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FEES

- Current PV Business License – Fee Not Required
- Regular Special Event-\$15 per event (up to 30 days)
- Special Event Liquor-\$75.00 per event
- Non-Profit-No Fee (copy of IRS 501(c) 3 to be attached)
- Carnivals/Circuses-\$120 per day
- Rodeo-\$30 per day

_____ <input checked="" type="checkbox"/>

APPLICATION FOR SPECIAL EVENT LICENSE
TOWN OF PRESCOTT VALLEY
7501 E CIVIC CIRCLE
PRESCOTT VALLEY AZ 86314
928.759.3135 FAX 928.759.5536 clerk@pvaz.net

STAFF ONLY	
_____	_____
_____	_____
_____	_____

NAME OF EVENT Emmanuel Lutheran Oktoberfest
 PHYSICAL LOCATION OF EVENT 7763 E. Long Look Drive
Attach 8" X 11" site plan if applicable
 DATE(S) OF EVENT 10/26/13

BUSINESS/APPLICANT NAME Emmanuel Lutheran Church PHONE 772-4135
 MAILING ADDRESS 7763 E. Long Look Drive
 CITY Prescott Valley STATE AZ ZIP 86314
 CONTACT PERSON Marcy Pfitzer AZ TPT SALES TAX # N/A
 DESCRIPTION OF BUSINESS Church NON-PROFIT YES NO

<u>USE OF TENT – Permit may be required</u>	YES _____	NO <input checked="" type="checkbox"/>
NOTIFY FIRE DEPT 928.759.9933	YES _____	NO <input checked="" type="checkbox"/>
NOTIFY BUILDING DEPT 928.759.3050	YES _____	NO <input checked="" type="checkbox"/>
<u>FOOD VENDOR</u>	YES <input checked="" type="checkbox"/>	NO _____
YAVAPAI COUNTY HEALTH 928.771.3122	YES <input checked="" type="checkbox"/>	NO _____
For Food Handlers Permit	YES <input checked="" type="checkbox"/>	NO _____
<u>TOWN PROPERTY & FACILITIES RENTAL</u>	YES _____	NO <input checked="" type="checkbox"/>
PARKS & RECREATION 928.759.3090	YES _____	NO <input checked="" type="checkbox"/>

CARNIVAL OR CIRCUS
 CERTIFICATE OF INS \$1,000,000 Liability/Endorsement YES _____ NO

<u>LIQUOR</u> NEED 30 DAY ADVANCE NOTICE	YES <input checked="" type="checkbox"/>	NO _____
REQUEST LETTER TO MAYOR/COUNCIL <small>Explaining all details of event</small>	YES <input checked="" type="checkbox"/>	NO _____
CERTIFICATE OF INSURANCE <small>\$1,000,000 liability with Endorsement</small>	YES <input checked="" type="checkbox"/>	NO _____
SECURITY <small>One security guard per 50 people</small>	YES <input checked="" type="checkbox"/>	NO _____
EXISTING LIQUOR LICENSE <small>Extension of Premises-need Arizona Liquor Special Event application</small>	YES _____	NO <input checked="" type="checkbox"/>

APPLICANT SIGNATURE Marcy Pfitzer Council Pres. DATE 9-23-13
 CC: Police Dept; Zoning/Code Enforcement; Management Services ; Parks & Recreation; CYFD

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, Arizona 85007-2934
(602) 542-5141

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW **10 BUSINESS DAYS** FOR PROCESSING.

****Application must be approved by local government before submission to Department of Liquor Licenses and Control. (Section #20)**

DLLC USE ONLY
LICENSE #

1. Name of Organization: Emmanuel Lutheran Church

2. Non-Profit/I.R.S. Tax Exempt Number: # 9386

3. The organization is a: (check one box only)

Charitable
 Fraternal (must have regular membership and in existence for over 5 years)
 Civic
 Religious
 Political Party, Ballot Measure, or Campaign Committee

4. What is the purpose of this event? on-site consumption
 off-site consumption (auction)
 both

Consumption within building only.

5. Location of the event: 7763 E. Long Look Drive, Prescott Valley AZ Yavapai 86314

Address of physical location (Not P.O. Box) City County Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Question #1. (Signature required in section #18)

6. Applicant: P Fitzer Marcy Joanne

Last First Middle Date of Birth

7. Applicant's Mailing Address: 3883 Twisted Trails Prescott, AZ 86301

Street City State Zip

8. Phone Numbers: (928) 772-4135 (928) 777-9019^{hm} (928) 925-0707 cell

Site Owner # Applicant's Business # Applicant's Home #

9. Date(s) & Hours of Event: (see A.R.S. 4-244(15) and (17) for legal hours of service)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1		Saturday	4:00pm	7:00pm
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
Day 8:				
Day 9:				
Day 10:				

*Disabled individuals requiring special accommodations, please call (602) 542-9027

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?
 YES NO (attach explanation if yes)

11. This organization has been issued a special event license for 0 days this year, including this event
(not to exceed 10 days per year).

12. Is the organization using the services of a promoter or other person to manage the event? YES NO
If yes, attach a copy of the agreement.

13. 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.**

Name N/A - None _____ Percentage _____

Address _____

Name _____ Percentage _____

Address _____

(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have any questions regarding the law or this application, please contact the Arizona State Department of Liquor Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

15. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

____ # Police Fencing
2-3 # Security personnel Barriers

1 security guard per 50 persons

16. Is there an existing liquor license at the location where the special event is being held? YES NO
If yes, does the existing business agree to suspend their liquor license during the time period, and in the area in which the special event license will be in use? N/A YES NO

(ATTACH COPY OF AGREEMENT)

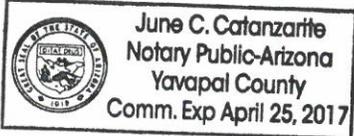
N/A _____ () N/A _____
Name of Business Phone Number

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1

18. I, Marcy J. Pfitzer declare that I am an Officer/Director/Chairperson appointing the
(Print full name)
applicant listed in Question 6. to apply on behalf of the foregoing organization for a Special Event Liquor License.

X Marcy J. Pfitzer President of Church Council 10/2/13 (928-925-0707)
(Signature) (Title/Position) (Date) (Phone #)



State of Arizona County of Yavapai

The foregoing instrument was acknowledged before me this

2nd October 2013
Day Month Year

My Commission expires on: 4-25-17
(Date)

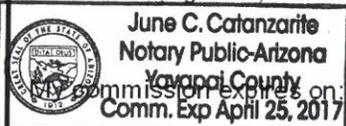
June C. Catanzarite
(Signature of NOTARY PUBLIC)

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6

19. I, Marcy J. Pfitzer declare that I am the APPLICANT filing this application as
(Print full name)
listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X Marcy J. Pfitzer State of Arizona County of Yavapai
(Signature) The foregoing instrument was acknowledged before me this

2nd October 2013
Day Month Year



4-25-17
(Date)

June C. Catanzarite
(Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____ hereby recommend this special event application
(Government Official) (Title)
on behalf of _____
(City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) (Date)

APPROVED

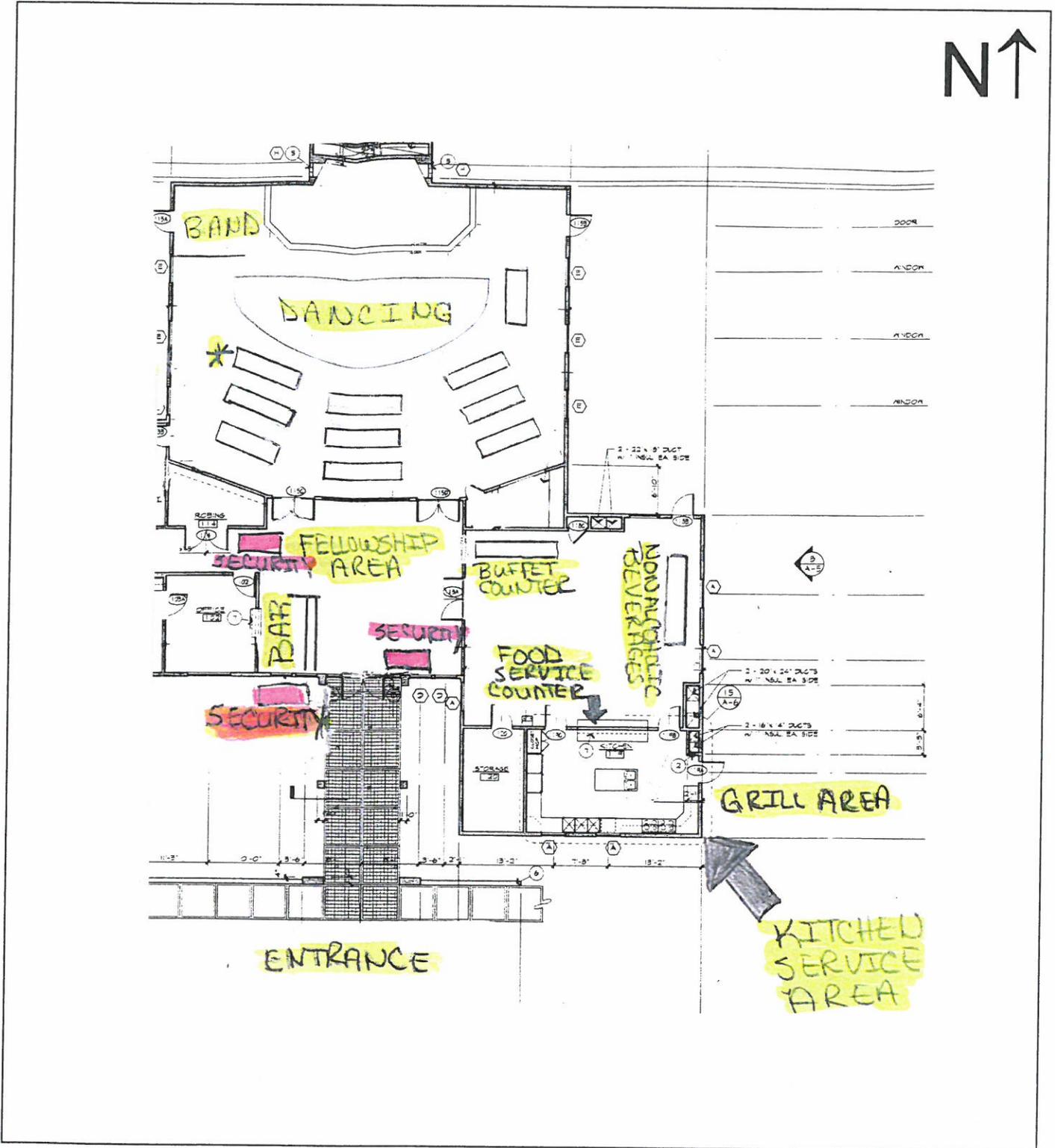
DISAPPROVED

BY:

(Title) (Date)

SPECIAL EVENT LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



SPECIAL EVENT LICENSED PREMISES DIAGRAM

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