CSR:
Amount:



## **SPECIAL EVENT LICENSE**

**APPLICATION FEE \$25.00 PER DAY** 

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

	DLLC USE ONLY
Job #:	
Date Ac	cepted:
CSR:	
License	#:

Application MUST be submitted to the Department of Liquor 10 days prior to the event.

<u>SECTION 1</u> Applicant must be a member of a qualifying nonprofit organization, political party, or Government entity and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant:	Villanueva- Mendez,	Regina	G	
(Must be an Officer/Member of th	ne Non Profit Entity) Last	First	Middle	Signal - Concentrate house
2. Applicant's mailing add	ress:PO BOX 1378,	Yuma	AZ	85366
3. Applicants home/cell pt	oplicants home/cell phone: 760-455-2853 Applicant's but		State SAN	Zip //E
4. Applicant's email addre	ss:Yumahomesbyre	gina@gmail.com		
5. Special Event Name:	Penitentiary Pint Fe	est		
6. Name of Non-Profit Orga	nization, Candidate or Political F	Party/Gov.: Fort Yuma	Rotary Ir	nc.
7. Non-Profit/IRS Tax Exemp	t Number: <u>86-6052778</u>	3		
8. Arizona Corporation	Commission File #: 422510	079 If out of State please sp		N/A letter of good standing
9. Event Location Name: _	Yuma Territorial P	Prison	(Alldeli	lener or good standing,
10. Event Address:	220 Prison Hill Road, Yur	ma AZ 85364		

Dates and Hours of Event - Days must be consecutive and may not exceed 10 consecutive days.

## \*\*SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY\*\*

Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	11/09/2024	Saturday	4:00 PM	8:00 PM
DAY 2:			4	
DAY 3:			N	
DAY 4:	<del></del> 8		H	
DAY 5:		·	·	
DAY 6:	<del></del>			
DAY 7:				
DAY 8:				
DAY 9:	-	9		20
DAY10:	<del></del>	. <del></del>	2 <del></del>	

SECTION 2 What type of sec (List type and number		easures will you take to prev rsonnel and type of fencing or co			s at this event?
Number of F	Police 3/ 6	Number of Security Per	sonnel	Fencing	■Barriers
<u>Must</u> explain security measures wrist bands to show 21 y				entering ev	ent and
â		3 M			
<b>SECTION 3</b> What is the purpos	se of this event?			Perilaments	
n-site consumption		auction/wine/distilled spirits p	5	□Bot	th
How is this special event going Check one of the following bo		ensing, serving, and selling of	spirituous liqu	iors?	
A) Special Event being held Body on page 3. (If chea			I and signatur	e by the Loca	al Governing
B) Will this event be held or (Must attach a letter from	100	d premises and within the alresises with an explanation of th			ed area?
Name	of Business	License Nu	ımber	Phone (Incl	lude Area Code)
Place license in non-use - Sp Must attach letter from the la				nt	
Dispense and serve all spiriturevenue from alcohol sales is		tailer's license – Business oper	ates normally,	minimum of 25	5% of gross
Dispense and serve all spiritu purchased or donated by the used during the special event	special event license	e. The retailers existing alcoho	l inventory mu	st be separate	d from any alcoho
Split premise between specisales of alcohol. (These sales vit must be in a separate area	vill be done in separa	te areas. If alcohol is donated	or purchased		
Off Sale only - Wine/Distilled service of alcohol.	Spirits Pull, Live or Si	<b>lent Auctions</b> – Retailer will stil	l be permitted	to conduct all	l normal sale and
SECTION 4					
1. Has the applicant been co	nvicted of a felony	, or had a liquor license revo	oked within th	ne last five (5)	years?
☐ Yes No If yes, attach le	tter of explanation.				
2. How many special event d	ays have been issue	ed to this organization durin	g the calend	ar year?(	)1
<ol> <li>Is the Organization using the contractor who may purchas responsible for the sales and s</li> </ol>	e and sell alcohol or				
Yes No If yes, please p	rovide the Name o	f the Special Event Contrac	ctor:	,,,,,,,	
4. Is the organization using the (Licensees who hold a serie					
☐ <b>Yes</b> × No if yes, please p	provide the Name o	f Licensee:	Lice	ense #:	
5. List the name of the Individ	ual or Organization	that will receive revenues,	MUST EQUAL	100 PERCENT.	

Attach additional sheet if necessary.

Name:	Fort Yuma Rota	ary	Percentage:	100 12 MAR 2024 PM1:1
Address:	PO BOX 1378,	Yuma	AZ	85366
	Street	City	State Percentage:	Zip
Name:			rercemage	
Address: _	Street	City	State	Zip
Please r	ead A.R.S. § 4-203.02 <u>Speci</u> o	al event license; rules and R19-	1-205 <u>Requirements fo</u>	or a Special Event License.
	ALL ALCOHOLIC BEVER	AGE SALES MUST BE FOR CON	SUMPTION AT THE EVI	ENT SITE ONLY.
		VE A SPECIAL EVENT UNLESS TH AL EVENT LICENSE IS STACKED V		
authorized of your spe	to sell, dispense or serve alc	m. The licensed premises for y coholic beverages under the press. Please show dimensions, se	ovisions of your licens	e. Please attach a diagram
	AT	TACH DIA	GRAM	
that is not c to the Depa	overed by the existing liquor li	ion without a permanent liquor lic cense, this application must be ap Control. Please contact the loca	proved by the local go	verning body before submitting
Declard I, (Print I authoriz believe	Name) ed to submit this application	Ilanueva - Mendez , d  In I have read the contents of the application to be true, correct	eclare under penal is application, and to t and complete. Regina ( ) Illanueva-Mendez	03/08/24
LOCAL GO	OVERNING BODY			
ı, Joh	nn D. Simonton (Government Official)  alf of City of Yuma (City, Town, County)	Acting City Administrato (Title) Signature	1	PPROVAL □ DISAPPROVAL 4_, (928) 373 = 5035 Phone
application	ns to be completed and subrications to be submitted. Add	or municipality where the fair nitted. Please check with local ditional licensing fees may also	government as to how	far in advance they require
□APF	Proval 🗖 disapproval 🛭 B	Y:	DATE: _	

