



Arizona Department of Liquor Licenses and Control  
800 W Washington 5th Floor  
Phoenix, AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

FOR DLLC USE ONLY

|                       |
|-----------------------|
| Event Date(s):        |
| Event time start/end: |
| CSR:                  |
| License:              |

APPLICATION FOR SPECIAL EVENT LICENSE  
Fee= \$25.00 per day for 1-10 days (consecutive)  
Cash Checks or Money Orders Only

A service fee of \$25.00 will be charged for all dishonored checks (A.R.S § 44-6852)

**IMPORTANT INFORMATION:** This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control (see Section 12).

**SECTION 1** Name of Organization: B.P.O. ELKS LODGE #2349

Name of Licensed Contractor **only** (if any): \_\_\_\_\_

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 86-0207835

**SECTION 3** Event Location: B.P.O. ELKS LODGE #2349-PAWS 4 LIFE CAR SHOW JAN 27

Event Address: 2455 N. APACHE TRAIL (HWY 88 AND BROWN RD.)

**SECTION 4** Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: PIERSON CYNTHIA DAWN 09/25/1956  
Last First Middle Date of Birth

2. Applicant's mailing address: 211 N. HILTON RD. APACHE JUNCTION AZ 85119  
Street City State Zip

3. Applicant's home/cell phone: (480) 299-0756 Applicant's business phone: (480) 982-2349

4. Applicant's email address: cindypierson@live.com

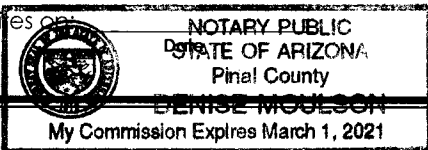
I, (Print Full Name) CYNTHIA DAWN PIERSON declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

X Cynthia Dawn Pierson Chairman 9/27/17 480-299-0756  
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 27<sup>th</sup> September 2017  
Day Month Year

State Arizona County of Pinal

My Commission Expires on \_\_\_\_\_



Denise Moulson  
Signature of Notary Public

**SECTION 5** Regarding the Applicant's application for a special event permit, I hereby certify that the Organization meets the criteria in A.R.S. § 4-203.02(E) for the issuance of the permit as indicated by checking one of the boxes below.

- (1) ☐ The Applicant is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Applicant supports, the office that the candidate seeks, and the month and year that the applicant would first fill the office if successful.

Candidate: \_\_\_\_\_  
Name Office Month/Year

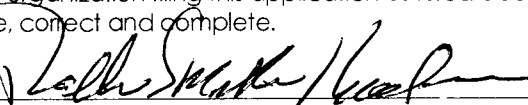
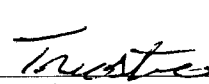
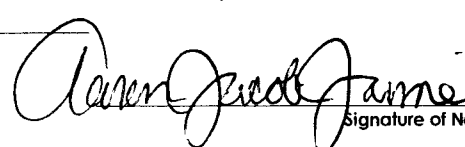
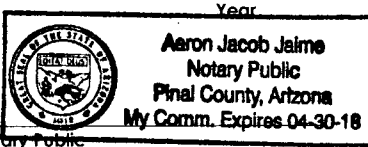
- (2) ☒ The Applicant is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation as a nonprofit entity under Section 501(C) of the internal revenue code of the United States. If the Applicant is applying under option (2) as a nonprofit entity, **please also INITIAL in the space provided next to all following statements to indicate that, to the best of the applicant's knowledge, they are true and correct.**

CP The Applicant has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501(C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

CP The Applicant is not aware of any action by the IRS to revoke, suspend, or otherwise eliminate the Applicant's eligibility under 501(C), or if there is a pending application, the Applicant has not received any indication that the IRS will deny its application and has a good faith basis formed upon a reasonable inquiry into IRS regulations, guidelines, and forms that it is eligible under 501(C).

CP The Applicant understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501(C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may then take appropriate action with regard to the loss of eligibility.

To be completed only by an Officer, Director, or Chairperson of the organization.

|                                                                                                                                                                                                                                                                       |                                                                                     |                                                                                       |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------|
| I, (Print Full Name) <b>RALPH SMITH HENDERSON</b> declare that I am an Officer, Director, or Chairperson of the organization filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete. |                                                                                     |                                                                                       |              |
| X                                                                                                                                                                                  |  | 1/20/17                                                                               | 480 250 9322 |
| Signature                                                                                                                                                                                                                                                             | Title/Position                                                                      | Date                                                                                  | Phone Number |
| The foregoing instrument was acknowledged before me this <u>20th</u> <u>September</u> <u>2017</u>                                                                                                                                                                     |                                                                                     |                                                                                       |              |
| State <u>Arizona</u> County of <u>Pinal</u>                                                                                                                                                                                                                           |                                                                                     |                                                                                       |              |
| My Commission Expires on: <u>4/30/2018</u>                                                                                                                                                                                                                            |                                                                                     |   |              |
| Date                                                                                                                                                                                                                                                                  |                                                                                     | Signature of Notary Public                                                            |              |
|                                                                                                                                                                                                                                                                       |                                                                                     |  |              |

**SECTION 6** Will this event be held on a currently licensed premise and within the already approved premises? ☐ Yes ☒ No  
(If yes, Local Governing Body Signature **not** required)

Name of Business

License Number

Phone (Include Area Code)

**SECTION 7** How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation and check one of the following boxes.

- ☐ Place license in non-use  
☐ Dispense and serve all spirituous liquors under retailer's license  
☐ Dispense and serve all spirituous liquors under special event  
☒ Split premise between special event and retail location

**(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)**

**SECTION 8**

What is the purpose of this event? ☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

**SECTION 9**

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?  
☐ Yes ☒ No (If yes, attach explanation.)
2. How many special event days have been issued to this organization during the calendar year? 4  
(The number cannot exceed 10 days per year.)
3. Is the organization using the services of a promoter or other person to manage the sale or service of alcohol? ☐ Yes ☒ No  
(If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)
4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.
- Name B.P.O. ELKS LODGE #2349 Percentage: 100  
Address 2455 N. APACHE TRAIL (HWY 88 AND BROWN RD.) APACHE JUNCTION, AZ 85119  
Name \_\_\_\_\_ Percentage: \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

**Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.**

**NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS PULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.**

5. What type of security and control measures will you take to prevent violations of liquor laws at this event?  
(List type and number of police/security personnel and type of fencing or control barriers, if applicable.)
- Number of Police 10 Number of Security Personnel ☐ Fencing ☐ Barriers
- Explanation: APACHE JUNCTION MOUNTED RANGERS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 10** Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.  
See A.R.S. § 4-244(15) and (17) for legal hours of service.

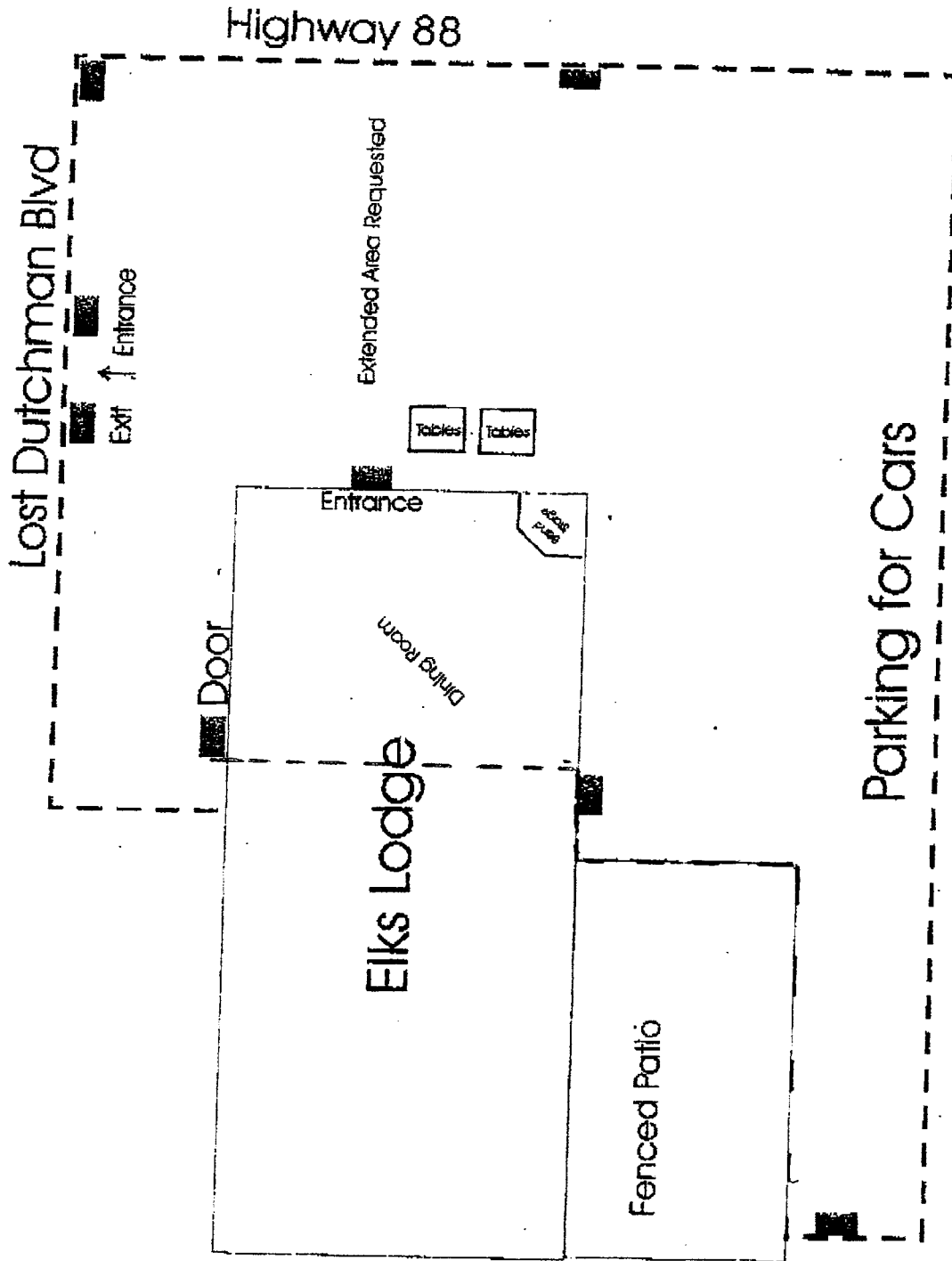
**PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY**

|         | Date       | Day of Week | Event Start<br>Time AM/PM | License End<br>Time AM/PM |
|---------|------------|-------------|---------------------------|---------------------------|
| DAY 1:  | 01/27/2018 | SATURDAY    | 7AM                       | 5PM                       |
| DAY 2:  |            |             |                           |                           |
| DAY 3:  |            |             |                           |                           |
| DAY 4:  |            |             |                           |                           |
| DAY 5:  |            |             |                           |                           |
| DAY 6:  |            |             |                           |                           |
| DAY 7:  |            |             |                           |                           |
| DAY 8:  |            |             |                           |                           |
| DAY 9:  |            |             |                           |                           |
| DAY 10: |            |             |                           |                           |

**SECTION 11** License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.

**ATTACH DIAGRAM**

# Area Needed



Security Will be Posted Where Symbols Are ■

Roped Off Area - - - -

*Please contact the local governing board for additional application requirements and submission deadlines. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction.*

**SECTION 12 Local Governing Body Approval Section.**

|                                            |                 |            |                                                                        |
|--------------------------------------------|-----------------|------------|------------------------------------------------------------------------|
| Date Received: _____                       |                 |            |                                                                        |
| I, _____<br>(Government Official)          | _____ (Title)   | recommend  | <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |
| On behalf of _____<br>(City, Town, County) | _____ Signature | _____ Date | _____ Phone                                                            |

**SECTION 13 For Department of Liquor Licenses and Control use only.**

|                                                                        |           |                      |
|------------------------------------------------------------------------|-----------|----------------------|
| <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL | BY: _____ | DATE: ____/____/____ |
|------------------------------------------------------------------------|-----------|----------------------|

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

TO: ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL,

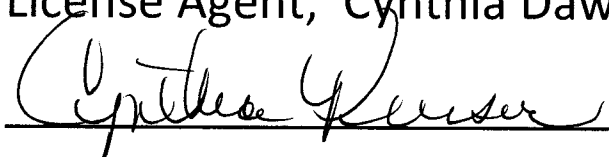
The B. P. O. ELKS #2349, license # 14110004,

Agrees to suspend there liquor license on 01/27/2018,

In the area on the attached diagram for the hours of 7:00am to 5:00pm.

B. P. O. Elks Lodge #2349

License Agent, Cynthia Dawn Pierson

  
\_\_\_\_\_