Arizona Department of Liquor Licenses and Control 800 W. Washington: 5th Floor Phoenix AZ 85007-2934

FOR DIVICINES ONLY	
FOR DLLC USE ONLY	
Event date(s):	
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Event time start/end:	ļ

APPLICATION FOR SPECIAL EVENT LICENSE

16021-542-5141

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 tocation 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: **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 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 ☐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) SECTION 7 Location of the Event: PARKIN L LOT Address of Location: 9400 PLOCK OF W MARYLAND AVE / ASSESSER PARCEL # 102-01-002 **SECTION 8** Will this be stacked with a wine festival/craft distiller festival? Yes 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.) HUMES 2. Applicant's mailing address: 1773 N 9/57 AVE
Street Middle Date of Birth Applicant's business phone: (43) 3. Applicant's home/cell phone: (____) 4. Applicant's email address:

SECTION 10					
	ant been convicted ZNo (If yes, attach e)		a liquor license revok	ed within the last five	e (5) years?
2. How many spec			this location this year er year; exceptions under		
3. Is the organizat	ion using the servic	es of a promoter or	other person to mana (If yes, attach o	ge the event? Yes	
4. List all people organization apadditional page	oplying must receiv	e 25% of the gross	e proceeds. Accour revenues of the spec	cial event liquor sale	roceeds. The es. Attach an
Name 2	EEP WITHIN R.	EHAB CENTER	Percen PEORIA	tage 25 %	
Address	11713 N 91	ST AVE	PEORIA	AZ	85345
	Street				Zip
Address	8701 S. HARD	1 DRIVE	CLUB Percen	AZ	85 284
	Street		City	State	Zip
OR THE 6. What type of sec (List type and numb) Number Explanation:A	SPECIAL EVENT LICI curity and control rer of police/security per of Police8 REA WILL BE	ENSE IS STACKED WIT neasures will you tak sonnel and type of fencin Number of Security ENCLOSED WIT	NT UNLESS THEY ARE IN THE WINE / CRAFT DISTILING THE WINE / CRAFT DISTILING THE WINE / CRAFT DISTILING THE BARRICADE,	ERY FESTIVAL LICENS as of liquor laws at this blicable.) Barriers AREA WILL E	SE" is event? BE
		SPITALITY GRE			
SECTION 11 Date(s	and Hours of Even	. May not exceed 1 (17) for legal hours of	0 consecutive days.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1:	9-11-16	SUNDAY	12 pm	10 pm	
DAY 2:					
DAY 3:					
DAY 4:			8		
DAY 5:				·	
DAY 6:			****	-	
DAY 7:					
DAY 8:					

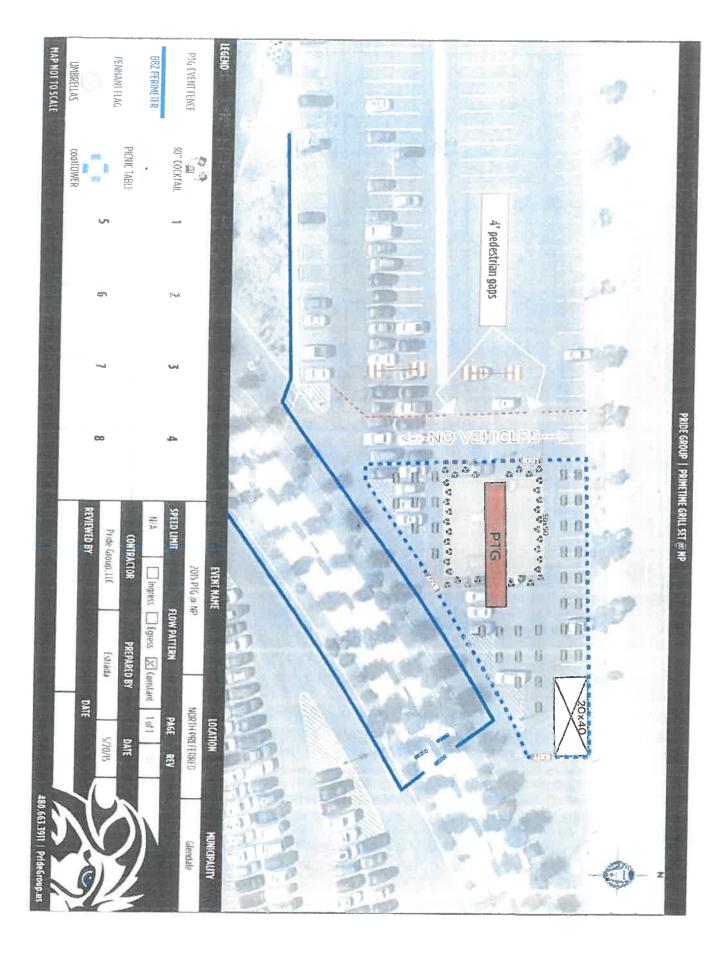
DAY 9:

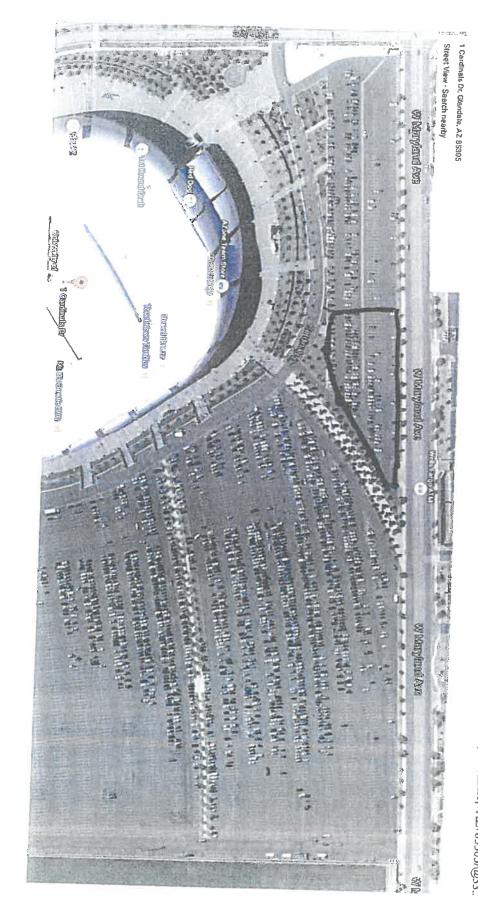
DAY 10:

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%





SECTION 13 This section is to be completed only be named in Section 1.	y an Officer, Director	or Chairperson of the	e organization
1, Cynthia Humes (Print full name) appointing the applicant listed in Section 8 to appli	declare that I am o	an OFFICER, DIRECTO	PR, or CHAIRPERSON
appointing the applicant listed in Section 9, to app	oly on behalf of the fo	regoing organizatior) for a Special Event
Liquor License.			
X (Signature)	CEO Title/ Position	Le: 15-16	4232047600 Phone #
The foregoing instrument was acknowledged befo	ore me this 15th	June	20110
State AVIZONA County of Maricopa	Day	CONTRACTOR OF THE PARTY OF THE	OFFICIAL SEAL
My Commission Expires on: 10/31/2017 Date	Clevorina Cost	ature of Notary Public	VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 2017
SECTION 14 This section is to be completed only by	the applicant named	d in Section 9.	
1, Cynthia Humes (Print full name)	_ declare that I am t	he APPLICANT filing	this application as
listed in Section 9. I have read the application of	and the contents and	d all statements are	true, correct and
complete.			
X (Signature)	Title/ Position	Le-15-16 Date	6232067600 Phone #
The foregoing instrument was acknowledged befor	e me this154h	June	2016
State Avizona County of Maricopa	Day	Month	Year OFFICIAL SEAL
'	10 5 0 0		VERONICA CASTRO IOTARY PUBLIC - ARIZONA MARICOPA COUNTY
My Commission Expires on: 10/31/2017 Date	Churuca Castra Signat	ure of Notary Public	y Comm. Expires Oct. 31, 2017
he local governing body may require additional apposal government as to how far in advance they recees may also be required before approval may burisdiction: http://www.azliquor.gov/assets/docume	quire these applicatio e aranted. For more	ns to be submitted.	Additional licensing
SECTION 15 Local Governing Body Approval Section	1		
I,(government official) (Title)	recommend	Japproval 🗖 disa	PPROVAL
on behalf of,,,		·	
(City, Fown, County)	Signature	Date	Phone
FOR DEPARTMENT OF LIQUOR	LICENSES AND CONT	IROL USE ONLY	
□approval □ disapproval by:			



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

Arizona Department of Liquor Licenses and Control 800 W. Washington 5th Floor Phoenix AZ 85007-2934

16021-542-5141

FOR DLLC USE ONLY
Event date(s):
make (1870 a surpring professional, springs, 1886 collections)
Event time start/end:
(A)(0) - (A)

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: 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 Ocivic (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 Phone (include Area Code) License Number 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 Spense 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? Don-site consumption Off-site (auction) SECTION 7 Location of the Event: PARKING LOT Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Tyes Ino 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.) ANN HUMES 1. Applicant: Middle Date of Birth 2. Applicant's mailing address: 11773 N 9157 AVE State 3. Applicant's home/cell phone: (____) ______ Applicant's business phone: (<u>623</u>) 4. Applicant's email address:

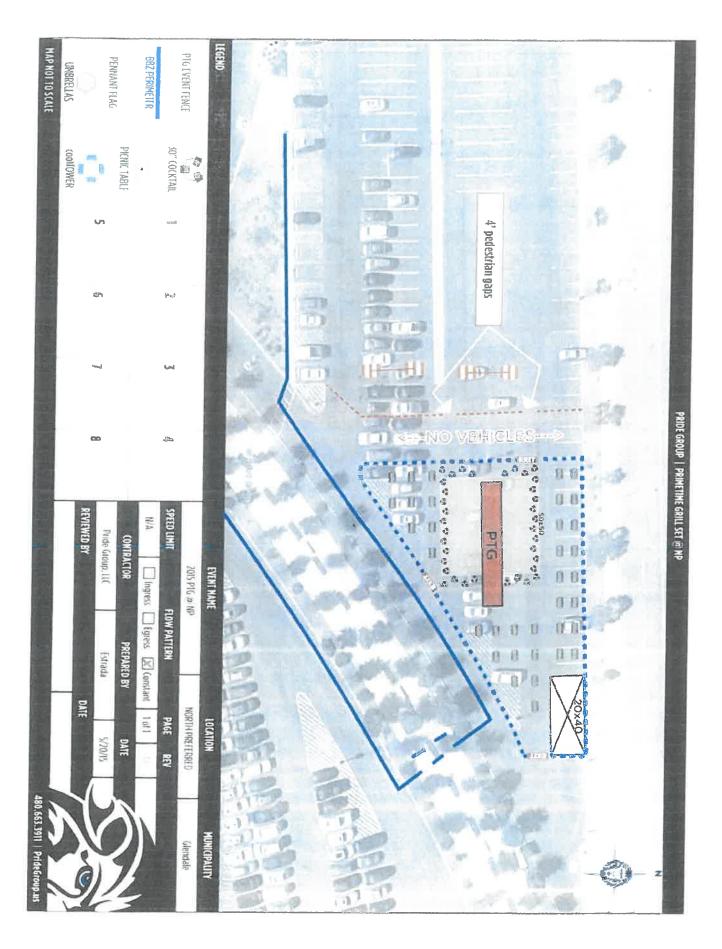
SECTION 10					
1. Has the appl	icant been convict 2000 (If yes, attach	ed of a felony, or ha explanation.)	d a liquor license re	voked within the las	five (5) years?
	ecial event license	s have been issued to cannot exceed 12 events	to this location this y per year; exceptions un	ear?	
3. Is the organize	ation using the serv	ices of a promoter o	r other person to ma	anage the event?	Yes 🗆 No
4. List all people organization	and organization	s who will receive the	(If yes, atto	ch a copy of the agreem ount for 100% of the oecial event liquor s	ent.)
	DEEP WITHIN I	2242		_	
Address	11773 N 9		Perc	entage25 %	PCOUL
	Stree	et	City	AZ	05345
Name	ARIZONA CARD	DINALS FOOTBALL DY DRIVE	CLUB Perc	State entage47;	Zip 'a
Address_	8701 S. HARL	DY DRIVE	TEMPE	AZ	85 Z 84
	Stree	e†	City	State rements for a Special E	
(List type and num Number	ecurity and control ber of police/security per of Police $\frac{8}{2}$	measures will you ta ersonnel and type of fenc Number of Security ENCLOSED WI	ke to prevent violating or control barriers, it or Personnel Fen	cing Barriers	this event?
MONTORE	ED BY 8 SECT	ORITY PERSONA OSPITALITY GR	VEL AND AN	ALCOHOL COM	PLIANCE
See A	R.S. §4-244(15) and	t. May not exceed 1 (17) for legal hours o	0 consecutive days. f service.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1:	9-18-16	SUNDAY	8 Am	6 PM	
DAY 2:					
DAY 3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY8:					
DAY9:					
DAY 10:					

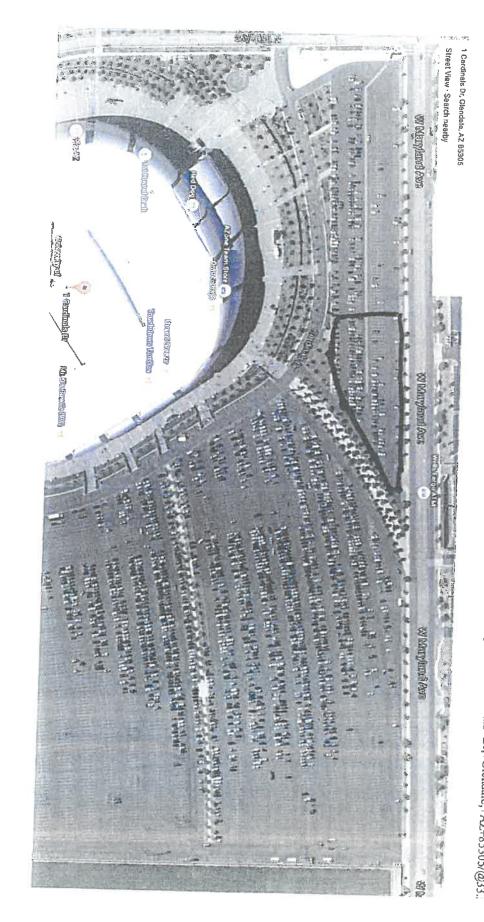
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Name

Rojo Hospitality Group

Percentage 28%





SECTION 13 This section is to be completed only b	y an Officer, Director o	r Chairperson of the	organization
named in Section 1.			
1, Cynthia Humes (Print full name)	_ declare that I am ar	n OFFICER, DIRECTO	R, or Chairperson
appointing the applicant listed in Section 9, to ap	ply on behalf of the for	egoing organizatior	n for a Special Event
Liquor License.			
1x C. Hunus	(80	10:15-16	1,23,201,7600
(Signature)	Title/ Position	Date	4232067600 Phone #
The foregoing instrument was acknowledged before	ore me this 15th	June	20110
state Avizona County of Maricon	Day	Month	Year Zezzaza
	1		OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA
My Commission Expires on: 10/31/2017	Clinomica Cash	ture of Nothing Bullia	MARICOPA COUNTY My Comm. Expires Oct. 31, 2017
SECTION 14 This section is to be completed only by	the applicant named	in Section 9.	
1, Cynthia Hunes (Print full name)	declare that I am th	e APPLICANT filing	this application as
(Print full name) listed in Section 9. I have read the application			
complete.	and me comonic and	an state mem are	noc, conect and
	CGO	1 12 16	
(Signature)	Title/ Position	Date	6232067600 Phone #
The foregoing instrument was acknowledged before			2016
8	Day		OFFICIAL SEAL
State Anzona County of Maricopa			VERONICA CASTRO NOTARY PUBLIC - ARIZONA
My Commission Expires on: 10/31/2017	(Olamina Carka)	THE THE	MARICOPA COUNTY My Comm. Expires Oct. 31, 2017
Date	Signatu	re of Notary Public	
he local governing body may require additional ap	unlications to be compl	otod and submitte	ol Diaman alamata 20
ocal government as to how tar in advance they re	quire these application	ns to be submitted.	Additional licensina
ees may also be required before approval may burisdiction: http://www.azliquor.gov/assets/docume	oe granted. For more i	information, please	contact your local
	ma/Homepage acca/	Spec everil miks.p	<u></u>
SECTION 15 Local Governing Body Approval Section	n		
l,	recommend 🗖	APPROVAL TIDISA	A PPROVAI
(government official) (Title)		ALL KOVAL BIO	WI KOVAL
on behalf of,			
(City, Town, County)	Signature	Date	Phone
FOR DEPARTMENT OF LIQUO	R LICENSES AND CONT	POLUSE ONLY	
□approval □ disapproval by:	D/	ATE:	



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

Arizona Department of Liquor Licenses and Control 800 W. Washington 5ft Floor Phoenix AZ 85007-2934

FOR DLLC USE ONLY
Event date(s):
Event time start/end:
THE THE THE PROPERTY CONTROL AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT

APPLICATION FOR SPECIAL EVENT LICENSE

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A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. §44-6852)

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2. Applicant's mailing address: 1/773 N 9/5T AVE

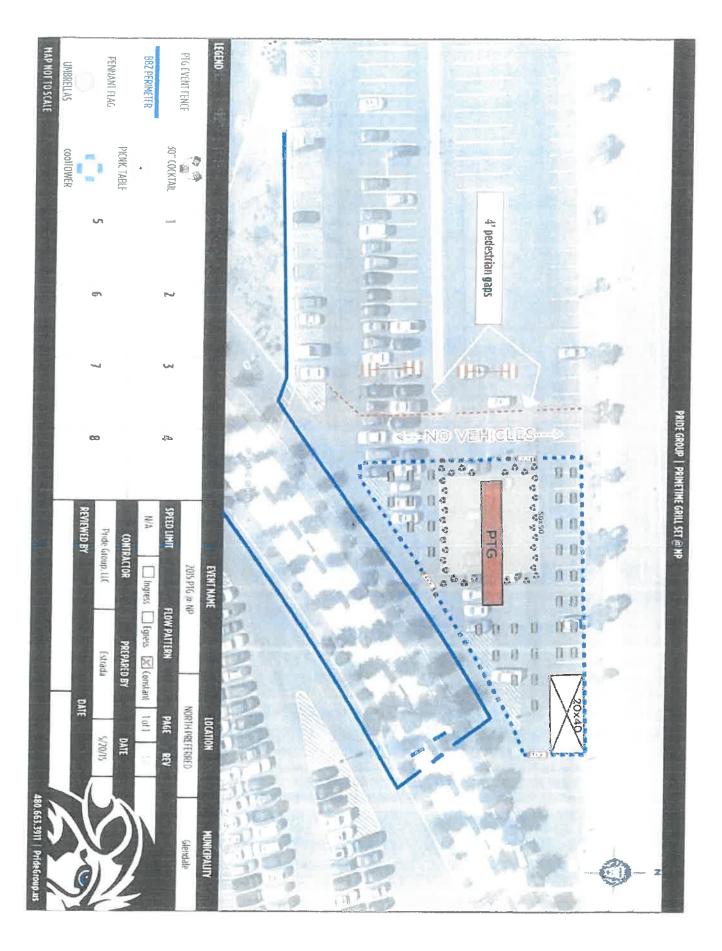
Street Date of Birth _ Applicant's business phone: [423] 3. Applicant's home/cell phone: (___) 4. Applicant's email address:

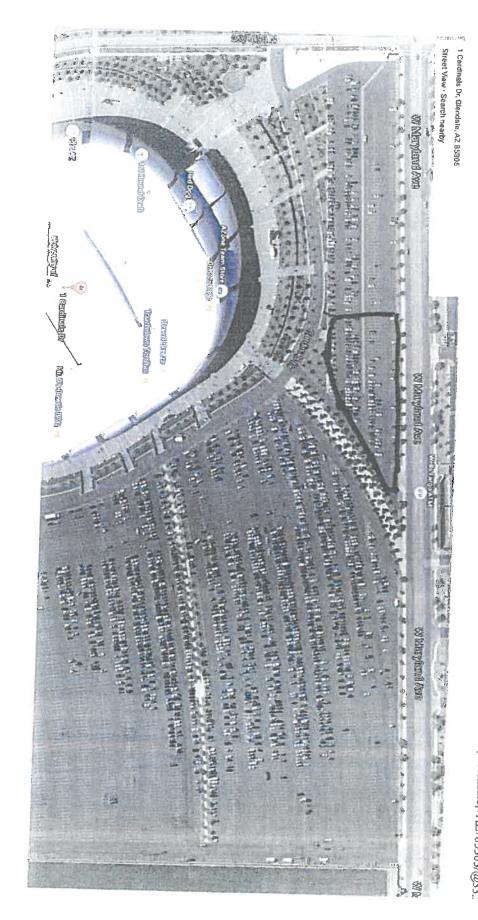
SECTION 10						
1. Has the app □Yes	licant been convict No (If yes, attach	ed of a felony, or ho explanation.)	ad a liquor license re	voked within	the last fiv	re (5) years?
	pecial event license	s have been issued	to this location this y per year; exceptions un	'ear?3	03/DL1	
3. Is the organiz	ation using the servi	ces of a promoter c	r other person to me	anage the ev	ent2	es 🗆 No
			(If ves atta	ich a copy of the	~~~~	
organization additional po	e and organization: applying must rece ige if necessary.	s who will receive the gros	ne proceeds. Acc s revenues of the s	ount for 100% pecial event	of the p liquor sale	roceeds. The es. Attach an
Name_	DEEP WITHIN I	REHAB CENTER	Perc	rentage	25%	
Address	11773 N 91	IST AVE	PEORIA	.cmage	12	85345
Name	Stree ARIZONA CARD	et DINIAL C FORTROLL	City		State	Zip
Address	8701 S. HARL	DY DRIVE		entage		
/ (dd/033 ₋	Stree		TEMPE City			85 284
5. Please read A	.R.S. §4-203.02 <u>Speci</u> ALL ALCOHOLIC BEV	al event license; rules	and D10 1 00 r = .	remonts for a S	State	Zip
"NO ALCOHOL	ALL ALCOHOLIC BEV IC BEVERAGES SHAL E SPECIAL EVENT LIC	LIFAVE SPECIAL EV	EVIL TIVILESS THEN YO	N AT THE EVE	NT SITE ON	ILY.
o windi ivbe of s	ecurity and control ber of police/security pe	mo acure e u illium I			<u>AL LICENS</u> aws at thi	<u>E"</u> s event?
	er of Police 8					
Explanation:'	THER WILL DI	ENCLUSED WI	TH BHERICANE	LOFH	WIII	RF.
TRIOIVITOR	ED BY 8 SECU	PRITY PERSONI	VEL AND AN	ALCOHOL	COMPI	1000
TEAM F	ROM ROJO H	OSPITALITY GR	OUP		Will E	MINCE
SECTION 11 Date	s) and Hours of Even .R.S. §4-244(15) and	t. May not exceed 1	In consequitive days			
	Date	Day of Week	Event Start	Licens		
DAY 1.	10-2-16		Time AM/PM 8 Am	Time A		
DAY 2:			0 HM		PM	
DAY 3:						
DAY 4:						
DAY 5:						
DAY 6:			·			
DAY 7:						
DAY8:						
DAY 9:						
DAY 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%





SECTION 13 This section is to be completed only by named in Section 1.	y an Officer,	Director or C	Chairperson of th	ne organization
1, Cynthia Humes (Print full name) appointing the applicant listed in Section 9 to 200	_ declare th	at I am an (OFFICER, DIRECT	OR, or CHAIRPERSON
appointing the applicant listed in Section 9, to app	oly on behalf	of the forea	oina oraanizatio	on for a Special Event
Liquor License.		Ŭ	<u></u>	on to a opecial Eveni
x C. Kurus	(80		Le. 15-16	6232067600
(Signature)	Title/ Pos	ition	Date	4232047600 Phone #
The foregoing instrument was acknowledged befo	re me this _	15th	June	2016
State Avizona County of Mavicaya		Day -	Month (Colored	Year
My Commission Expires on: 10/31/2017	lhon	Callabora Signature	of No any	OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 2017
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complete.			. eranormorms ar	o noo, concer and
x C. Hum	CEC) (0-15-11-	1 27 201 75 60
(Signature)	Title/ Position	n .	2-15-16 Date	<u>6232067600</u> Phone#
The foregoing instrument was acknowledged before			June	2014
State AVIZONA County of Marico pa		ay	Month	OFFICIAL SEAL
	10 6			VERONICA CASTRO NOTARY PUBLIC - ARIZONA
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, Date		Signature	of Notary Public	
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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

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix AZ 85007, 2934 Www. azliquor gov 16021-542-5141

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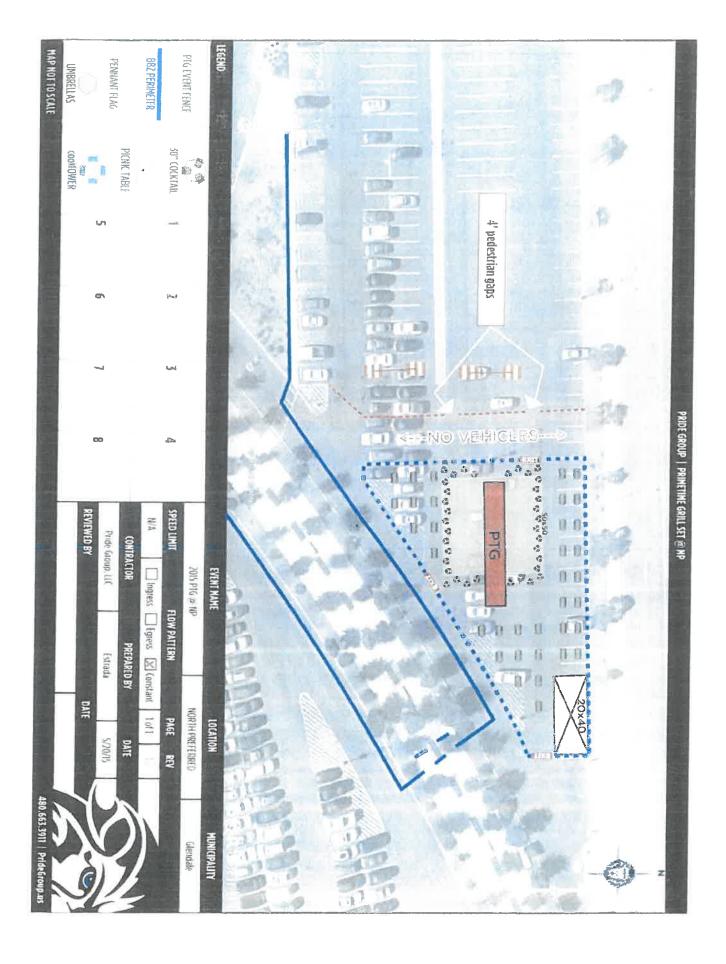
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SECTION 1 Name of Organization:DE	EP WITHIN RE	HAB CENTER IN	VC	
SECTION 2 Non-Profit/IRS Tax Exempt Nur				
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SECTION 4 Will this event be held on a cu	rrently licensed pre	mise and within the alr	eady approved pre	amises?
Name of Business	Lic	cense Number	Phone (include Are	ea Code)
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SECTION 6 What is the purpose of this eve				
Address of Location: 9400 BLoc SECTION 8 Will this be stacked with a wine	Street	City	County/State	- 002 Y Zip
SECTION 9 Applicant must be a member Chairperson of the Organization named in				irector or
1. Applicant: HUMES	CYNTHIA	ANN		
	First	Middle	Date of Bi	
2. Applicant's mailing address: $\frac{1/773}{}$	N 91ST AVE	PEORIA	AZ	85345
3. Applicant's home/cell phone: ()	Street	City	State phone: (<u>623)</u> 200	6-7600
1 Annlicant's email address:				

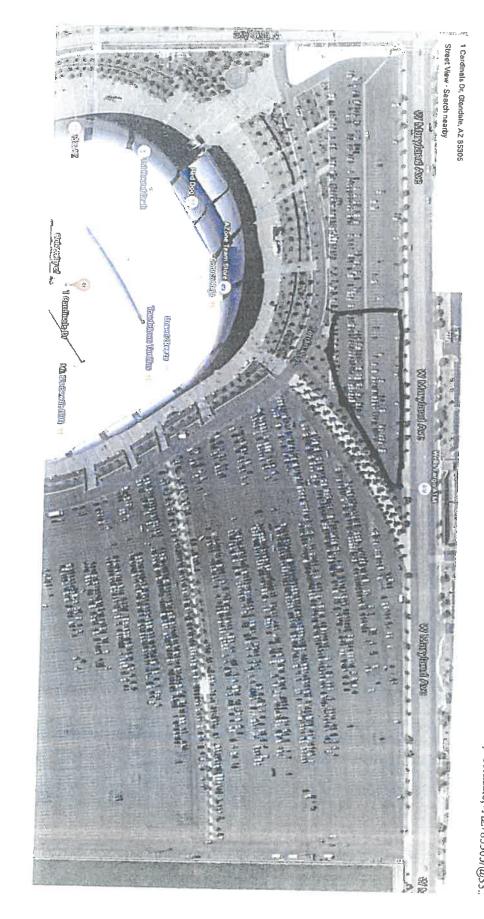
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2. How many sŕ	pecial event license (The number o	s have been issued to annot exceed 12 events p	o this location this yec per year; exceptions under	r? A.R.S. §4-203.02(D).)	
	ation using the servi	ces of a promoter or	other person to mand	age the event?	nt l
	e and organization: applying must rece ge if necessary.	who will receive the wive 25% of the gross	o proceeds the	1.6	,
Name _	DEEP WITHIN I	REHAB CENTER	Percer	tage 25%	
Address	11773 N 91	AVE	PEORIA	AZ State	85345
Name	Stree ARIZONA CARD	OINALS FOOTBALL OY DRIVE	City CLUB Person	State 47%	
Address	8701 S. HARC	DY DRIVE	TEMPE	AZ	85 284
	31100	et al event license; rules a	City	State	7im
6. What type of s (List type and num Number Explanation: MONITOR	ecurity and control ber of police/security per of Police AREA WILL BE	LLEAVE SPECIAL EVEI CENSE IS STACKED WIT measures will you tak ersonnel and type of fencir Number of Security I ENCLOSED WIT VRITY PERSONN	e to prevent violation of the prevent violation violation of the prevent violation violation of the prevent violation violatio	ERY FESTIVAL LICEN Is of liquor laws at the solution of the s	NSE" his event?
_ /E/HMI F	ROM KOJO H	OSPITALITY GRO	SUP		
SECTION 11 Date (s) and Hours of Ever .R.S. §4-244(15) and	t. May not exceed 10 (17) for legal hours of	consecutive days.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1:	10-17-16	MONDAY	12 pm	10 pm	
DAY 2:					
DAY3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY 8:					
DAY 9:					
DAY 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%





SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.				
1, Cynthia Humes (Print full name) appointing the applicant listed in Section 9 to app	_ declare that I am	an OFFICER, DIRECTO	OR, or CHAIRPERSON	
appointing the applicant listed in Section 9, to app	ply on behalf of the fo	oregoing organization	n for a Special Event	
Liquor License.				
x C. Kurus	CEO Title/ Position	Le. 15-16	4232067600 Phone #	
			Phone #	
The foregoing instrument was acknowledged befo	re me this $\frac{15W}{}$	¹ June	2016	
State Avizona County of Maricopa	Day	Month	Year	
My Commission Expires on: 10/31/2017 Date	Uwwina Ca	nature of No sr	OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 2017	
SECTION 14 This section is to be completed only by	the applicant name	d in Section 9.		
1, Cynthia Hunes (Print full name)	_ declare that I am	the APPLICANT filing	this application as	
listed in Section 9. I have read the application of				
complete.				
	CEO	Le-15-16	6232067600 Phone #	
(Signature)	Title/ Position			
The foregoing instrument was acknowledged befor	e me this	June	2016	
State Arizona County of Maricopa			OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA	
	11 : 0.		MARICOPA COUNTY My Comm. Expires Oct. 31, 2017	
My Commission Expires on: 10/31/2017 Date	Ulroma Cao	ature of Notary Public		
		<u>'</u>		
The local governing body may require additional apposed government as to how far in advance they receives may also be required before approval may burisdiction: http://www.azliquor.gov/assets/docume	quire these applicati e granted. For more	ions to be submitted. e information, please	Additional licensing contact your local	
SECTION 15 Local Governing Body Approval Section	n			
(government official) (Title)	recommend	□approval □ dis.	APPROVAL	
(government official) (Title)				
on behalf of,,,,,	Signature	,,,	Phone	
(3.17)			THORE	
FOR DEPARTMENT OF LIQUOR	R LICENSES AND CO	NTROL USE ONLY		
Dapproval Disapproval By:		DATE:		



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

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:
grander de la final de la companya del companya de la companya del companya de la

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)

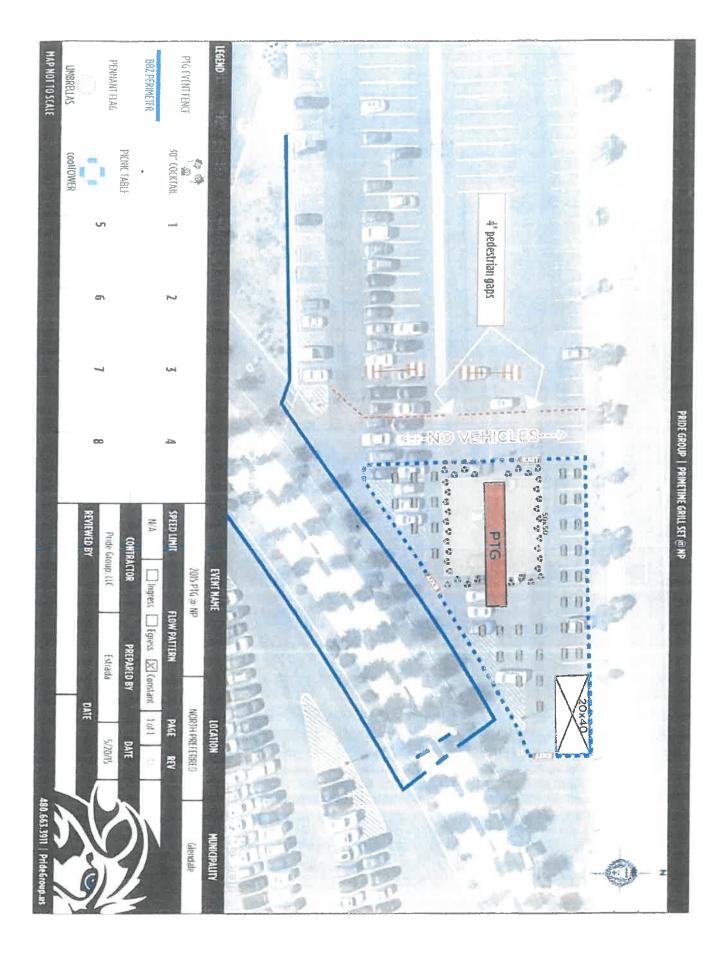
	A 100		
IMPORTANT INFORMATION: This document must rece event. If the special event will be held at a location without portion of a location that is not covered by the existing light local government before submission to the Department of Light	ive this application permanent liquor vor license, this ap quor Licenses and	ten (10) busines license or if the e plication must be Control (see Sec	s days prior to the vent will be on any approved by the
SECTION 1 Name of Organization: DEEP WITHIN RE	HAB CENTER	INC	
SECTION 2 Non-Profit/IRS Tax Exempt Number:			
SECTION 3 The organization is a: (check one box only) Charitable (501,C)			
SECTION 4 Will this event be held on a currently licensed pre-	mise and within the	already approve	ed premises?
Name of Business Lice	ense Number	Phone (inclu	ide Area Code)
SECTION 5 How is this special event going to conduct all Please read R-19-318 for explanation (look in special event plans).			
□Place license in non-use			
Dispense and serve all spirituous liquors under retailer	's license		
Dispense and serve all spirituous liquors under special Displit premise between special event and retail location			
(If <u>not</u> using retail license, submit a letter of agreement fror license during the event. If the special event is only using a portion of the premise.)			
SECTION 6 What is the purpose of this event?On-site cons	sumption DOff-s	ite (auction) E	Both
SECTION 7 Location of the Event: PARKIN & LOT			
Address of Location: 9400 BLOCK OF W MARYLAND			
Street	City	County/St	ate Zip
SECTION 8 Will this be stacked with a wine festival/craft distille	rfestival? LIYes	No	
SECTION 9 Applicant must be a member of the qualifying org Chairperson of the Organization named in Section 1. (Authoriz			
1. Applicant: HUMES CYNTHIA	ANN		
Last First	Middle	Da	te of Birth
2. Applicant's mailing address: 1/773 N 9/57 AVE Street	PEORIA City	AZ State	85345 Zip
3. Applicant's home/cell phone: ()	Applicant's busine		206-7600
4. Applicant's email address:		,	

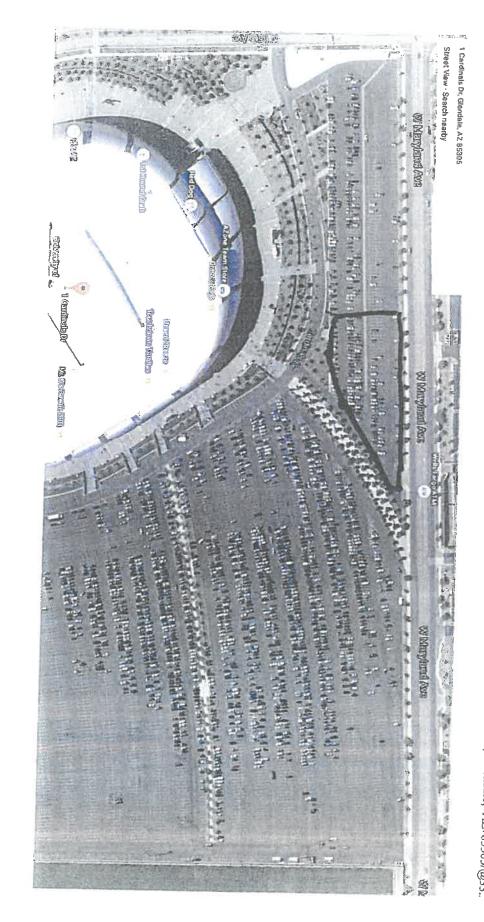
SECTION 10					
1. Has the app □Yes	olicant been convict No (If yes, attach	ed of a felony, or ha	d a liquor license revo	ked within the last fiv	/e (5) years?
2. How many s	, pecial event license	s have been issued t	o this location this yec per year; exceptions under	1r?	
3. Is the organi	zation using the serv	ices of a promoter or	other person to mand	age the events Dive	es 🗖 No
4. List all peopl	e and organization	s who will !	(If yes, attach ne proceeds. Account revenues of the spec	a copy of the agreemen	t.)
		_			
Address	11773 N 91	IST AVE	Percen PEORIA	fage	862116
Marina	Stree	et explain Company	City	State	05345 Zip
Name _	8701 CHRL	DIVALS FOOTBALL	City CLUB Percen TEMPE City	tage 47%	ΔΙΡ
Address	Stree	THE DRIVE	TEMPE	AZ	85 2 84
5. Please read A	.R.S. §4-203.02 Specie	al event licenses sulses	City nd R19-1-205 Requirem FOR CONSUMPTION	State	Zip
6. What type of s (List type and num	ecurity and control and contro	measures will you tak	E FOR CONSUMPTION , NT UNLESS THEY ARE IN H WINE /CRAFT DISTILL te to prevent violation to g or control barriers, if app	s of liquor laws at this	
Numb	er of Police θ	Number of Security	Pornanal De .		
Explanation,	THE TOTAL	ENCLUSED WIT	H RHPRICADE	MAGA MILLI	RE
	EP DI 8 SECU	KITY PERSONIN	FI ANIN AN A	LCOHOL COMPL	IANGE
	NOW MOJO H	PSPITALITY GRO	SUP		
SECTION 11 Date See A	s) and Hours of Even .R.S. §4-244(15) and	t. May not exceed 10 (17) for legal hours of	consecutive days.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1:	10-23-16	SUNDAY	_12 pm	10 pm	
DAY 2:					
DAY3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY 8:					
DAY 9:					
DAY 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%





SECTION 13 This section is to be completed only be named in Section 1.	y an Officer, Director o	or Chairperson of the	e organization
I, Cynthia Humes (Print full name) appointing the applicant listed in Section 9, to ap	declare that I am a	n Officer, directo	OR, or CHAIRPERSON
appointing the applicant listed in Section 9, to ap	ply on behalf of the for	egoing organizatior	n for a Special Event
Liquor License.			
X (Signature)	Title/ Position	Le. 15-16	4232047600 Phone #
The foregoing instrument was acknowledged before			
The foregoing instrument was acknowledged before State Avizone County of Maricopa	Day	Month	Year
My Commission Expires on: 10/31/2017 Date	Ulwing Clash Signa	ture of No pry	OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 2017
SECTION 14 This section is to be completed only by	the applicant named	in Section 9	
1, Cynthia Hunes (Print full name)			this application as
listed in Section 9. I have read the application	and the contents and	d all statements are	true, correct and
complete.	(6.6)	1 10 10	
(Signature)	Title/ Position	Date	4232047600 Phone #
The foregoing instrument was acknowledged before	re me this	June	2016
State Avizona County of Maricopa			OFFICIAL SEAL VERONICA CASTRO NOTARY PURI IC. ARIZONA
1	100 man Mark		MARICOPA COUNTY My Comm. Expires Oct. 31, 20
My Commission Expires on: 10/31/2017 Date	Signate	ure of Notary Public	
The local governing body may require additional ap local government as to how far in advance they re fees may also be required before approval may b jurisdiction: http://www.azliquor.gov/assets/docume	quire these application be aranted. For more	ns to be submitted. information, please	Additional licensing
SECTION 15 Local Governing Body Approval Section	n		
I,(government official) (Title)	recommend 🗆	Approval 🗖 disa	APPROVAL
on behalf of,,,,	Signature	Date	Phone
FOR DEPARTMENT OF LIQUOR	r licenses and cont	ROL USE ONLY	
□APPROVAL □ DISAPPROVAL BY:	D.	ATE:	



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

Mil St

AGM

Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix AZ 85007-293 www.azliquor.gov 16021-542-5141

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 co local government before submission				
SECTION 1 Name of Organization:	DEEP WITHIN RE	HAB CENTER	INC	
SECTION 2 Non-Profit/IRS Tax Exem				
SECTION 3 The organization is a: (c		44		
☐Charitable (501.C) ☐Fraternal (☐Religious ☐Civic (Rotary, College	must have regular memb	•		
SECTION 4 Will this event be held of the second with the second s		·		
Name of Business	Lio	cense Number	Phone (include A	rea Code)
SECTION 5 How is this special ever Please read R-19-318 for explanation				
Place license in non-use				
Dispense and serve all spirit	·			
Dispense and serve all spirit	•			
\square Split premise between spec	cial event and retail local	ion		
(If <u>not</u> using retail license, subn license during the event. If the portion of the premise.)				
SECTION 6 What is the purpose of the	nis event?On-site cor	nsumption 🗆 Off-si	te (auction) \square Bot	
SECTION 7 Location of the Event:	PARKING LOT			
Address of Location: 940	O BLOCK OF W MARYLAND	AVE / ASSESSOR	PARCEL # 102-01	1-002 Y
	Street	City	County/State	Zip
SECTION 8 Will this be stacked with	a wine festival/craft distill	er festival? 🗆 Yes 🍃	D No	
SECTION 9 Applicant must be a me Chairperson of the Organization nar				Director or
1. Applicant: HUMES Last	CYNTHIA	ANN	WHITE IN	
Last	First	Middle	Date of E	Birth
2 Applicant's mailing address: //	773 N 91ST AVE	PEORIA	AZ	85345
2. Applicant 5 framing deciross.	Street	Cîty	State	Zip
1. Applicant:)	Applicant's busines	s phone: (<u>423</u>) 20	6-7600
4. Applicant's email address:				
10/17/14	Page 1 of		_	

SECTION 10					
1. Has the appl □Yes	icant been convicte No (If yes, attach	ed of a felony, or ho explanation.)	ıd a liquor license re	voked within the last	five (5) years?
	ecial event license	s have been issued	to this location this ye per year; exceptions und	ear? der A.R.S. §4-203.02(DL)	
3. Is the organiz	ation using the servi	ces of a promoter o	r other person to mo	nage the event?	Yes 🗆 No
 List all people organization additional pa 	e and organizations applying must rece ge if necessary.	who will receive the gros	ho prosection	ch a copy of the agreeme ount for 100% of the pecial event liquor so	,
Name _	DEEP WITHIN A	REHAB CENTER	Perc	entage25 %	
Address	11773 N 91	ST AVE	PEORIA	AZ State	85345
Name	Stree	et NNAIC FINTROLL	City	State	Zip
Address	8701 S HARG	DY DRIVE	Perce	state entage 47% AZ	0.7.7.
, (ddi 033 _	Stree	t	City	AZ State	
5. Please read A	R.S. §4-203.02 <u>Speci</u>	al event license; rules (and P10 1 20c n		Zip
"NO ALCOHOL	IC BEVERAGES SHAL	LIFAVE SPECIAL EVI	ENT TIMESS THEY ARE	ements for a Special Ev N AT THE EVENT SITE C EIN AUCTION SEALED TILLERY FESTIVAL LICEN	DNLY.
6. What type of so (List type and num	ecurity and control ber of police/security pe	measures will you ta	ke to prevent violating or control barriers, if control barriers.	ons of liquor laws at t	his event?
Explanation:	AREA WILL BE	ENCLOSED WI	TH RAPPICANE	Barriers AREA WILL	RE
MONITOR	ED BY 8 SECU	PRITY PERSONI	VEL AND AN	ALCOHOL COMP	211000
TEAM F	ROM ROJO H	OSPITALITY GR	COUP	TIZ CONOC WINI	LITANCE
SECTION 11 Date(s) and Hours of Even		O consocutive days		
	Date	Day of Week	Event Start Time AM/PM	license End Time AM/PM	
DAY1:	11-13-16	SUNDAY	8 AM	6 PM	
DAY 2:					
DAY 3:			-		
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY 8:					
DAY 9:					
DAY 10:					

Section 10

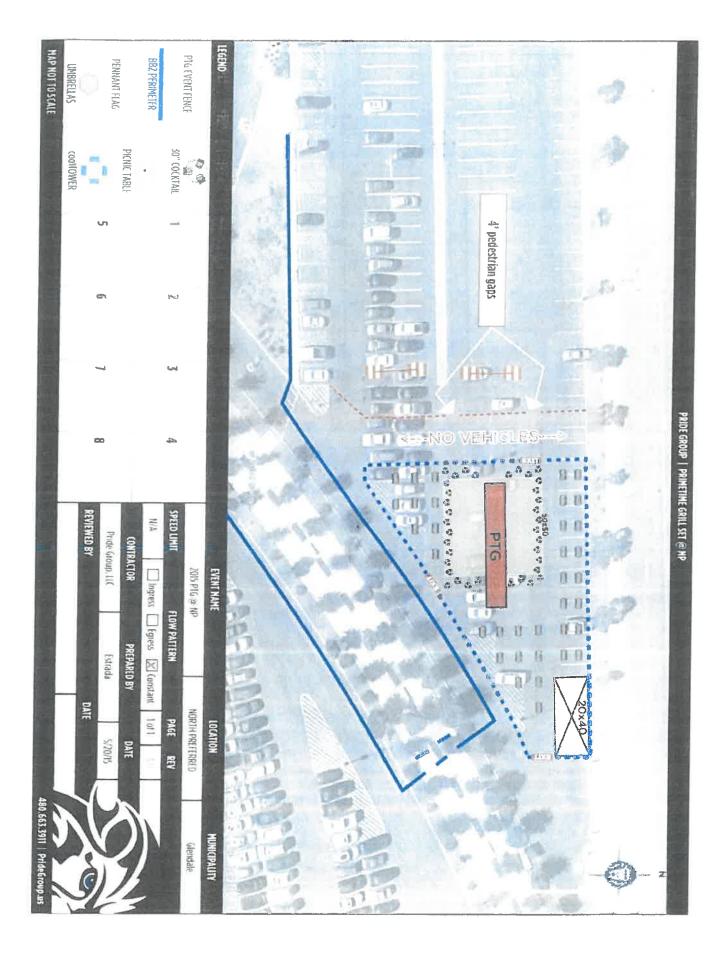
4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

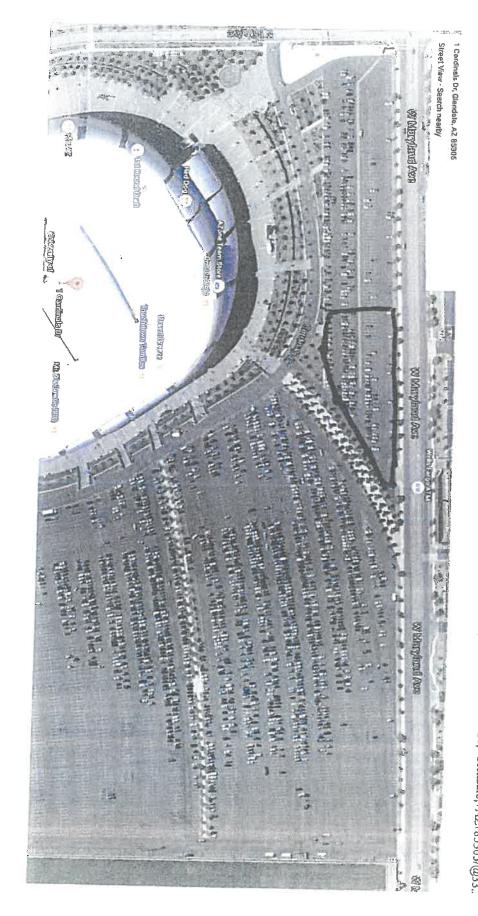
Name

Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305





SECTION 13 This section is to be completed only b named in Section 1.	y an Officer, Director o	r Chairperson of the	organization		
I, Cynthia Humes declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON					
appointing the applicant listed in Section 9, to app	oly on behalf of the for	egoing organization	for a Special Event		
Liquor License.					
x (. Kurus	_(80	Le. 15-16	4232047600 Phone #		
(Signature)	Title/ Position	Date	Phone #		
The foregoing instrument was acknowledged before	ore me this15 th	June	2016		
State Anzona County of Maricopa	Day	Month	Year		
My Commission Expires on: 10/31/2017 Date	Urvinca Choh	U lure of Not	OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 201		
SECTION 14 This section is to be completed only by	the applicant named	in Section 9.			
1, Cynthia Hunes (Print full name)	_ declare that I am th	e APPLICANT filing	this application as		
listed in Section 9. I have read the application of					
complete.					
x C. Dun	Title/ Position	Le-15-16	6232067600		
The foregoing instrument was acknowledged befor	re me this $\frac{\sqrt{15}}{2}$	June	2016		
State Arizona County of Maricopa			OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY		
My Commission Expires on: 10/31/2017	Chomon Osho		Ay Comm. Expires Oct. 31, 2017		
Date	Signatu	re of Notary Public			
The local governing body may require additional apposal government as to how far in advance they reduces may also be required before approval may burisdiction: http://www.azliquor.gov/assets/docume	quire these applicatior le granted. For more i	ns to be submitted.	Additional licensing contact your local		
SECTION 15 Local Governing Body Approval Section	n				
I,(government official) (Title)	recommend \Box	APPROVAL 🗖 DISA	PPROVAL		
on behalf of,,,					
(City, Town, County)	Signature	Date	Phone		
FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY					
_	D,				



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 5ft Floor Phoenix AZ 85007, 2934 / www.azijqyor.gov

FOR DLLC USE ONLY
Event date(s):
Event time start/end:
Popular and the second

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 Confrol 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: 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 Ocivic (Rotary, College Scholarship) Opolitical Party, Ballot Measure or Campaian Committee SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises? ☐Yes ☐No Name of Business 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 <u>not</u> 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? 20n-site consumption 00ff-site (auction) SECTION 7 Location of the Event: PARKIN & LOT Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Tyes Ano 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.) Last First

2. Applicant's mailing address:

| 1/773 N 9/5T AVE | Street | Middle Date of Birth PEORIA AZ _____ Applicant's business phone: (423) 3. Applicant's home/cell phone: (____) 4. Applicant's email address:

10/17/14

SECTION 10					
 Has the apple ☐Yes 	cant been convicted No (If yes, attach	ed of a felony, or ha explanation.)	d a liquor license rev	voked within the last	five (5) years?
	ecial event license	s have been issued t	o this location this ye per year; exceptions und	ear?	
3. Is the organize	ation using the servi	ces of a promoter o	r other person to ma	nage the event?	Yes 🗆 No
	e and organization: applying must rece ge if necessary.	s who will receive the sive 25% of the gross	ne proceeds. Acco s revenues of the sp	ch a copy of the agreement ount for 100% of the decial event liquor so	,
Name _	DEEP WITHIN I	REHAB CENTER	Perce	entage 25 %	
Address	11773 N 91	ST AVE	PEORIA	AZ	85345
Name	Stree	et NAAC CHITRA	City	State	Zip
Name	8701 CHRD	N DOWN	CLUB Perce	entage <u>47%</u>	
Address _	Stree	DRIVE	City		
5. Please read A.	R.S. §4-203.02 Speci	al event license: rules (and R19-1-205 <u>Requir</u>	State	Zip
6. What type of se	Curity and control ber of police/security pe	measures will you ta	ENT UNLESS THEY ARE TH WINE /CRAFT DIST ke to prevent violation ing or control barriers, if a	ILLERY FESTIVAL LICE Ons of liquor laws at t	VSE"
Numbe	er of Police8	Number of Security	Personnel Fenc	cing Barriers	
explanation:/	THEH WILL BE	ENCLUSED WI	IH BHRRICADE	AREA WILL	BE
TEAM F	ROM ROTO H	ORITY PERSONI OSPITALITY GR	VEL AND AN	ALCOHOL COMI	PLIANCE
See A	.R.S. §4-244(15) and	(17) for legal hours o	0 consecutive days.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1:	12-4-16	SUNDAY	8 AM	6 PM	
DAY2:					
DAY3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY7:					
DAY 8:					
DAY 9:					
DAY 10:					

Section 10

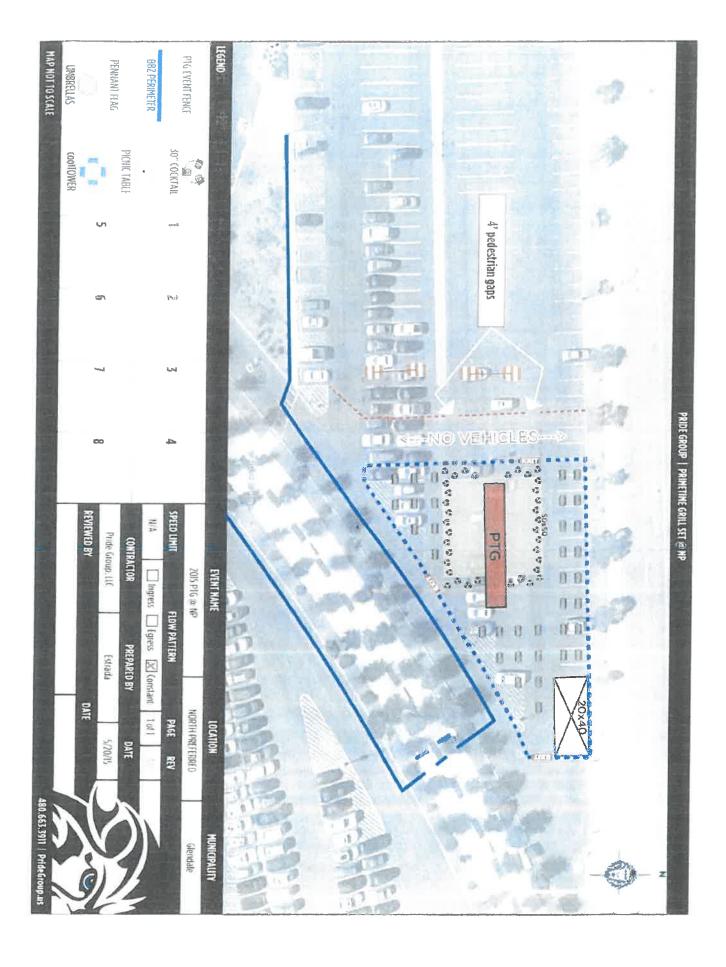
4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

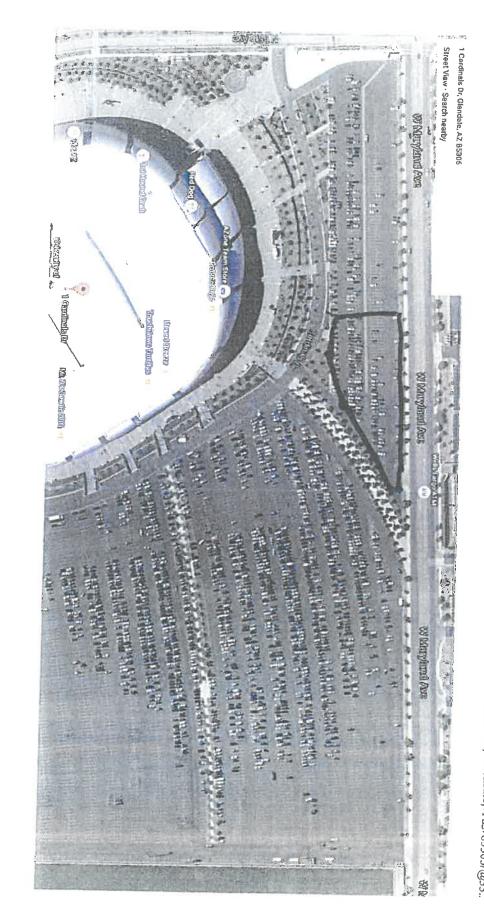
Name

Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305





SECTION 13 This section is to be completed only b named in Section 1.	y an Officer, Director o	r Chairperson of the	e organization		
	declare that I am a	OFFICER DIRECTO	D OF CHAIDDEDSON		
I, Cynthia Humes 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.	ory on bendiror me for	egonig organization	rioi a speciai eveni		
x C. Kurus	(80	Le. 15-16	4232067600 Phone #		
(Signature)	Title/ Position	Date			
The foregoing instrument was acknowledged before	ore me this 15	June	AD16 Year		
State Arizona County of Maricopa			OFFICIAL SEAL		
My Commission Expires on: 10/31/2017	Casha Signal	Ure of Note of	VERONICA CASTRO NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Comm. Expires Oct. 31, 201		

SECTION 14 This section is to be completed only by	the applicant named	in Section 9.			
1, Cynthia Hunes (Print full name)	_ declare that I am th	e APPLICANT filing	this application as		
listed in Section 9. I have read the application of					
complete.					
X (Signature)	Title/ Position	le-15-16 Date	6232067600 Phone #		
The foregoing instrument was acknowledged before	. a Ed a		2016		
	Day	Month	Year 🗉 🗸		
State Arizona County of Maricopa			OFFICIAL SEAL VERONICA CASTRO NOTARY PUBLIC - ARIZONA		
My Commission Expires on: 10/31/2017	Clesoma Casho	BULLE	MARICOPA COUNTY My Comm. Expires Oct. 31, 2017		
Date	Signatu 	re of Notary Public			
The local governing body may require additional ap ocal government as to how far in advance they refees may also be required before approval may burisdiction: http://www.azliquor.gov/assets/docume-name-name	quire these applicatior be granted. For more i	ns to be submitted. nformation, please	Additional licensing contact your local		
SECTION 15 Local Governing Body Approval Section	n				
l,	recommend 🛘	APPROVAL TIDISA	A PPROVAI		
l,(government official) (Title)		, a r ke v/ke L big/	WITKO VAL		
on behalf of,,	Cincol				
(City, Town, County)	Signature	Date	Phone		
FOR DEPARTMENT OF LIQUOI	r licenses and cont	ROL USE ONLY			
□APPROVAL □ DISAPPROVAL BY:	D	ATF:			



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 Departrient of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix AZ 85007-2934

16021 542-5141

FOR DLLC USE ONLY
Event date(s):
The Language and Control of the Cont
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: **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 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? Don-site consumption Doff-site (auction) DBoth SECTION 7 Location of the Event: PARKING LOT Address of Location: 9400 BLOCK OF W MARYLAND AVE / ASSESSOR PARCEL # 102-01-002 SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Tyes And 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.) HUMES CYNTHIA ANN 1. Applicant: Middle Date of Birth 2. Applicant's mailing address: 11773 N 9157 AVE PEORIF Applicant's business phone: (423)3. Applicant's home/cell phone: (____) 4. Applicant's email address:

10/17/14

SECTION 10					
1. Has the appli □Yes	icant been convicte No (If yes, attach	ed of a felony, or had explanation.)	a liquor license revo	oked within the last	five (5) years?
,	ecial event license:	s have been issued to annot exceed 12 events pe	this location this year er year; exceptions unde	ar?	
3. Is the organize	ation using the servi	ces of a promoter or c	other person to man	age the event?	Yes 🗆 No
	e and organizations applying must rece ge if necessary.	who will receive the ive 25% of the gross r	0.000	a copy of the agreement ont for 100% of the ocial event liquor so	·
	DEEP WITHIN K		Percei	otage 25 %	
Address	11773 N 91	TIVE	PEORIA	AZ	85345
	Stree	o t	City	State	Zip
Address	8701 S HAPE	INALS FOOTBALL O	LUB Percer	ntage 47 %	
Address _	Stree	T DRIVE	City		85 284
5. Please read A.	R.S. §4-203.02 Specie	al event license; rules ar	Clly	State	Zip
		measures will you take rsonnel and type of fencing			this event?
Numbe	er of Police	Number of Security P	ersonnel 🗆 Fenci	ng Barriers	
explanation;r	THEA WILL BE	ENCLUSED WIT	H BHKKICADE	APFA WILL	BE
TEAM F	ROM ROJO H	PRITY PERSONNE PSPITALITY GRO	CL AND AN A	ALCOHOL COMI	PLIANCE
		t. May not exceed 10			
See A	.R.S. §4-244(15) and	(17) for legal hours of s	consecutive days. ervice.		
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM	
DAY 1;	12-18-16	SUNDAY	8 AM	6 PM	
DAY 2:					
DAY3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY7:					
DAY8:					
DAY 9:					
DAY 10:					

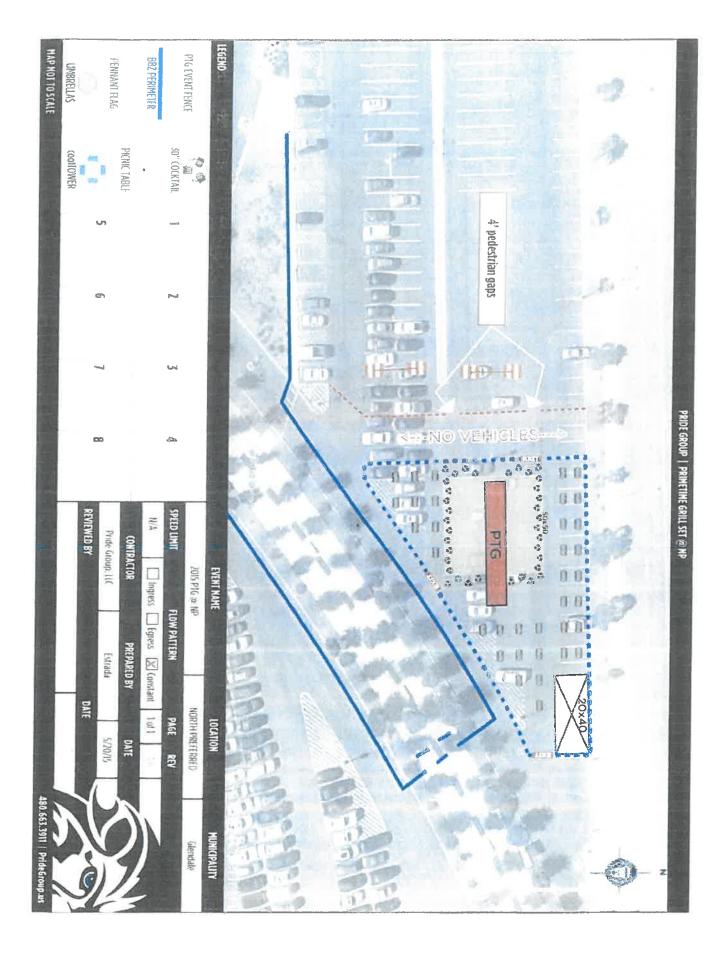
Section 10

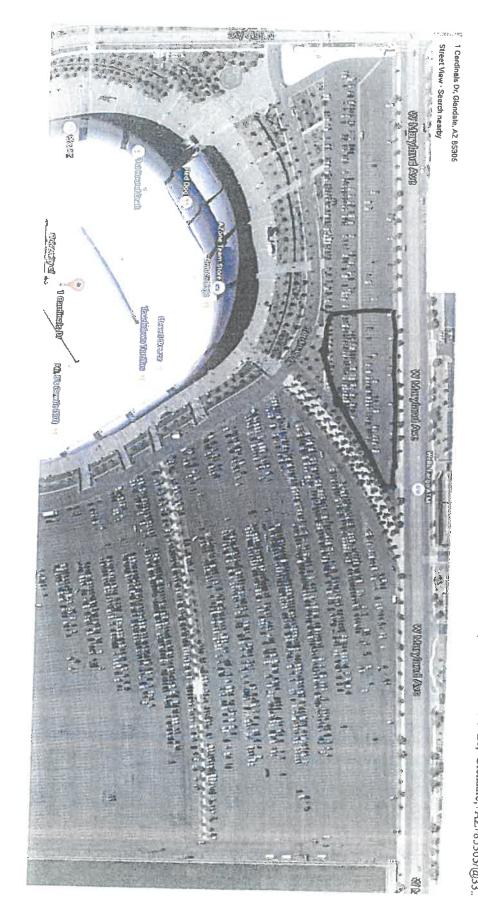
4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name Rojo Hospitality Group

Percentage 28%

Address 1 Cardinals Drive Glendale, AZ 85305





SECTION 13 This section is to be completed only be named in Section 1.	oy an Officer, Director or	Chairperson of the	organization
1, Cynthia Humes (Print full name)	declare that I am an	OFFICER, DIRECTO	R, or CHAIRPERSON
appointing the applicant listed in Section 9, to ap	oply on behalf of the fore	going organization	for a Special Event
Liquor License.	000		1 1 - 7 (5)
(Signature)	Title/ Position	Date Date	La 23 20 6 7600
The foregoing instrument was acknowledged bel	fore me this 15th	OWNE COLUMN	2016 3016
State AVIZONA County of MAVICAYA	Day	NO.	ERONICA CASTRO TARY PUBLIC - ARIZONA MARICOPA COUNTY
My Commission Expires on: 10 31 2017	Ulwinca Chatra Signati	ure of Notary Public	Comm. Expires Oct. 31, 2017
SECTION 14 This section is to be completed only b	y the applicant named i	n Section 9.	
1, <u>Cynthia Humes</u> (Print full name)	declare that I am the	e APPLICANT filing	this application as
listed in Section 9. I have read the application			
complete.	C 0 = 2	1	
X (Signature)	Title/ Position	15-16 Date	4232047600 Phone #
The foregoing instrument was acknowledged befo	ore me this 15th	June	2016
State Avizona County of Mariuma	Ddy	MOTIF	Year
My Commission Expires on: 10 31 2017	1 Disamuna Constan	(() N	OFFICIAL SEAL VERONICA CASTRO OTARY PUBLIC - ARIZONA MARICOPA COUNTY
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SECTION 15 Local Governing Body Approval Section	on		
I,	recommend \square	approval 🗆 dis/	APPROVAL
on behalf of,,,,	Signature	,	Phone
(Ony, 10WH, COOTHY)			THORE
FOR DEPARTMENT OF LIQUO	OR LICENSES AND CONTI	ROL USE ONLY	
□approval □ disapproval by:	D/	ATE:	



June 14, 2016

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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

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