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 Acc	cepted:
CSR:	
License #	t:

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: Lemmon Sabra K

1. Applicant:			
(Must be an Officer/Member of the Non Profit Entity) Last	First	Middle	
2. Applicant's mailing address: 3927 W. 25th Lane Yuma, AZ	85364		
Street	City	State Zip	
3. Applicants home/cell phone: 9289412814	_ Applicant's busin	ess phone: <u>9289197286</u>	
4. Applicant's email address: Sabra@YumaChildrens	sMuseum.com		
5. Special Event Name: UnWined			
6. Name of Non-Profit Organization, Candidate or Political Pa	arty/Gov.: Children	's Museum of Yuma Cour	nty
7. Non-Profit/IRS Tax Exempt Number: 46-2286334			
8. Arizona Corporation Commission File #: 1820855	5lf out of State	please specify:(Attach letter of good s	standina
9. Event Location Name: Children's Museum of Yuma County		,	
10. Event Address: 200 S. Main Street Yuma, AZ 8	35364 (Including	Main Street)	

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:	November 1, 2024	Friday	5:00 p.m.	11:59 p.m.
DAY 2:				
DAY 3:	·		·	·
DAY 4:				
DAY 5:	:		: 2	
DAY 6:	:=		(
DAY 7:	U			(
DAY 8;			i z	-
DAY 9:				
DAY10:				

SECTION 2 What type of securit (List type and number of	y and control f police/security	measures will you take to prevent viola personnel and type of fencing or control barri	tions of liquor law ers, if applicable.)	rs at this event?
Number of Poli	ce_3	Number of Security Personnel	□Fencing	✓ Barriers
<u>Must</u> explain security measures: <u>"</u>	e will have three paid se	ecurity guards on site plus board members on watch and volunteers,	as well. Our event is sectione	ed off by barricades.
SECTION 3 What is the purpose of	of this event?			
On-site consumption	☐Off-site	e (auction/wine/distilled spirits pull)	⊮Bo	th
How is this special event going to Check one of the following boxe:		ispensing, serving, and selling of spirituou	s liquors?	
A) Special Event being held on Body on page 3. (If checke		ed premises will require approval and sigration 4)	nature by the Loca	al Governing
B) Will this event be held on a (Must attach a letter from the	currently licen	nsed premises and within the already appremises with an explanation of the option	oroved and licens checked below)	ed area?
Name of B	vsiness	License Number	Phone (Inc	lude Area Code)
Place license in non-use - Spec Must attach letter from the loca	ial Event Licens ation suspendir	see selling all alcohol without retailer involveing license for duration of special event	ement	
Dispense and serve all spirituou revenue from alcohol sales is do	us liquors unde nated to licens	r retailer's license – Business operates norm see	nally, minimum of 2	5% of gross
nurchased or donated by the sp	ecial event lice	r special event - The special event licensee ensee. The retailers existing alcohol inventor er from the location suspending license fo	y must be separate	ed from any alcoho
sales of alcohol. (These sales will	be done in sep	ail location - Both the special event license parate areas. If alcohol is donated or purch that is dispensed by the licensed retailer.)	ee and the retailer of ased by the specio	will conduct al event licensee
Off Sale only - Wine/Distilled Space service of alcohol.	oirits Pull, Live o	or Silent Auctions – Retailer will still be perm	nitted to conduct a	ll normal sale and
SECTION 4				
1. Has the applicant been conv	ricted of a felo	ony, or had a liquor license revoked with	nin the last five (5)	years?
Yes No If yes, attach lette	er of explanation	on.		
2. How many special event day	rs have been i	issued to this organization during the ca	llendar year? 0	
Is the Organization using the contractor who may purchase responsible for the sales and sen	and sell alcoho	Special Event Contractor? (A licensee co of on behalf of the licensee. If no special e)	an utilize the service vent contractor is l	es of a special even isted, the licensee i
☐ Yes ☑ No If yes, please pro	vide the Name	e of the Special Event Contractor:		
4. Is the organization using the s (Licensees who hold a series	ervices of a se 6, 7, 11, or 12 li	eries 6, 7, 11, or 12 licensee to manage icense are automatically qualified to be	the sale or service e the special eve	e of alcohol? nt contractor)
		ne of Licensee:		
		tion that will receive revenues, MUST EQ		

Attach additional sheet if necessary.

Name: Children's Museum of Yuma County	v	Percentage:_	100%
		rercemage	
Address: 200 S. Main Street Yuma, AZ 8	City	State	Zip
Name:		Percentage:_	
Address:Street	City	State	Zip
Please read A.R.S. § 4-203.02 Special ever	nt license; rules and R1	9-1-205 <u>Requireme</u>	nts for a Special Event License.
ALL ALCOHOLIC BEVERAGE S	ALES MUST BE FOR CO	NSUMPTION AT TH	E EVENT SITE ONLY.
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SEALED CONTAINERS OR THE SPECIAL EVI	SPECIAL EVENT UNLESS ENT LICENSE IS STACKE	THEY ARE IN AUCTION WITH WINE / CRAF	ON WINE OR DISTILLED SPIRITS PULL I DISTILLERY FESTIVAL LICENSE.
SECTION 5 License premises diagram. The authorized to sell, dispense or serve alcoholic of your special event licensed premises. Pleameasures and security position.	beverages under the	provisions of your li	cense. Please attach a diagram
ATTA	CH DIA	GRAN	
If the special event will be held at a location with that is not covered by the existing liquor license, to the Department of Liquor Licenses and Control	this application must be	approved by the loc	al governing body before submitting
APPLICANT SIGNATURE			
Declaration: I, (Print Name) Sabra Lemmon authorized to submit this application. I have believe all statements made on this application.	e read the contents of	this application arect and complete.	enalty of perjury that I am Id to the best of my knowledge Signature
LOCAL GOVERNING BODY		/ (
	cting ity Administra (Title) Signature	6	DISAPPROVAL ☐ DISAPPROVAL ,928-737-5035 phone
The local governing body (city, town or man applications to be completed and submitted. these applications to be submitted. Additional	Please check with loc	al government as to	how far in advance they require
AZDLLC USE ONLY			
□APPROVAL □ DISAPPROVAL BY:		D	ATE;

