CSR:	
Amount:	



SPECIAL EVENT LICENSE **APPLICATION FEE \$25.00 PER DAY**

Arizona Department of Liquor Licenses and Control 800 W. Washington St. 5th Floor Phoenix, AZ 85007 (602) 542-5141

	DLLC	USE	ONLY
Job #:			
Date Ac	cepte	d:	
CSR:			
License	#:		

SECTION 1 Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and

authorized by an O	fficer, Director, or Chairpe	rson of the Organizatior	n.		
r. Applicani.	eli, Martha Diana		First	Middle	
	g address: 3788 Pluto St,	Somerton, AZ 85350			
	street /cell phone: 928-446-135		city cant's business phone: _	State	Zip
4. Applicant's email	address: martha.d.lo	meli@icloud.con	n		
5. Special Event Nar	me: Gran Baile De	La Amistad		T	
6. Name of Non-Prof	it Organization, Candidat	e or Political Party/Gov.	Immaculate Conception Roman	Catholic Parish & G	Suadalupe Mission
7. Non-Profit/IRS Tax	Exempt Number: 86-01	43318	- E	The state of the s	
	ation Commission File		out of State please sp		er of good standing)
9. Event Location No				(Alluch lene	or good sidriding)
10. Event Address: _	501 S. Avenue B, Y	/uma, AZ 85364			
Dates an	d Hours of Event - Days r	nust be consecutive a	nd may not exceed 10	consecutive	days.
	SEPARATE APPLIC	CATION FOR EACH	"NON-CONSECUTIVE	" DAY	
Days	Date	Day of Week	Event Start Time AM/PM	Licens Time A	
DAY 1:	02/03/2024	Saturday	6:00 p.m.	11:00 p	o.m.
DAY 2:		8		Normal Administration - or	
DAY 3:	<u> </u>	Annual Control of the		-	
DAY 4:	1111-1111-1111-1111-1111-1111-1			4	
DAY 5:		s 		,	
DAY 6:		()	
DAY 7:	(: <u></u> :		***************************************	
DAY 8:	-	(<u></u> °	·	
DAY 9:	(1777-1777-1777-1777-1777-1777-1777-177				

DAY10:

SECTION 2 What type of security (List type and number of p		s will you take to prevent vic and type of fencing or control ba	
Number of Police	e No	umber of Security Personnel	✓ Fencing ✓ Barriers
Must explain security measures: Bu	ilding is behind secu	red fence. Only one entra	nce. Event is for 21 and over.
IDs will be checked. No alcohol w	rill leave the premises	s. Event will be indoors and	supervised by adult volunteers.
SECTION 3 What is the purpose of	this event?		
On-site consumption	Off-site (auction	/wine/distilled spirits pull)	□Both
How is this special event going to co Check one of the following boxes. (serving, and selling of spiritud	ius liquors?
A) Special Event being held on a Body on page 3. (If checked		s will require approval and si	gnature by the Local Governing
B) Will this event be held on a cu (Must attach a letter from the		-	
Name of Busin	ness	License Number	Phone (Include Area Code)
Place license in non-use - Special Must attach letter from the location			
Dispense and serve all spirituous li revenue from alcohol sales is dona		icense – Business operates nor	mally, minimum of 25% of gross
	ial event licensee. The r	etailers existing alcohol invent	ee is in charge of selling alcohol that wo ory must be separated from any alcoho for duration of special event
Split premise between special ev sales of alcohol. (These sales will be it must be in a separate area than the	done in separate area	s. If alcohol is donated or purc	see and the retailer will conduct hased by the special event licensee
Off Sale only - Wine/Distilled Spirit service of alcohol.	ts Pull, Live or Silent Au	ctions – Retailer will still be pen	mitted to conduct all normal sale and
SECTION 4			
1. Has the applicant been convict	ed of a felony, or had	d a liquor license revoked wi	thin the last five (5) years?
☐ Yes ☑ No If yes, attach letter of	of explanation.		
2. How many special event days h	ave been issued to th	nis organization during the c	alendar year?
	d sell alcohol on behalt		can utilize the services of a special ever event contractor is listed, the licensee
Yes No If yes, please provid	e the Name of the Sp	pecial Event Contractor:	
4. Is the organization using the serv (Licensees who hold a series 6, 7			
☐ Yes ☑ No if yes, please provid	de the Name of Licen	see:	License #:
5. List the name of the Individual o	or Organization that w	ill receive revenues, MUST E	QUAL 100 PERCENT.
	Attach additio	onal sheet if necessary.	

RGU'D - YUMA CITY CLERK 10 JAN 2024 PM4:10

Name: Immaculate Conception Roman	Catholic Parish & Guadalupe Mi	ssion Percentage: 100%	10 JHN 2024 PM4.
Address: 505 S. Avenue B, Yuma,			:
		State	Zip
Name:		Percentage:	
Address:Street	City	State	Zip
	0.00 Mo. 4		
Please read A.R.S. § 4-203.02 Speci			
NO ALCOHOLIC BEVERAGES SHALL LE SEALED CONTAINERS OR THE SPEC		THEY ARE IN AUCTION WIN	E OR DISTILLED SPIRITS PULL
<u>SECTION 5</u> License premises diagra authorized to sell, dispense or serve al of your special event licensed premismeasures and security position.	coholic beverages under the	provisions of your license.	Please attach a diagram
AT	TACH DIA	GRAM	
If the special event will be held at a loca that is not covered by the existing liquor I to the Department of Liquor Licenses and	icense, this application must be	approved by the local gove	rning body before submitting
APPLICANT SIGNATURE			
Declaration: I, (Print Name) Martha Lomeli authorized to submit this applicatio believe all statements made on thi	n. I have read the contents of		e best of my knowledge
LOCAL GOVERNING BODY			
Date Received: 01/10/2024 I, John D. Simonton (Government Official) On behalf of City of Yuma	Acting City Administra	itorrecommend APPR	OVAL □ DISAPPROVAL
(City, Town, County)	Signature	Dafe	Phone
The local governing body (city, town applications to be completed and sub these applications to be submitted. Ad	mitted. Please check with loca	al government as to how fai	in advance they require
□approval □ disapproval = 6	3Y:	DATE:	

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