



SALT RIVER PIMA-MARICOPA OFFICE OF ALCOHOL BEVERAGE CONTROL

8840 East Chaparral Road, Suite 165
Scottsdale, Arizona 85250
480-362-5450

APPLICATION FOR PRIVATE EVENT

SRPMIC Ordinance, Sec. 14-25, (f)

PLEASE NOTE: APPLICATION MUST BE SUBMITTED TO THE OFFICE OF ALCOHOL BEVERAGE CONTROL AGENCY 30 DAYS PRIOR TO THE EVENT.

1. Name of Business: _____
2. Location of the event: _____

Physical address	City	County	Zip
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3. Date & Hours of Event: **(Please note: Event may not exceed eight hours)** _____

Date	Start/End Time
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4. Is the event open to the public? ☐ YES ☐ NO
5. Is the business a commercial tenant within the Salt River Pima Maricopa Indian Community? ☐ YES ☐ NO
6. What is the purpose of this private event? _____
7. How many individuals do you anticipate attending the event? _____
8. What type of alcoholic beverages will be served at the event? _____
9. How will the alcoholic beverages be served at the event? _____
10. Describe the potential for noise, traffic and lack of parking. Include a description of the nature of the sound amplification, if applicable.

11. Within the last three (3) years, has the business held an event that created a community disturbance or that generated community disturbance complaints? ☐ YES ☐ NO (if yes, attach explanation)

Applicant must be an employee of the qualifying business and authorized by an Officer and/or Director of the Business.

12. Applicant's name: _____

First	Middle	Last
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13. Applicant's Mailing Address: _____

Address	City	Zip
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14. Phone Numbers: _____

Business #	Applicant's Business #
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APPLICANT MUST SUBMIT THE FOLLOWING DOCUMENTS:

- A) Certificate of liability insurance as proof of adequate insurance for the event,
- B) A copy of the “Special Use Permit” from the SRPMIC Community Development, if needed, contact Julio Lugo at (480) 362-3162.
- C) A copy of the SRPMIC Business License.

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

Private 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.



The applicant shall have knowledge of Arizona State Liquor Laws (Title 4) and the Community's Alcoholic Beverages and Contraband 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 Community Regulatory Agency's Office of Alcohol Beverage Control for assistance.

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION 12

I, _____ declare that I am the APPLICANT filing this application as
(Print full name)

listed in Question 12. 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.

_____ State of _____ County of _____
(Signature of Applicant)

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: _____