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

Job #:	DLLC USE ONL
Date A	ccepted:
CSR:	::
License	<u></u>

Stanley

SECTION 1 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.

DAVID

Martin

1. Applicant:		artin DA	NID.	Stanley		
 (Must be an Officer/Men Applicant's mailin 	nber of the Non Profit Entity) Last	East Missions	first //uma f	Middle 85365		
	Street		City *	State Zip		
Applicants home/	cell phone: 928-23	5-5328 Applic	cant's business phone	= 707-704-3100		
4. Applicant's email	address: Kizyfm.	yumae gnail	.Com			
5. Special Event Nar	ne: Reggae on	the young Riv	ER			
6. Name of Non-Profi	t Organization, Candidat	e or Political Party/Gov.	: Kizy Ente	Mainment Production		
7. Non-Profit/IRS Tax E	exempt Number: 92-	3348505	TO MADE OF STATE OF THE STATE O			
8. Arizona Corpord	ation Commission File	#: 23501514 If c	out of State please			
	me: Cateway	0		(Attach letter of good standing)		
10. Event Address:		Gila St	YUMA AZ	85364		
Dates an	d Hours of Event - Days r	must be consecutive a	nd may not exceed	10 consecutive days.		
	SEPARATE APPLIC	CATION FOR EACH	MON-CONSECUTI	VED NAV		
	JEI AIMIL AI I EI	DATION FOR LACT	ROIE-CONSECUTI	The state of the texture of the text		
Days	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM		
DAY I:	7/6/2024	Saturday	6:00 Pm	11:00 PM		
DAY 2:	**	<u>;</u>		×		
DAY 3:				_		
DAY 4:	***************************************) 	-			
DAY 5:						
DAY 6:		3 	·	<u> </u>		
DAY 7:		:				
DAY 8:		3				
DAY 9:	2-40	8				
DAY10:						

Name: KIZY ENT	ertainment Prod	vetions Pero	centage:/	100%
Name: KIZY ENT. Address: 6524 EAS	t Missiau	St Yuma	AZ	85365
Street Name:	City		State centage:	
\ \			.omage	
Address:street	City		State	Zip
Please read A.R.S. § 4-203.02	Special event license; ru	les and R19-1-205 <u>R</u>	equirements fo	or a Special Event License.
ALL ALCOHOLIC	BEVERAGE SALES MUST E	E FOR CONSUMPTION	ON AT THE EVI	ENT SITE ONLY.
NO ALCOHOLIC BEVERAGES SH SEALED CONTAINERS OR TH				
<u>SECTION 5</u> License premises authorized to sell, dispense or se of your special event licensed measures and security position.	rve alcoholic beverages	under the provision:	of your licens	e. Please attach a diagram
	ATTACH	DIAGR	AM	
If the special event will be held at that is not covered by the existing to the Department of Liquor Licen	liquor license, this application	on must be approved	by the local go	overning body before submitting
APPLICANT SIGNATURE	×			
Declaration: I, (Print Name) authorized to submit this app believe all statements made		ontents of this applic	cation, and to	4
LOCAL GOVERNING BODY				
Date Received: 6/14/202 John D. Simo (Government Official) On behalf of City of Yu (City, Town, C	nton City Admi	nistrator _{reco}		PPROVAL □ DISAPPROVAL 024928-373-5035 Phone
The local governing body (city applications to be completed at these applications to be submitted AZDLLC USE ONLY	nd submitted. Please chec	k with local governn	nent as to how	far in advance they require
				1
□APPROVAL □ DISAPPRO	/AL BY:		DATE: _	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may certificate holder in lieu of such endorsement(s).	require an end	lorsement. A state	ement on thi	s certificate does not co	onfer r	ights to the
PRODUCER	[9	CONTACT Eventsur	ed Customer	Service		
Foresite Sports, Inc.	P	PHONE DOD DOD FOOD FAX				
DBA: Eventsured	E	(A/C, No, Ext): 000-002-3902 (A/C, No):				
3553 West Chester Pike #418	P	AUDICEO.				NAIC#
		INSURER(S) AFFORDING COVERAGE				NAIC# 42374
Newtown Square, PA 19073		INSURER A: Houston Casualty Company				42374
1, A20 (Petr) (A7000)		INSURER B:				
Kizy Entertainment Productions		INSURER C:				
David Martin		INSURER D:				
6524 East Mission St		INSURER E :				
Yuma, AZ 85365		INSURER F:				
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTEI		DEEN ICCUED TO		REVISION NUMBER:	IE DOI	ICV PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	R CONDITION OF	F ANY CONTRACT D BY THE POLICIES EEN REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	OT TO	WHICH THIS
LTR TYPE OF INSURANCE INSR WVD POL	LICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$	100,000
CLAIMS-MADE X OCCUR				MED EXP (Any one person)	\$	1,000
A X Liquor Liability (\$1M/\$2M) Y H23SE001	55/TM355263	07/06/2024	07/07/2024	PERSONAL & ADV INJURY	\$	1,000,000
		12:01AM	2:01AM	GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$	1,000,000
X POLICY PRO- JECT LOC				DEDUCTIBLE	\$	0
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO				BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
70.000					\$	
UMBRELLA LIAB OCCUR	(- , <u> </u>			EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION\$					\$	
WORKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N				E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		***************************************
DESCRIPTION OF OPERATIONS SHOW						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Concert - Reggae to be held on 07/06/2024 - 07/06/2024 with 200 attendees at Gateway Park 259 S Gila St Yuma, AZ 85364 Additional Insureds include: Gateway Park 259 S Gila St Yuma, AZ 85364; City of Yuma.						
CERTIFICATE HOLDER	CANCELLATION	*				
Gateway Park 259 S Gila St Yuma AZ, 85364		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	1,	AUTHORIZED REPRESENTATIVE				

