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 ONL	
Job #:	
Date Ac	cepted:
CSR:	
License	#:

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.

1. Applicant:	DOUGLAS	CATHY	L	
(Must be an Officer/Mem	ber of the Non Profit Entity) Last	First	Middle	
2. Applicant's mailing	g address: 180 w. 1ST STREET, SUITE E	YUMA	AZ	85364
	Street	City	State	Zip
3. Applicants home/	cell phone: <u>928-373-5192</u>	Applicant's business p	_{hone:} <u>928-373-519</u>	98
4. Applicant's email c	address: CATHY.DOUGLAS@Y	UMAAZ.GOV		
5. Special Event Nam	e: FRIGHT NIGHT MOVIE NI	GHT		
6. Name of Non-Profit	Organization, Candidate or Political Part	y/Gov.: YUMA CROSS	ING NATIONAL HER	ITAGE AREA
7. Non-Profit/IRS Tax E	kempt Number: 80-0038830			
8. Arizona Corpora	tion Commission File #: 10172498	If out of State ple	ase specify:	er of good standing
9. Event Location Nar	ne: YUMA TERRITORIAL PRISON	l	(Allochielle	er or good standing,
10. Event Address: 22	20 N. PRISON HILL ROAD, Y	UMA, AZ 85364		
Datasana	Illama afficiant. David according a consequent	other word means wat according		alama

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:	6/1/2024	SATURDAY	5PM	12AM
DAY 2:				
DAY 3:				
DAY 4:				Section of the sectio
DAY 5:	·			
DAY 6:	0	***************************************		
DAY 7:				
DAY 8:				
DAY 9:	*			
DAY10:		<u> </u>		Name and the second sec

(List type and number of		of measures will you t ty personnel and type of			vs at this event?
Number of Poli	ice <u>1</u>	Number of :	Security Personnel	Fencing	■Barriers
<u>Must</u> explain security measures: <u>U</u>	JNIFORMED,	LICENSE SECURIT	Y STAIONED AT EN	TRANCE/EXIT G	ATE.
ID CHECKS AND WRIST B	ANDS ISSU	UED AT ALCOHO	L POINT OF SAL	.E.	
SECTION 3 What is the purpose of	of this event?				
☑On-site consumption	☐Off-si	te (auction/wine/dist	illed spirits pull)	□Во	th
How is this special event going to Check one of the following boxes		dispensing, serving, ar	nd selling of spirituous	liquors?	
A) Special Event being held on Body on page 3. (If checke			re approval and sign	ature by the Loc	al Governing
B) Will this event be held on a (Must attach a letter from the					ed area?
Name of B	usiness		License Number	Phone (Inc	:lude Area Code)
Place license in non-use - Speci Must attach letter from the local				ment	
Dispense and serve all spirituou revenue from alcohol sales is do	to a larger of the configurations		usiness operates norm	ally, minimum of 2	5% of gross
Dispense and serve all spirituou purchased or donated by the spused during the special event. M	ecial event lice	ensee. The retailers exi	sting alcohol inventory	must be separate	ed from any alcoho
Split premise between special estales of alcohol. (These sales will be it must be in a separate area that	be done in sep	parate areas. If alcoho	l is donated or purcha		
Off Sale only - Wine/Distilled Sp service of alcohol.	oirits Pull, Live o	or Silent Auctions – Re	tailer will still be permi	tted to conduct a	I normal sale and
SECTION 4					
1. Has the applicant been convi	icted of a feld	ony, or had a liquor l	cense revoked with	in the last five (5)	years?
☐ Yes ☑ No If yes, attach lette	r of explanati	on.			
2. How many special event days	have been i	issued to this organiz	ation during the cale	endar year?	2
3. Is the Organization using the s contractor who may purchase of responsible for the sales and servi	and sell alcoho	ol on behalf of the lice			
Yes No If yes, please prov	ride the Name	e of the Special Eve	nt Contractor:		,
4. Is the organization using the se (Licensees who hold a series 6					
Yes No if yes, please prov	vide the Nam	e of Licensee:		License #:	
5. List the name of the Individual	l or Organizat	tion that will receive	revenues, MUST EQU	AL 100 PERCENT.	
	Atto	ach additional sheet	if necessary.		

3 MAY 2024 PM1:12

Name: YUMA CROSSING NATIONAL HEF	RTIAGE AREA	Percentage:100	0%
Address: 180 W. 1ST STREET, SUITE E	YUMA	AZ	85364
	City	State	Zip
Name:		Percentage:	
Address:	City	State	Zip
		10 1 205 Barrisananda far	±0.7.▼0
Please read A.R.S. § 4-203.02 Special event lic ALL ALCOHOLIC BEVERAGE SALES			
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPEC SEALED CONTAINERS OR THE SPECIAL EVENT L	JAL EVENT UNLESS	THEY ARE IN AUCTION WIN	E OR DISTILLED SPIRITS PULL
SECTION 5 License premises diagram. The lice authorized to sell, dispense or serve alcoholic bey of your special event licensed premises. Please smeasures and security position.	verages under the	provisions of your license.	Please attach a diagram
ATTAC	H DIA	GRAM	
If the special event will be held at a location without that is not covered by the existing liquor license, this of the Department of Liquor Licenses and Control. Place APPLICANT SIGNATURE	application must be	approved by the local gove	erning body before submitting
Declaration: I, (Print Name) CATHY DOUGLAS authorized to submit this application. I have red believe all statements made on this application	ad the contents o		e best of my knowledge
LOCAL GOVERNING BODY			
Date Received: 05/08/2024 I, John D. Simonton City (Government Official) On behalf of City of Yuma (City, Town, County)	9	Reichelt 5/8/ nutn	DISAPPROVAL DISAPPROVAL DISAPPROVAL Phone
The local governing body (city, town or municipapplications to be completed and submitted. Pleathese applications to be submitted. Additional licentary	se check with loc	al government as to how fa	r in advance they require
□approval □ disapproval by:		DATE:	



Yuma Territorial Prison - Dia de los Muertos October 21, 2023

