

NAVAJO COUNTY AGENDA ITEM REQUEST FORM

Meeting Date: March 24, 2015	Time Needed: CONSENT										
Requesting Department: Board of Supervisors	Presenter(s) Name N/A										
Motion before the Board: Special Event Liquor License											
Recommendation: (who, what, where, when, how, etc.) Staff recommends Approval											
Background: (why should it be done, what will happen if not approved, etc. include resolution) <p>The Heber-Overgaard Chamber of Commerce is requesting a special event liquor license for a charitable event being held on July 3rd, 2015 from 10:00AM to 10:00PM, July 4th, 2015 from 10:00AM to 8:00PM and July 5th, 2015 from 10:00AM to 4:00PM being held at 2774 Hwy 260. Overgaard, AZ. 85933. They will have 4 police and 4 security personnel available during the event.</p>											
Fiscal Impact: (what will it cost, where funds will come from, is it budgeted, etc.) None											
Reviewed and approved by:	<table style="width: 100%; text-align: center;"> <tr> <td>County Manager</td> <td>County Attorney</td> <td>Human Resources</td> <td>Finance</td> <td>IT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	County Manager	County Attorney	Human Resources	Finance	IT	<input type="checkbox"/>				
County Manager	County Attorney	Human Resources	Finance	IT							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Board Action Taken											
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>										
No Action <input type="checkbox"/>	Continued <input type="checkbox"/>										
Continued to: _____											
Approved with changes as follows: _____											
Clerk's Notes											
Date:	Initial:										

REMINDER: Email this coversheet and all backup documentation to **BOS.Clerk** by **Noon the Tuesday** before the BOS meeting.

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:

FORM
Liquor Task
P0320

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: HEBER-OVERLAND CHAMBER OF COMMERCE

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0864701

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: 2774 HWY 210, OVERLAND, AZ 85933

Address of Location: SAME AS ABOVE.
928-535-5777 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: CALL JUNE M 5-25-57
Last First Middle Date of Birth

2. Applicant's mailing address: P.O. Box 483 HEBER AZ 85928
Street City State Zip

3. Applicant's home/cell phone: (480) 577-4218 Applicant's business phone: (928) 535-3535

4. Applicant's email address: CALLJUNE4RE@gmail.com

SECTION 10

- Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 Yes No (If yes, attach explanation.)
- How many special event licenses have been issued to this location this year? NONE
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)
- Is the organization using the services of a promoter or other person to manage the event? Yes No
 (If yes, attach a copy of the agreement.)
- List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name HEBEL DUEGAARD CHAMBER Percentage 100%
OF COMMERCE P.O. BOX 1926, OVERGAARD, AZ
Street City State Zip
 Name _____ Percentage _____
 Address _____
Street City State Zip

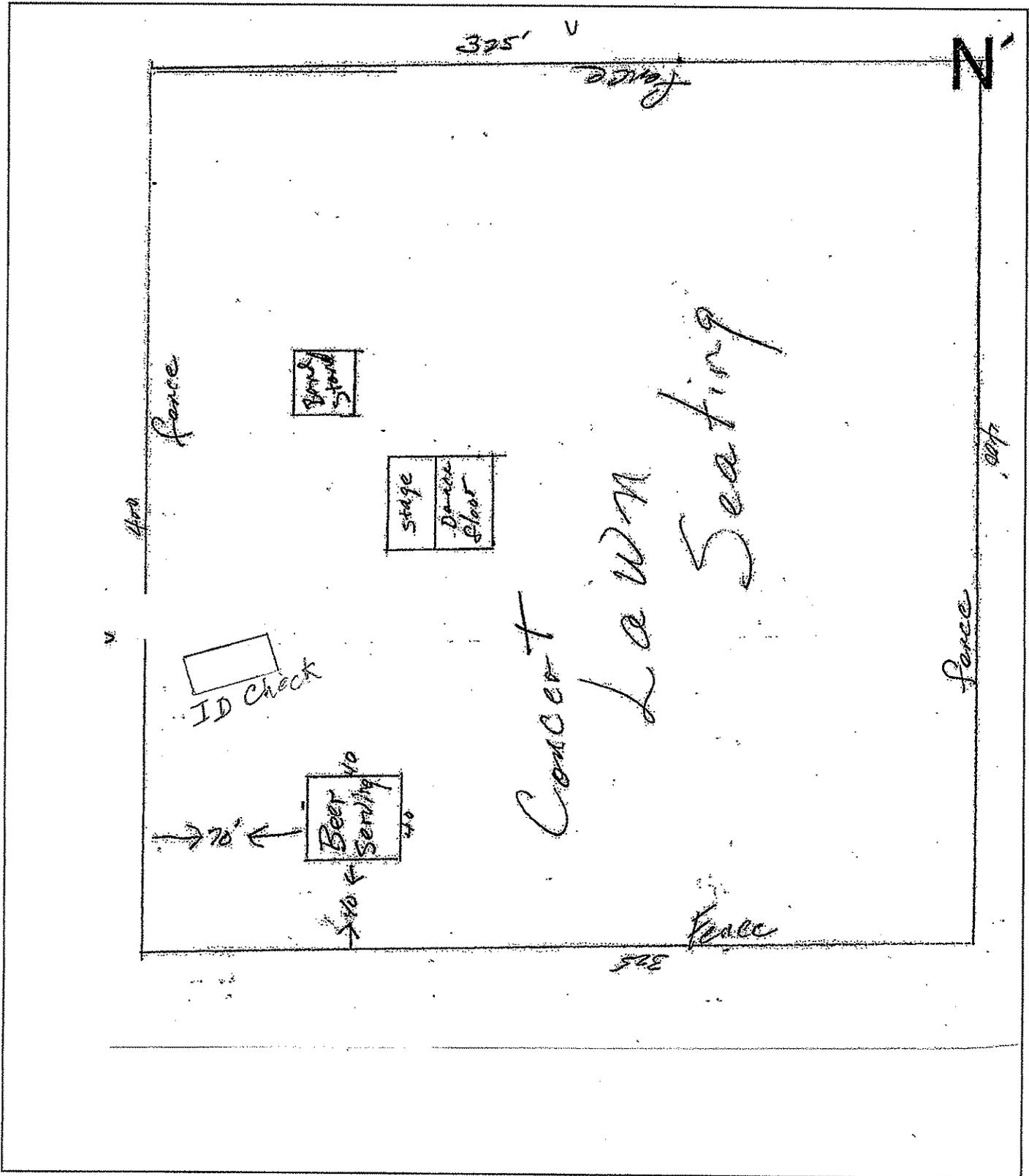
5. Please read A.R.S. §4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.
Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

6. What type of security and control measures will you take to prevent violations of liquor laws at this event?
 (List type and number of police/security personnel and type of fencing or control barriers, if applicable.)
4 Number of Police 4 Number of Security Personnel Fencing Barriers
 Explanation: _____

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>7.3.15</u>	<u>FRI</u>	<u>10 AM</u>	<u>10 PM</u>
DAY 2:	<u>7.4.15</u>	<u>SAT</u>	<u>10 AM</u>	<u>8 PM</u>
DAY 3:	<u>7.5.15</u>	<u>SUN</u>	<u>10 AM</u>	<u>4 PM</u>
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



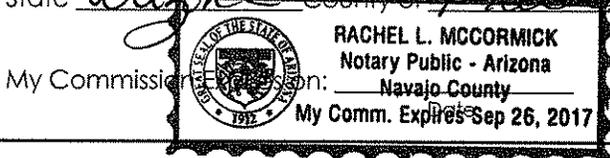
SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, JUNE MARIE CALL 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 June Call PRES. 3.6.15 480.577.4218
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 6th March 2015
Day Month Year

State Arizona County of Navajo



Rachel L. McCormick
Signature of Notary Public

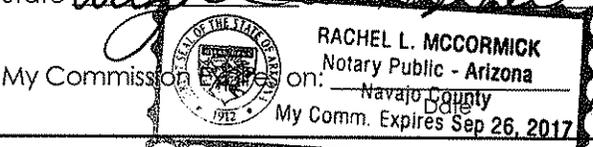
SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, JUNE MARIE CALL 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 June Call PRES 3.6.15 480.577.4218
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 6th March 2015
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State Arizona County of Navajo



Rachel L. McCormick
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: _____