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)

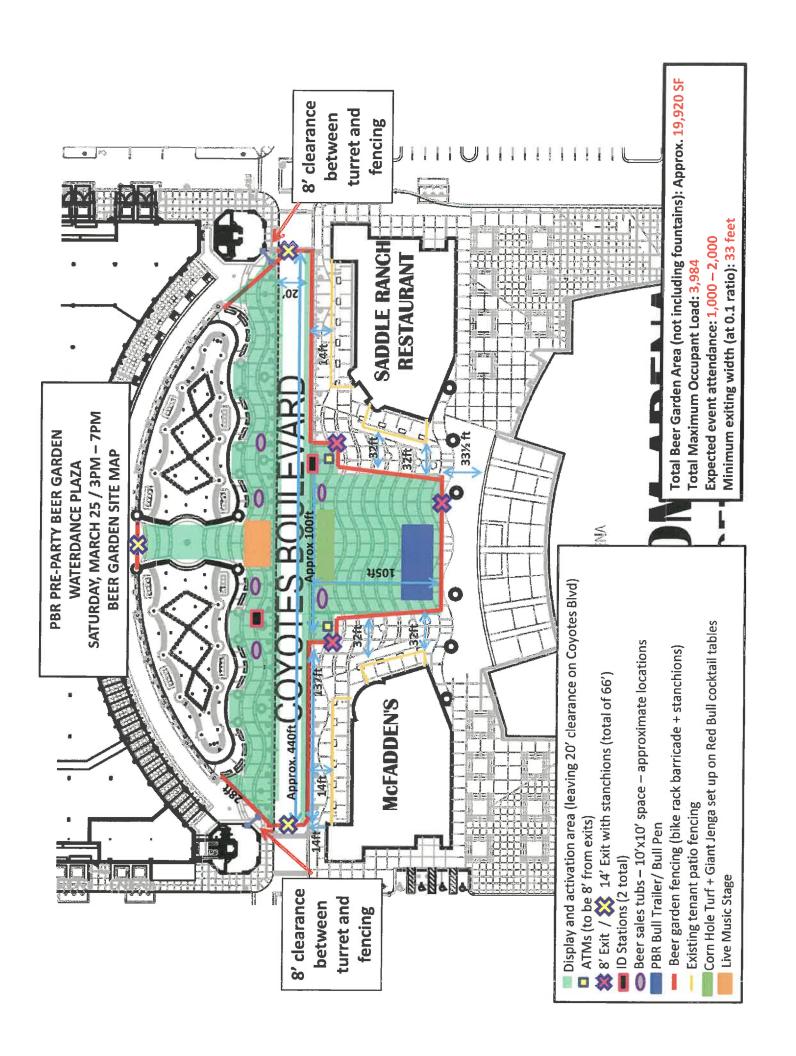
IMPORTANT INFORMATION: This document must be fully completed or it will be returned. The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event 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: Rider Relief Resources f/k/a Resistol Relief Resources. Inc. SECTION 2 Non-Profit/IRS Tax Exempt Number: **SECTION 3** The organization is a: (check one box only) \blacksquare Charitable (501.C) \square 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 Westgate Entertainment District 385-7506 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? **B**On-site consumption **D**Off-site (auction) SECTION 7 Location of the Event: Westgate Entertainment District Address of Location; 6751 N. Sunset Blvd. Glendale, AZ 85305 City County/State Zip **SECTION 8** Will this be stacked with a wine festival/craft distiller festival? \(\simeg\) 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.) 1. Applicant: Learned Date of Birth Middle 2. Applicant's mailing address: 101 W. Riverwalk Pueblo CO 81003 State Applicant's business phone: (360) 15 3. Applicant's home/cell phone 4. Applicant's email address:

10/17/14

Page 1 of 4 Individuals requiring ADA accommodations call (602)542-9027.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE OF "NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED OF 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 the (List type and number of police/security personnel and type of fencing or control barriers, if applicable.) 6-8	O \$4-203.02(D).) the event? □Yes □No by of the agreement.) r 100% of the proceeds. The event liquor sales. Attach ar 25% State Zip State Zip
The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D1.) 3. Is the organization using the services of a promoter or other person to manage the event?	the event? Tyes No by of the agreement.) r 100% of the proceeds. The event liquor sales. Attach ar 25% State Zip State Zip State Zip State Special Event License. HE EVENT SITE ONLY.
4. List all people and organizations who will receive the proceeds. Account for 100% of the grogranization applying must receive 25% of the gross revenues of the special event liquor sale additional page if necessary. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Name Rider Relief Resources fike Resources, Inc. National Resources, Inc. Percentage 25% State Percentage 75% State City State Percentage 75% State City State Percentage 75% Name Reventage Resources Resources fike Resources Response Resources for Area Sales Resources Response Resources for Area Sales Resources Resources Resources for Resources Reso	sy of the agreement.) or 100% of the proceeds. The event liquor sales. Attach are 25% State Zip
organization applying must receive 25% of the gross revenues of the special event liquor sale additional page if necessary. Name Rider Relief Resources f/k/a Resistol Relief Resources, Inc. Percentage 25% Addresss 101 W. Riverwalk, Pueblo, CO 81003 Street City State Addresss 6770 North Sunrise Bivd, Glendale, Arizona 85305 Street City State Address 6770 North Sunrise Bivd, Glendale, Arizona 85305 Street City State 5. Please read A.R.S. §4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event Note: All Alcoholic Beverage sales Must be for consumption at the Event Site On The Special Event License is Stacked With Wine /CRAFT DISTILLERY FESTIVAL LICEN OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICEN (Elist type and number of police/security personnel and type of fencing or control barriers, if applicable.) 6-8 Number of Police 15-20 Number of Security Personnel Fencing Barriers Explanation: Wristiband and ID stations will be set up within licensed area, along with security and police personnel. Bike rack barricades will be used to anchose Security 1 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 7:00 PM DAY 2: DAY 3:	State Zip State Special Event License. HE EVENT SITE ONLY.
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DAY 3:	7:00 PM
DAY 4.	
DAY 4:	
DAY 5:	
DAY 6:	
DAY 7:	
DAY 8:	
DAY 9:	

DAY 10:



SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.
1, Marshau Clayfon Learned 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 Ligense
x PROSIDENT 1/10/17 3607701388 (Signature) Title/ Position Date Phone #
The foregoing instrument was acknowledged before me this
State Washington County of Stagit Day Month Year
My Commission Expires on: 6-9-18 Specia Cosher Subline States of Natural States of N
Date Signature of Notary Public CISW CISW
SECTION 14 This section is to be completed only by the applicant named in Section 9.
1. Marshall Clayton Learned declare that I am the APPLICANT Filling this on polication as
(Print full name) listed in Section 9. I have read the application and the contents and all statements green to the listed in Section 9.
complete.
x PRESIDENT 1/10/17 360770/388 (Signature) Phone #
The foregoing instrument was acknowledged before me this 10 January 2017
State Washington County of Skagit
My Commission Expires on: 6-9-18 Date Signature of Notary Public
The local governing body may require additional applications to be completed and submitted. Please check with
ocal 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
urisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.
SECTION 15 Local Governing Body Approval Section
I,recommend \(\sigma APPROVAL \square DISAPPROVAL \) (government official) (Title)
on behalf of,,,
[City, Yown, Courty] Signature Date Priorite
FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY
DAPPROVAL DISAPPROVAL BY:DATE: