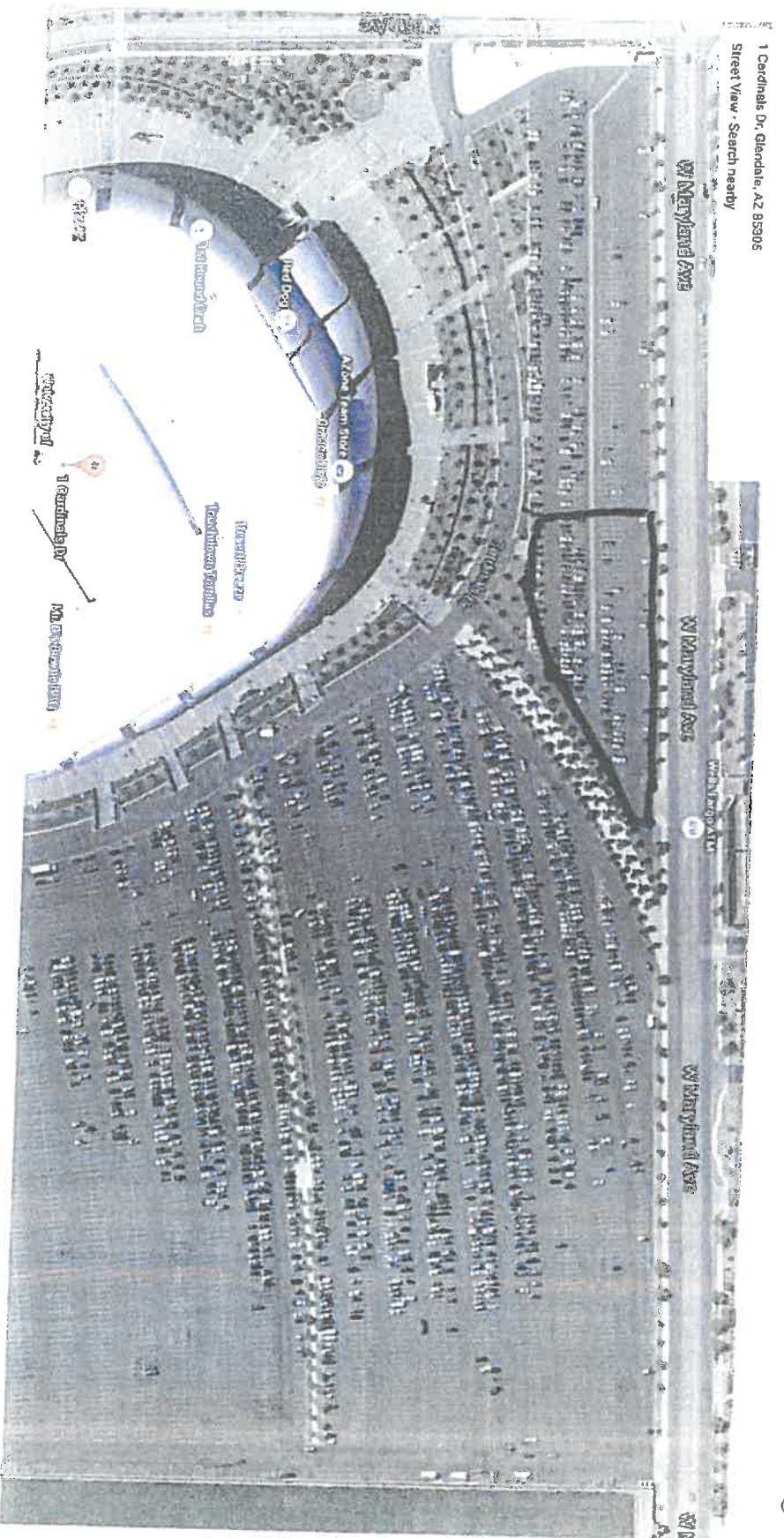
REVIEWED BY

DATE



1 Cardinals Dr - Google Maps

<https://www.google.com/maps/place/1+Cardinals+Dr,+Glendale,+AZ+85305/@33.>



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

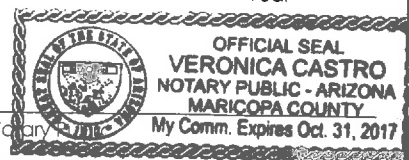
x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro
Signature of Notary



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

I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

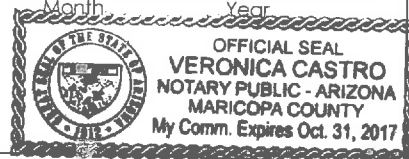
x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
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State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
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Veronica Castro
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.

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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on October 2, 2016. The hours of operation are as follows:

October 2, 2016

8:00am-6:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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: DEEP WITHIN REHAB CENTER INC

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: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]

Last

First

Middle

Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345

Street

City

State

Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)
2. How many special event licenses have been issued to this location this year? 4
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)
3. 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.)
4. 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 DEEP WITHIN REHAB CENTER Percentage 25%
 Address 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

Name ARIZONA CARDINALS FOOTBALL CLUB Percentage 47%
 Address 8701 S. HARDY DRIVE TEMPE AZ 85284
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.)

Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days. 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>10-17-16</u>	<u>MONDAY</u>	<u>12 pm</u>	<u>10 pm</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>

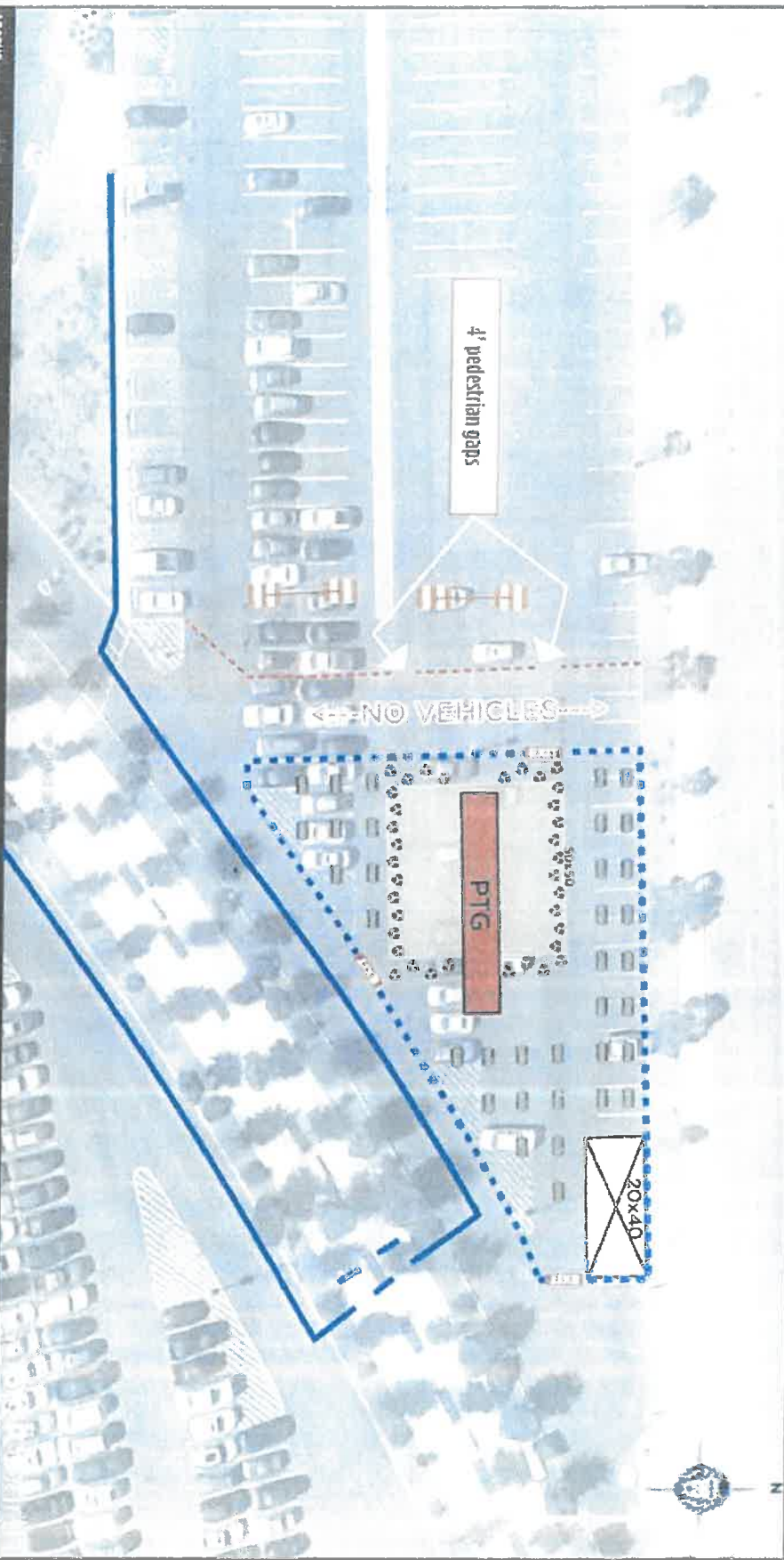
Section 10

4. 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 Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



LEGEND

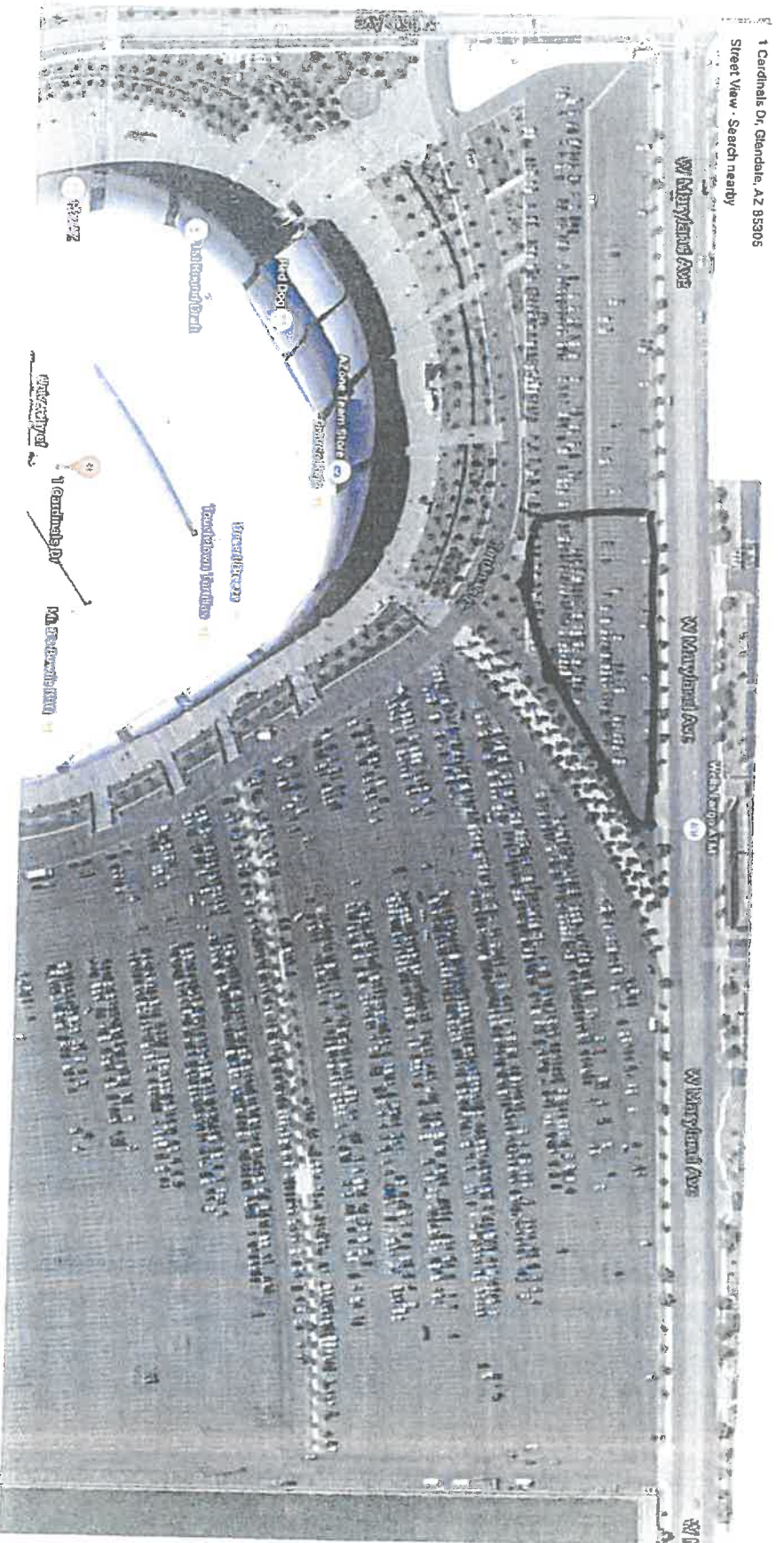
- PTG EVENT FENCE
- 50" COCKTAIL
- BBQ PERIMETER
- PICNIC TABLE
- PENNANT FLAG
- UMBRELLAS
- COONTOWER

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ MP		NORTH GLENVIEW		Glendale	
SPEED LIMIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Constant	1 of 1	1		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estrada		5/20/15	
REVIEWED BY		DATE			



480.663.3911 | PrideGroup.us



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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro
Signature of Notary Public



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I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
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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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on October 17, 2016. The hours of operation are as follows:

October 17, 2016

12:00pm-10:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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: DEEP WITHIN REHAB CENTER INC

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: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]
Last First Middle Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)
2. How many special event licenses have been issued to this location this year? 5
 (The number cannot exceed 12 events per year; exceptions under A.R.S. § 4-203.02(D).)
3. 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.)
4. 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	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25%</u>
Address	<u>11713 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47%</u>
Address	<u>8701 S. HARDY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.)

Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

- SECTION 11** Date(s) and Hours of Event. May not exceed 10 consecutive days.
 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>10-23-16</u>	<u>SUNDAY</u>	<u>12 pm</u>	<u>10 pm</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

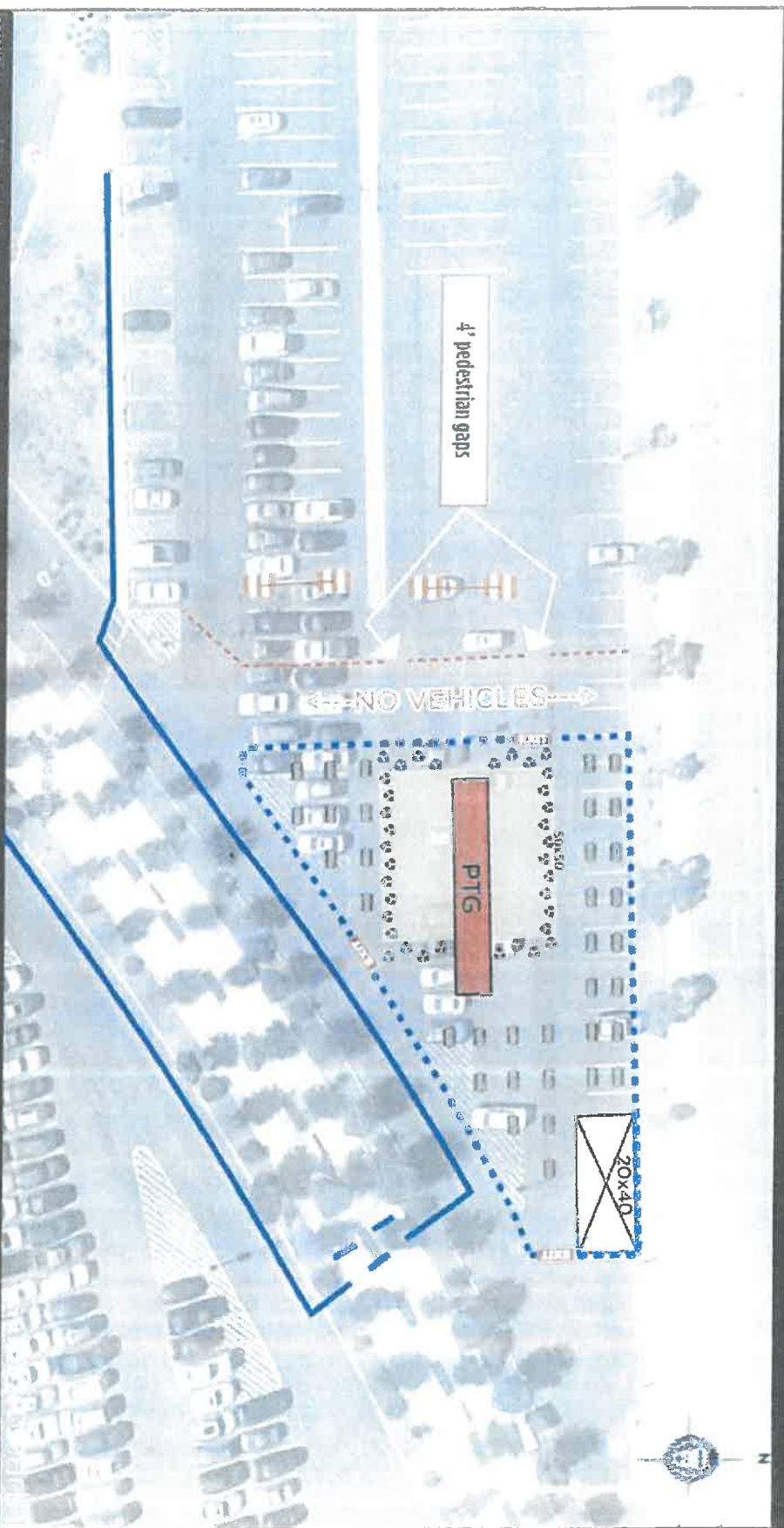
Section 10

4. 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 Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



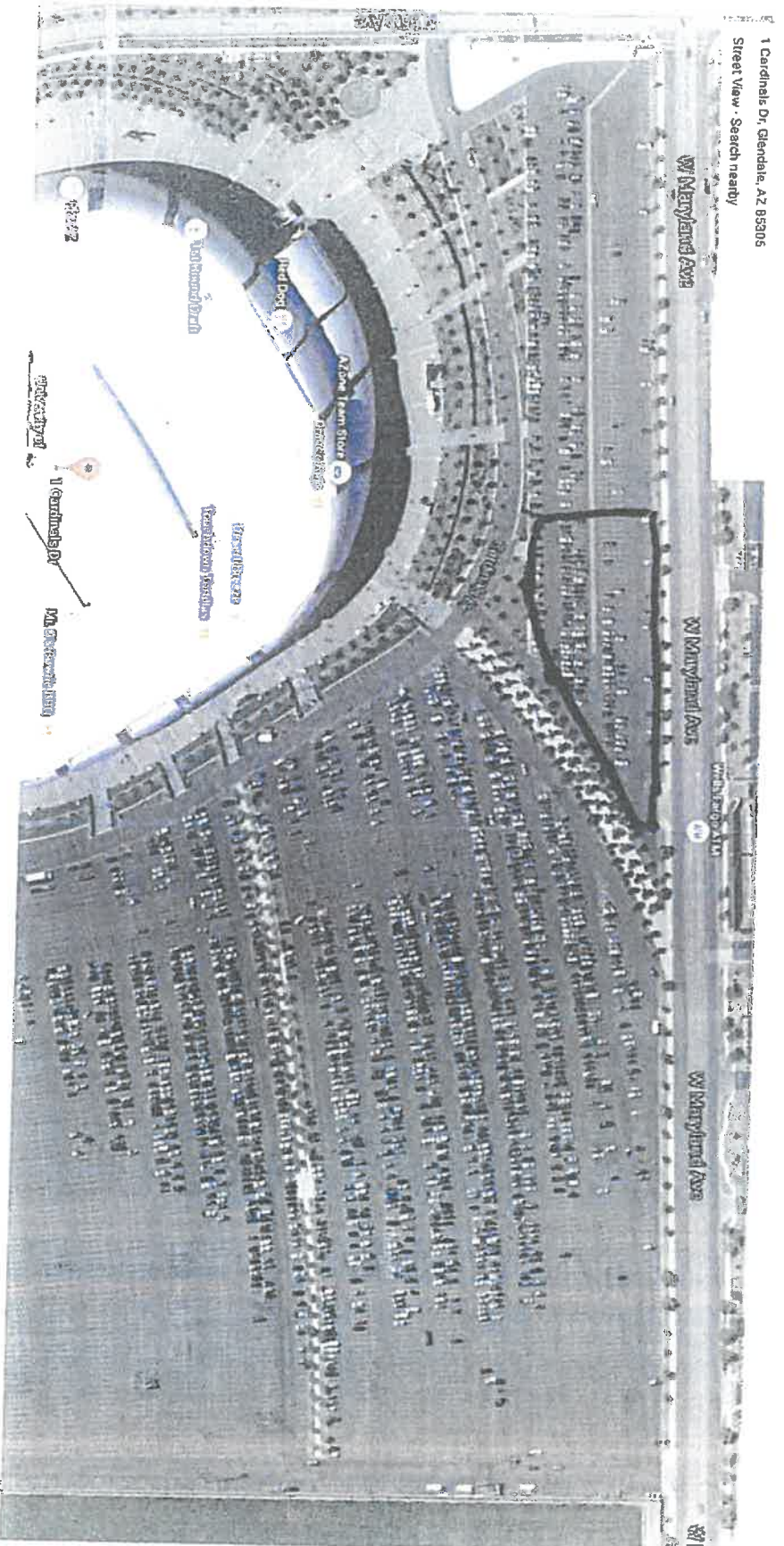
LEGEND

PTG EVENT FENCE	50" COCKTAIL	1	2	3	4
BBQ PERIMETER	PICNIC TABLE	5	6	7	8
PENNANT FLAG	UMBRELLAS				
	COOLTOWER				

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ NP		NORTH PRETHERED		Glendale	
SPEED LIMIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Constant	1 of 1	1		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estada		5/20/15	
REVIEWED BY		DATE			





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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

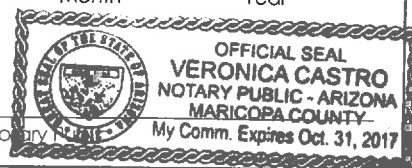
x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

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State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
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Veronica Castro
Signature of Notary Public



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I, Cynthia Humes declare that I am the APPLICANT filing this application as
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listed in Section 9. I have read the application and the contents and all statements are true, correct and
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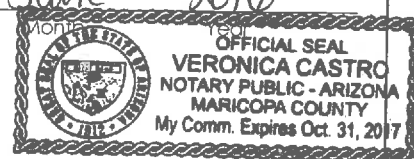
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I, _____ recommend ☐ APPROVAL ☐ DISAPPROVAL
(government official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

☐ APPROVAL ☐ DISAPPROVAL BY: _____ DATE: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on October 23, 2016. The hours of operation are as follows:

October 23, 2016

12:00pm-10:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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)

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

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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)

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

SECTION 7 Location of the Event: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]
Last First Middle Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)

2. How many special event licenses have been issued to this location this year? 6
 (The number cannot exceed 12 events per year; exceptions under A.R.S. § 4-203.02(D).)

3. 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.)

4. 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	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25%</u>
Address	<u>11713 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47%</u>
Address	<u>8701 S. HARDY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.)

Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
 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>11-13-16</u>	<u>SUNDAY</u>	<u>8 AM</u>	<u>6 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

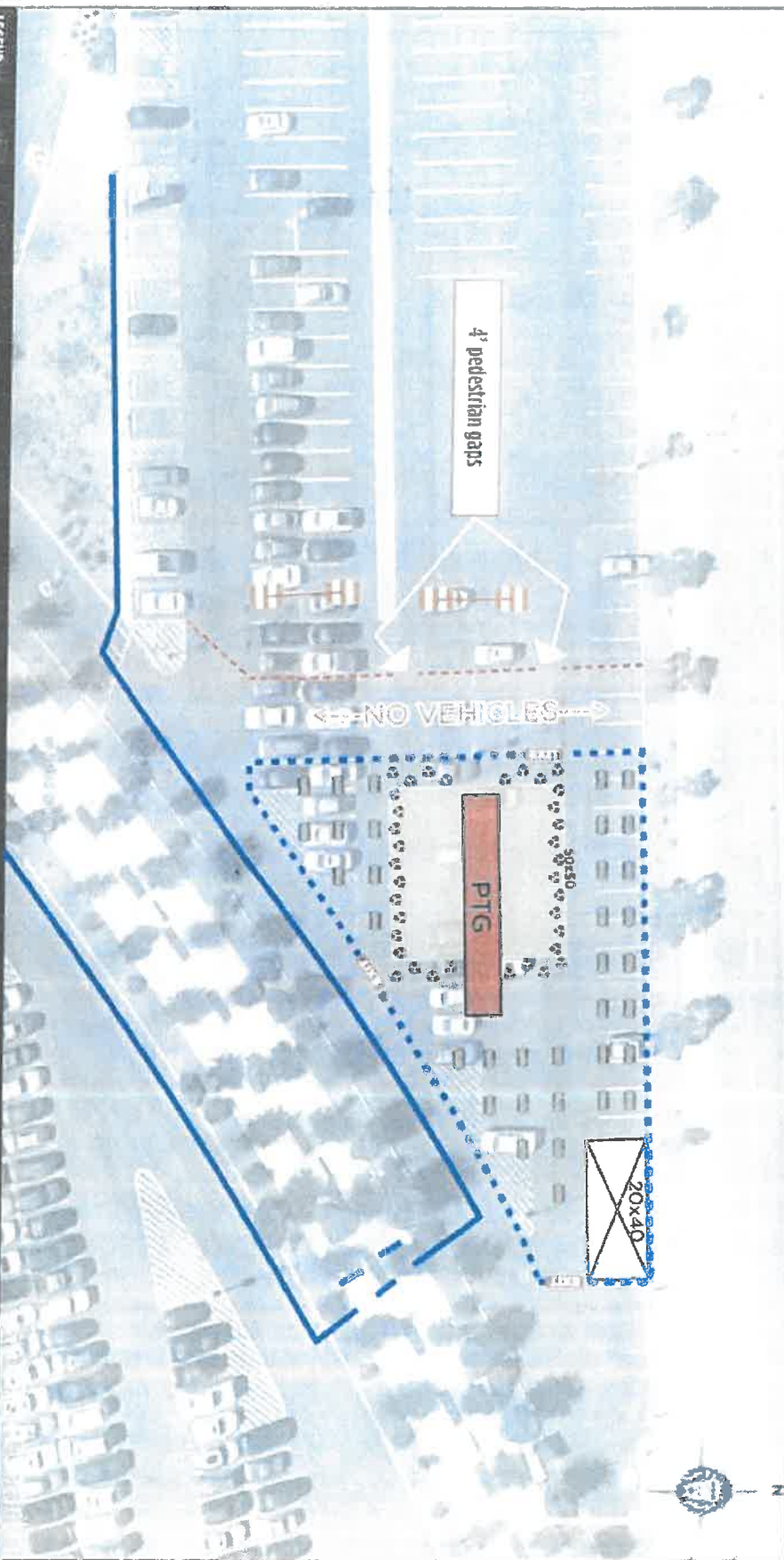
Section 10

4. 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 Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



LEGEND

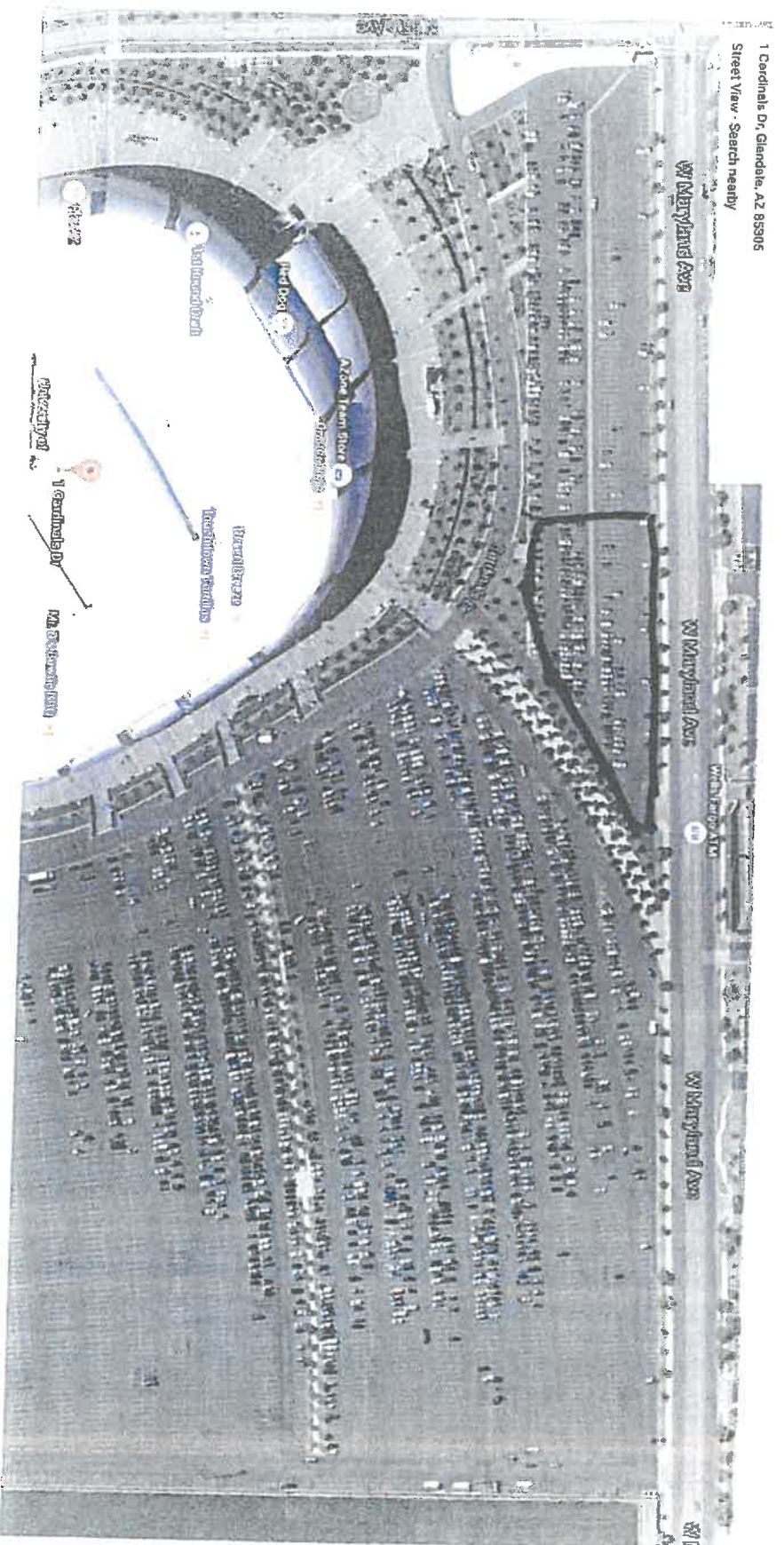
- PTG EVENT FENCE 1 2 3 4
- 30" COCKTAIL
- BBQ PERIMETER
- PENNYANT FLAG
- PICNIC TABLE
- UMBRELLAS
- COOLTOWER

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ NP		NORTH RIVERFORD		Glendale	
SPEED LIMIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Constant	1 of 1	01		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estada		5/20/15	
REVIEWED BY		DATE			



480.651.3911 | PrideGroup.us



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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

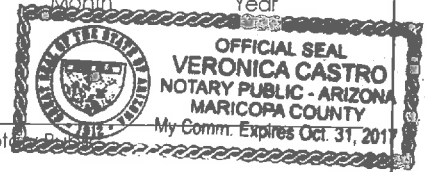
x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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

I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
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State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

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.

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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on November 13, 2016. The hours of operation are as follows:

November 13, 2016

8:00am-6:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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: DEEP WITHIN REHAB CENTER INC

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: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]
Last First Middle Date of Birth

2. Applicant's mailing address: 11713 N 91ST AVE PEORIA AZ 85345
Street City State Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)

2. How many special event licenses have been issued to this location this year? 7
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. 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.)

4. 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	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25%</u>
Address	<u>11713 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47%</u>
Address	<u>8701 S. HARDY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.)

Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE, AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

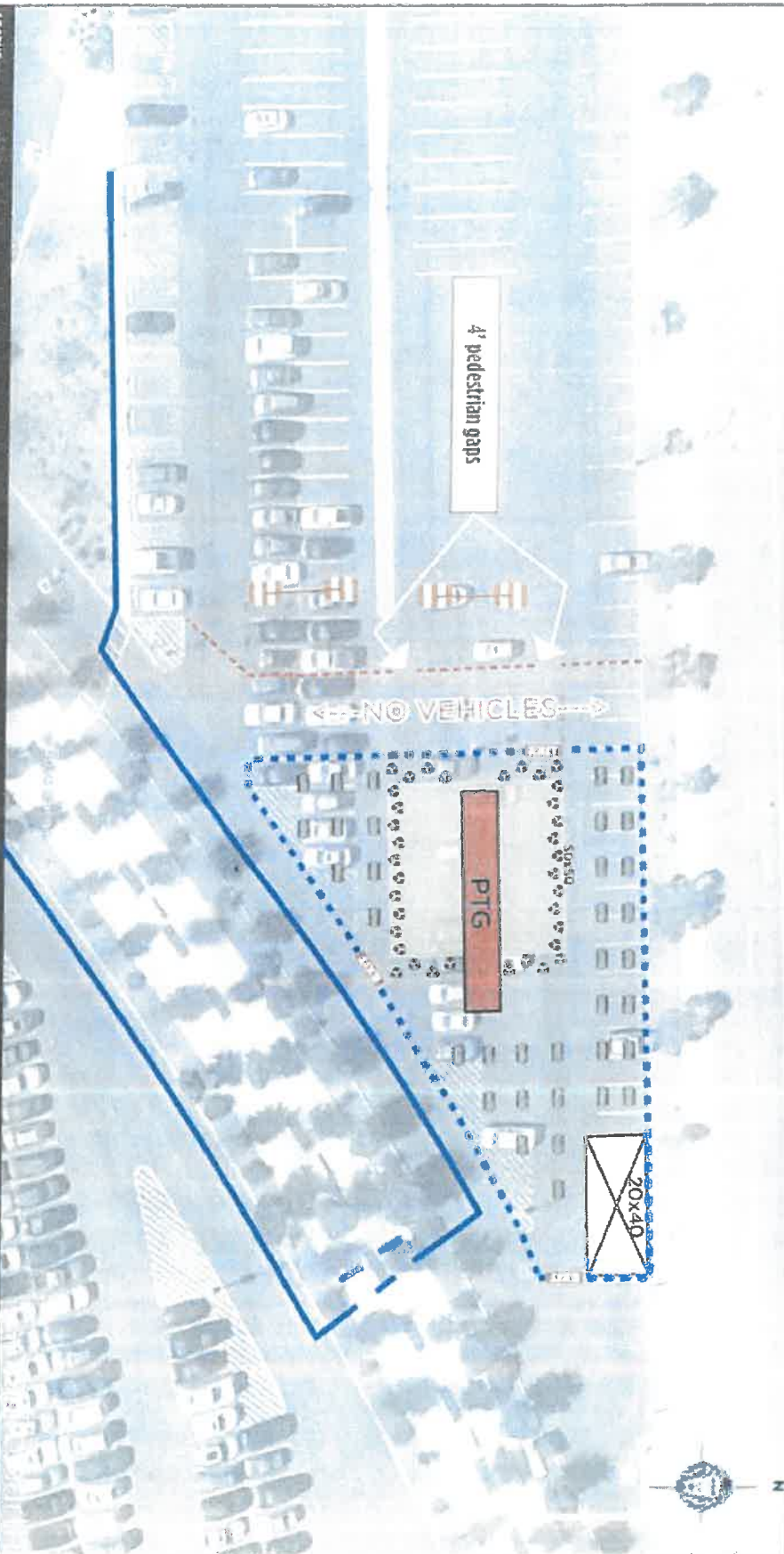
SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
 See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>12-4-16</u>	<u>SUNDAY</u>	<u>8 AM</u>	<u>6 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

Section 10

4. 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	Rojo Hospitality Group	Percentage	28%
Address	1 Cardinals Drive Glendale, AZ 85305		



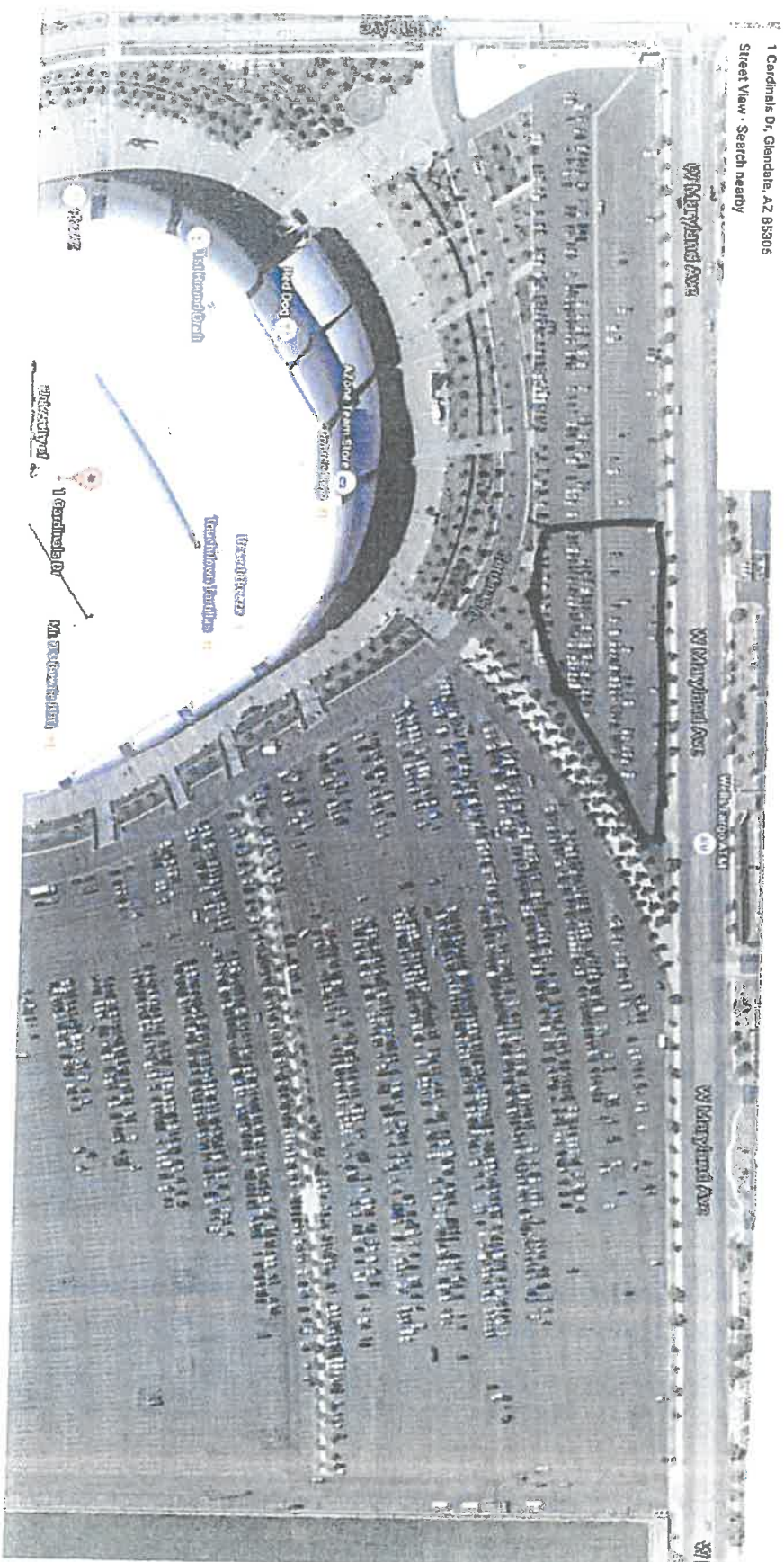
LEGEND

PTG EVENT FENCE		50' COCKTAIL	1	2	3	4
BBQ PERIMETER		PICNIC TABLE	5	6	7	8
PENMANI FLAG		UMBRELLAS				

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ NP		NORTH PRETHERD		Glendale	
SPEED UNIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Confidant	1 of 1	1		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estada		5/20/15	
REVIEWED BY		DATE			





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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th June 2016
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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

I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

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(Signature) Title/ Position Date Phone #

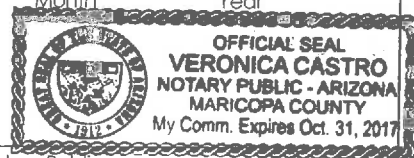
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Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on December 4, 2016. The hours of operation are as follows:

December 4, 2016

8:00am-6:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636

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.

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SECTION 1 Name of Organization: DEEP WITHIN REHAB CENTER INC

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.

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☐ Dispense and serve all spirituous liquors under retailer's license
☒ Dispense and serve all spirituous liquors under special event
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SECTION 6 What is the purpose of this event? ☒ On-site consumption ☐ Off-site (auction) ☐ Both

SECTION 7 Location of the Event: PARKING LOT

Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 Y

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: HUMES CYNTHIA ANN [REDACTED]

Last

First

Middle

Date of Birth

2. Applicant's mailing address: 11773 N 91ST AVE PEORIA AZ 85345

Street

City

State

Zip

3. Applicant's home/cell phone: (____) _____ Applicant's business phone: (623) 206-7600

4. Applicant's email address: _____

SECTION 10

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 explanation.)

2. How many special event licenses have been issued to this location this year? 8
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. 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.)

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Name	<u>DEEP WITHIN REHAB CENTER</u>		Percentage	<u>25%</u>
Address	<u>11713 N 91ST AVE</u>	<u>PEORIA</u>	<u>AZ</u>	<u>85345</u>
	Street	City	State	Zip
Name	<u>ARIZONA CARDINALS FOOTBALL CLUB</u>		Percentage	<u>47%</u>
Address	<u>8701 S. HARDY DRIVE</u>	<u>TEMPE</u>	<u>AZ</u>	<u>85284</u>
	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.)

Number of Police 8 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: AREA WILL BE ENCLOSED WITH BARRICADE. AREA WILL BE MONITORED BY 8 SECURITY PERSONNEL AND AN ALCOHOL COMPLIANCE TEAM FROM ROJO HOSPITALITY GROUP

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.
 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>12-18-16</u>	<u>SUNDAY</u>	<u>8 AM</u>	<u>6 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

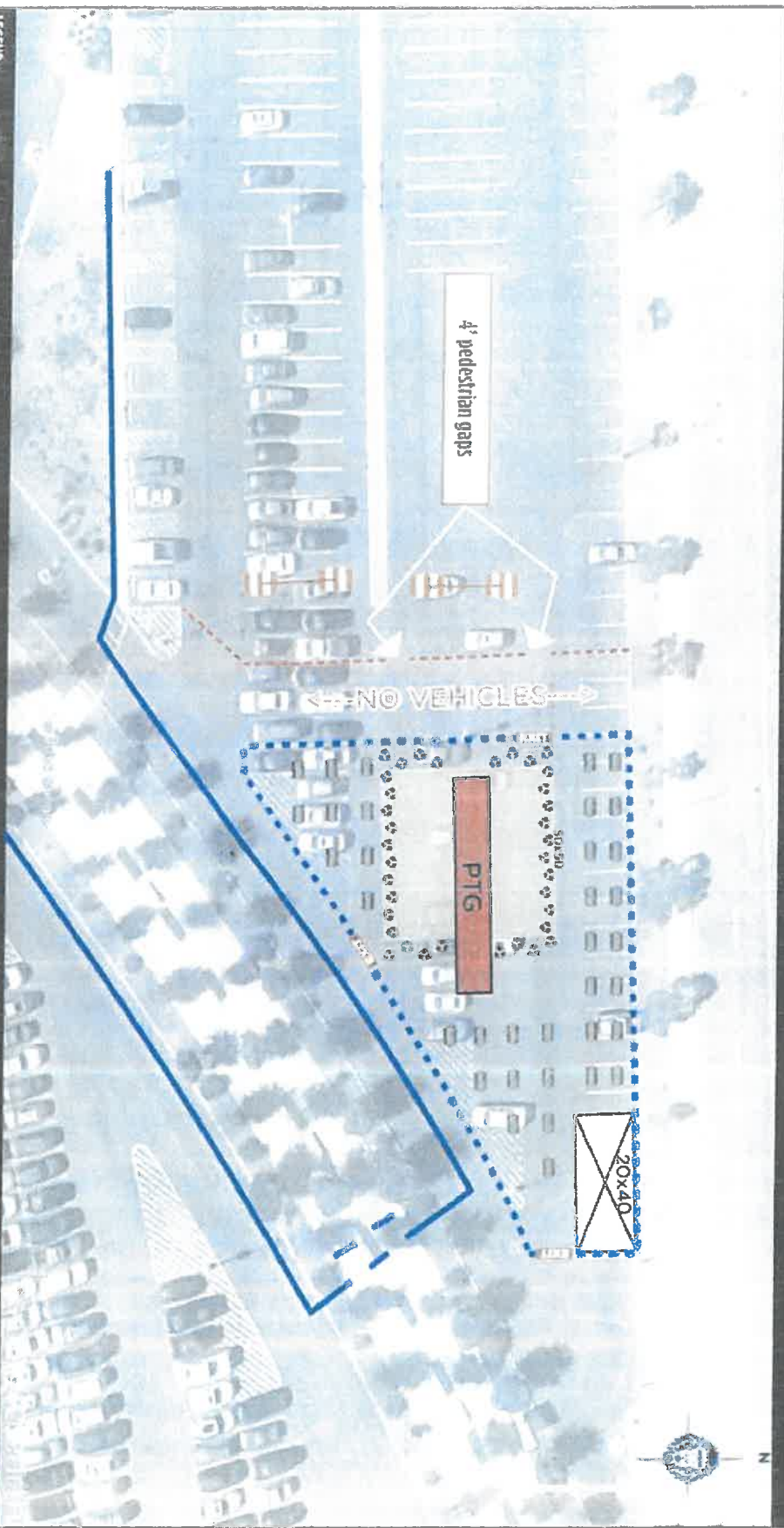
Section 10

4. 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 Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305



LEGEND

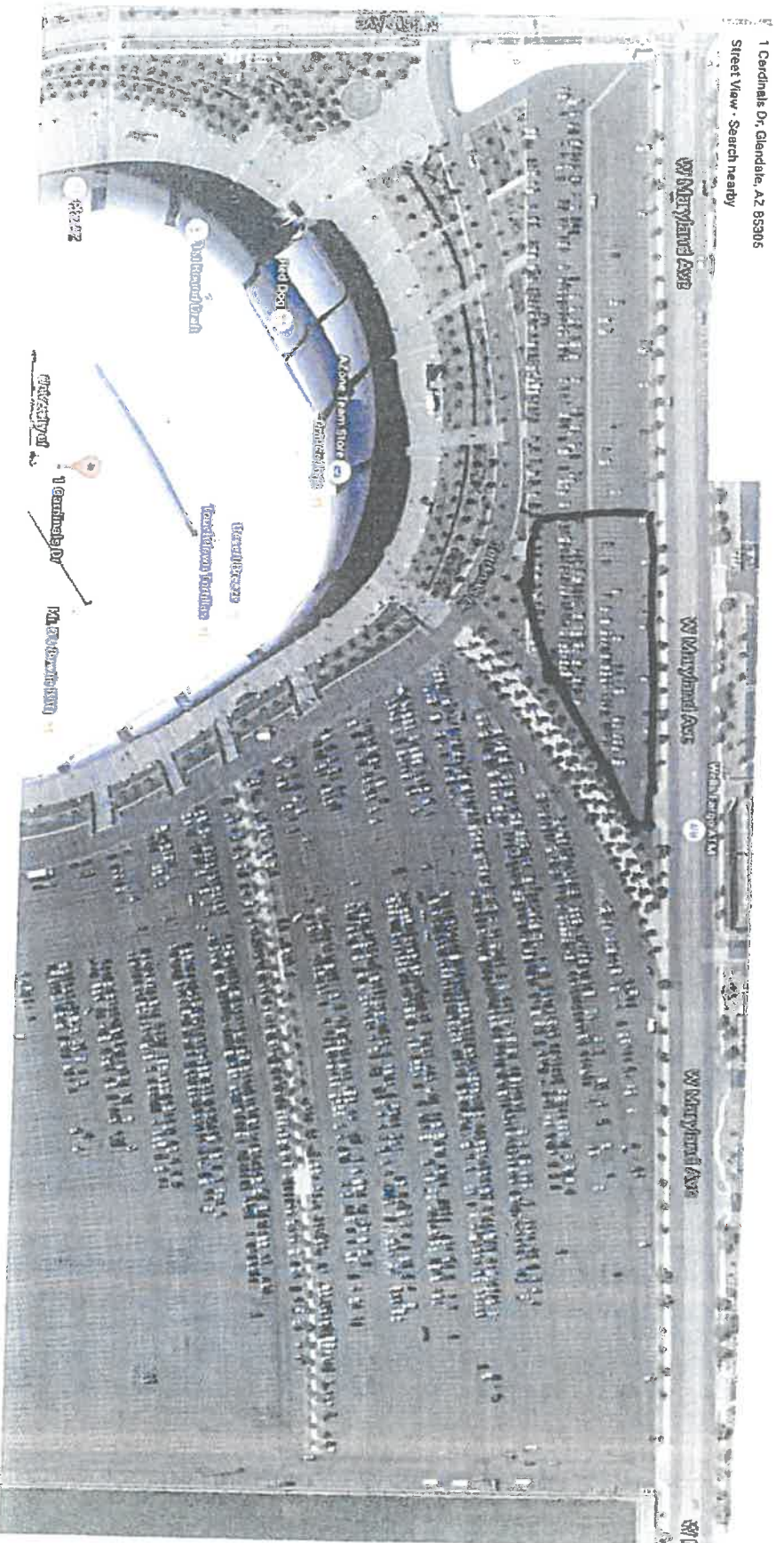
- PTG EVENT FENCE
- 50" COCKTAIL
- BBQ PERIMETER
- PICNIC TABLE
- PENNANT FLAG
- UMBRELLAS
- COOLTOWER

MAP NOT TO SCALE

EVENT NAME		LOCATION		MUNICIPALITY	
2015 PTG @ NP		NORTH FOREST RD		Glendale	
SPEED LIMIT	FLOW PATTERN	PAGE	REV		
N/A	<input type="checkbox"/> Ingress <input type="checkbox"/> Egress <input checked="" type="checkbox"/> Constant	1 of 1	1		
CONTRACTOR		PREPARED BY		DATE	
Pride Group, LLC		Estada		5/20/15	
REVIEWED BY		DATE			



480.651.3911 | PrideGroup.us



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

I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON
(Print full name)
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event
Liquor License.

x C. Humes CEO 6-15-16 623 206 7600
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 15th
Day

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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

I, Cynthia Humes declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

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(Signature) Title/ Position Date Phone #

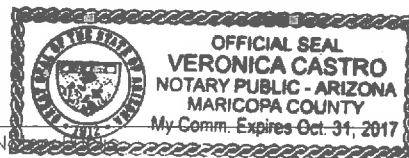
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Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 10/31/2017
Date

Veronica Castro

Signature of Notary Public



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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: _____



ROJO HOSPITALITY GROUP

June 14, 2016

Dear Ms. Humes,

The purpose of this letter is to confirm our agreement to donate 25% of the alcohol sales from the Parking Lot Activation to Deep Within Rehab Center. In return for the donation, Deep Within will pay for the license fees, insurance and provide labor for the selling of the alcohol at the event.

This one day event will take place at the lot located at the 9400 Block of W. Maryland Avenue on December 18, 2016. The hours of operation are as follows:

December 18, 2016

8:00am-6:00pm

We will reconcile the event ten (10) days after it is concluded and forward the 25% payment to Deep Within Rehab Center.

Thank you in advance for your assistance. We look forward to working with your organization.

Sincerely,

Mike Stevenson
AGM
623.433.7636