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 A	cepted:	
CSR:		
License	#:	

	App	plication MUST be submi	tted to the Department	of Liquor 10 days prior	to the event.	
		must be a member of c er, Director, or Chairpers			arty, or Gove	rnment entity and
I. Applic	cant:	DOUGLAS	CA	THY	L	
(Must be	an Officer/Member	r of the Non Profit Entity) Last		First	Middle	
2. Applic	ant's mailing o	address: 180 w. 1ST STF	REET, SUITE E Y	'UMA	AZ	85364
		ll phone: 928-373-519	92 Applic		State 928-373-51	98
		dress: CATHY.DOL		AZ.GOV		
5. Specic	al Event Name:	FRIGHT NIGHT	MOVIE NIGHT			
6. Name	of Non-Profit C	organization, Candidate	or Political Party/Gov.:	YUMA CROSSING NA	TIONAL HER	RITAGE AREA
		mpt Number: 80-0038				~
R Arizon	na Corporatio	on Commission File #:	10172498 _{If O}	ut of State please sp	ecify.	
		e: YUMA TERRITOR		or or orang produce up		ler of good standing)
7. Eveni L		N DDICON IIII I	DOAD VIIMA	A 7 0 5 0 C 4		
10. Event	Address: ZZU	N. PRISON HILL	- RUAD, YUMA	, AZ 85364		
	Dates and H	lours of Event - Days mu	ust be consecutive a	nd may not exceed 10	consecutive	days.
**SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY **						
	Days	Date	Day of Week	Event Start Time AM/PM		se End AM/PM
	DAY 1:	6/15/2024	SATURDAY	5PM	12AM	
	DAY 2:	***************************************	***************************************	W		
	DAV 2.					

SECTION 2 What type of securit (List type and number of		easures will you take to ersonnel and type of fencing			at this event?
Number of Poli	ce <u>1</u>	Number of Securit	y Personnel	Fencing	■Barriers
<u>Must</u> explain security measures: <u>U</u>	NIFORMED, LIC	ENSE SECURITY STAI	ONED AT ENTRA	ANCE/EXIT GA	TE.
ID CHECKS AND WRIST B					
SECTION 3 What is the purpose of	of this event?				
✓On-site consumption	☐Off-site (auction/wine/distilled sp	pirits pull)	□Bot	h
How is this special event going to Check one of the following boxes		ensing, serving, and sellir	ng of spirituous liqu	uors?	
A) Special Event being held or Body on page 3. (If checke			roval and signatu	re by the Loca	l Governing
B) Will this event be held on a (Must attach a letter from the					d area?
Name of Bu	usiness	Lice	nse Number	Phone (Incl	ude Area Code)
Place license in non-use - Speci Must attach letter from the local				nt	
Dispense and serve all spirituou revenue from alcohol sales is dor	ra - na filia agus an tha tha an tha tha an	tailer's license – Business	operates normally,	, minimum of 25	% of gross
Dispense and serve all spirituous purchased or donated by the speused during the special event. Mr.	ecial event license	ee. The retailers existing al	cohol inventory mu	ust be separated	d from any alcohol
Split premise between special estales of alcohol. (These sales will be it must be in a separate area that	oe done in separc	te areas. If alcohol is don	ated or purchased		
Off Sale only - Wine/Distilled Sp service of alcohol.	irits Pull, Live or Si	ilent Auctions – Retailer w	vill still be permittec	d to conduct all	normal sale and
SECTION 4					
1. Has the applicant been convi	cted of a felony	, or had a liquor license	revoked within the	he last five (5) y	/ears?
☐ Yes ☑ No If yes, attach letter	r of explanation.				
2. How many special event days	have been issue	ed to this organization o	during the calend	lar year?	2
3. Is the Organization using the scontractor who may purchase a responsible for the sales and servi	nd sell alcohol or	cial Event Contractor? h behalf of the licensee. In	(A licensee can ut f no special event	ilize the services contractor is list	of a special event ed, the licensee is
Yes No If yes, please prov	ide the Name o	f the Special Event Cor	ntractor:		
4. Is the organization using the se (Licensees who hold a series 6,					
Yes No if yes, please prov	ide the Name o	f Licensee:	Lice	ense #:	
5. List the name of the Individual	or Organization	that will receive revenu	ues, MUST EQUAL	100 PERCENT.	

Attach additional sheet if necessary.

Name: YUMA CROSSING NATIONAL HERI	TAGE AREA	Percentage:100	0%
Address: 180 W. 1ST STREET, SUITE E	YUMA	AZ	
Name:	City	State Percentage:	Zip
Address:Street	City	State	Zip
Please read A.R.S. § 4-203.02 Special event lic	ense; rules and R	19-1-205 Requirements for	a Special Event License.
ALL ALCOHOLIC BEVERAGE SALES			
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPEC SEALED CONTAINERS OR THE SPECIAL EVENT L			
SECTION 5 License premises diagram. The lice authorized to sell, dispense or serve alcoholic beyof your special event licensed premises. Please smeasures and security position.	verages under th	e provisions of your license.	Please attach a diagram
ATTAC	:H DIA	AGRAM	
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
OCAL GOVERNING BODY			
Date Received: 05/15/2024 Acti John D. Simonton City Government Official) On behalf of City of Yuma (City, Town, County)		atorrecommend MAPPR	ROVAL DISAPPROVAL 928-373-5035 Phone
The local governing body (city, town or municipal applications to be completed and submitted. Plea these applications to be submitted. Additional licent	ise check with loc	al government as to how fa	r in advance they require
□APPROVAL □ DISAPPROVAL BY:		DATE:	



Yuma Territorial Prison





Bar



Security



Drink Tickets