



OABC USE ONLY

LICENSE #

Salt River Pima Maricopa Office of Alcohol Beverage Control
8840 E. Chaparral Rd. Suite 165
Scottsdale, AZ 85250
480-362-5450

APPLICATION FOR SPECIAL EVENT LICENSE

PLEASE NOTE: APPLICATION MUST BE SUBMITTED TO THE OFFICE OF ALCOHOL BEVERAGE CONTROL AGENCY 45 DAYS PRIOR TO THE EVENT.

SECTION 1

1. Name of Organization: _____
2. Organization address: _____
3. Non-Profit/IRS Tax exempt number: _____
4. Special Event Name: _____
5. Is the organization's primary business/purpose the selling of food or alcohol?

☐ Yes ☐ No
6. What is the purpose of the event? _____
7. Event Address: _____

Physical Address (NOT P.O Box) City County Zip
8. Date & Hours of Event: **(Please note: Event may not exceed 8 hours)**

Date	Day of Week	Hours from AM/PM	To AM/PM
9. Is the event open to the public? ☐ Yes ☐ No
10. How many individuals do you anticipate attending the event? _____
11. What type of alcoholic beverages will be served at the event? _____

12. How will the alcoholic beverages be served at the event? _____

13. Describe the potential for noise, traffic and lack of parking. Include a description of the nature of the sound amplification if applicable. _____

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

applicable) _____ # of Police

☐ Fencing

☐ Other

_____ # of Security Personnel

☐ Barriers

Type/Other: _____

15. Will there be enough sanitary facilities and parking spaces available?

☐ Yes

☐ No

SECTION 2

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the organization. (Authorizing signature is required in section 1)

1. Applicant:

Last

First

Middle

D.O.B

2. Applicants Mailing Address: _____

Street

City

State

Zip

3. Contact information:

Organization's Business #

Applicant's Business #

Applicants Email

4. Has the applicant been convicted of a felony in the past 5 years, or had a liquor license revoked?

(If yes, attach an explanation)

☐ Yes

☐ No

5. Within the last 3 years, has the applicant or the organization held an event that created a community disturbance or that generated community disturbance complaints? (If yes, attach explanation)

☐ Yes

☐ No

SECTION 3

1. Is the organization using the services of a promoter or other person to manage the event or provide alcohol service? ☐ Yes ☐ No

If yes, identify the person and attach a copy of the agreement

Name	Address	Phone
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2. Is the Special Event being held on an unlicensed premises?

☐ Yes ☐ No

(If yes, must submit Arizona Dept. of Liquor application to our agency for approval and signature by Local Governing Body)

3. Is there an existing liquor license at the location where the special event is being held?

☐ Yes ☐ No

- a. If yes, does the existing business agree to suspend their liquor license during the requested time period, and in the area in which the special event license will be in use?

☐ Yes ☐ No

- b. **If yes, Attach letter from the licensed premise.**

Applicant's
Initials

The applicant shall have knowledge of the Arizona State Liquor Laws (Title 4) and the Communities Alcoholic Beverages and Prohibited Substance Ordinance (Chapter 14) which is important to prevent liquor law violations. If you have any questions regarding the law or this application please contact the Salt River Pima Maricopa Indian Community Regulatory Agency's Office of Alcohol Beverage Control for assistance.

Applicant's
Initials

There is a \$200 Application fee associated with this application. *(Please make checks payable to SRPMIC; please send fee to Community Regulatory Agency/Office of Alcohol Beverage Control at 8840 E. Chaparral Rd. Suite 165 Scottsdale, AZ 85250).*

Applicant's
Initials

The person completing section 2 of this application is required to submit a fingerprint card and sign the Criminal History Record Information Form. **Fingerprints may be done by a law enforcement agency or you may contact the Office of Alcohol Beverage Control at 480-362-5450**

Applicant's
Initials

A Certificate of liability insurance as proof of adequate insurance for the event must be provided to the Community Regulatory Agency's Office of Alcohol Beverage Control.

Applicant's
Initials

According to Sec. 14-55 (6) (d) of the Community Code of Ordinances, you may be required to obtain a "Special Use Permit" from the SRPMIC Community Development Department. If you are required to obtain such a permit, you must provide this office with a copy. **Please contact Julio Lugo at (480-362-3162) for permit information.**

Applicant's
Initials

Please be Advised it is the licensee's responsibility to notify the SRPMIC Regulatory Agency when there are area changes to the following areas: Boundaries, entrances, exits, added or deleted doors, windows, service windows, or increase or decrease to the square footage after submitting the initial diagram.

NOTE: ALL ALCOHOLIC BEVERAGES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY
NOT ALCOHOLIC BEVERAGES SHALL LEAVE THE SPECIAL EVENT PREMISES.

SPECIAL EVENT LICENSED PREMISES DIAGRAM

(This diagram must be completed with this application)

Prepare a diagram of the licensed premises of your special event.

Your “licensed premise” is the area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. Show dimensions, serving areas, fencing, barricades, or other control measures and security positions.

N↑

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN SECTION 1

I, _____ (Print full name) declare that I am an Officer, Director or Chairperson of the Organization filing this application as listed in Section 1. I have read the application and the contents and all statements are true, correct and complete. I agree to follow all applicable Community laws and Arizona State alcoholic beverage laws, and also agree to assume all risk and liability for any damages that may occur as a result of this event.

(Signature of Applicant) State of _____ County of _____

The foregoing instrument was acknowledged before me this _____
(Day, Month, Year)

My commission expires on: _____
(Signature of Notary Public)

FOR DEPARTMENT OF OABC USE ONLY

☐ APPROVAL ☐ DISAPPROVAL By: _____ Date: _____



Salt River Pima-Maricopa Indian Community Regulatory Agency

8840 E. Chaparral Road, Suite 165, Scottsdale, Arizona
(480) 362-5450 FAX (480) 362-5488

Criminal History Record Information Disclosure of Privacy Requirements

Your fingerprints will be used to check the criminal history records of the FBI.

The use of the FBI criminal history record information will be used to assist in the determination for the issuance of a Community Tobacco and Alcohol Licenses.

You may request procedures for obtaining a copy of your record for a change, correction, or updating of an FBI criminal history record as set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878. If requested you will be given a reasonable period of time to compete or challenge the accuracy of the information.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2279 to obtain a fingerprint card and a Review and Challenge Packet. Information on the review and challenge process can be found at the DPS website (www.dps.gov).

Criminal history record information is solely for the purpose stated and cannot be disseminated out the Community Regulatory Agency or other authorized entity.

You may retain a copy of this signed disclosure if desired.

By my signature below, I fully acknowledge that I have read and understand this disclosure.

Print Name

Signature

Date