



# Staff Report

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**Agenda Item:**            **Special Event Liquor License for Verde Valley Medical Center**  
– Approval of a Special Event Liquor License for the Verde Valley Medical Center for an event on October 30, 2009.

**Staff Contact:**            Walt Good, Deputy Town Clerk

**Meeting Date:**            October 13, 2009

**Background:**            The Verde Valley Medical Center (VVMC) is planning a benefit program with discussions on the impacts of wine on the heart from the VVMC cardiologists on Friday, October 30, 2009 from 5:00 PM to 10:00 PM. The event will take place at the Yavapai College Verde Campus, 601 Black Hills Drive, Room M-137, Clarkdale Arizona.

Yavapai College requires VVMC to have a Yavapai College off duty officers in attendance of the event.

The VVMC has made the required payment of \$25.00 to the Town of Clarkdale for application of this Special Event Liquor License.

**Recommendation:**    Approval of a Special Event Liquor License for the Verde Valley Medical Center for an event on October 30, 2009

State of Arizona Department of Liquor Licenses and Control  
 800 W. Washington, 5th Floor  
 Phoenix, AZ 85007  
 www.azliquor.gov  
 (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 APPROVAL

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

|                            |
|----------------------------|
| DLIC USE ONLY<br>LICENSE # |
|----------------------------|

1. Name of Organization: Vende Valley Medical Center

2. Non-Profit/I.R.S. Tax Exempt Number: 86-0100882

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

- Charitable
- Fraternal (must have regular membership and in existence for over 5 years)
- Civic
- Political Party, Ballot Measure, or Campaign Committee
- Religious
- not-for-profit hospital

4. What is the purpose of this event? wine tasting and talks by cardiologists

5. Location of the event: 601 Black Hills Drive Clankdale Yavapai 86324  
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: Lauri Marguerite Catherine 7-6-1955  
Last First Middle Date of Birth

7. Applicant's Mailing Address: 269 S Candy  
Street City State Zip

8. Phone Numbers: (928) 634 7501 (928) 634-2251 (928) 300 3336  
Site Owner # Applicant's Business # Applicant's Home #

9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

|         | Date                 | Day of Week   | Hours from A.M./P.M. | To A.M./P.M.   |
|---------|----------------------|---------------|----------------------|----------------|
| Day 1:  | <u>Oct. 30, 2009</u> | <u>Friday</u> | <u>5 p.m.</u>        | <u>10 p.m.</u> |
| Day 2:  | _____                | _____         | _____                | _____          |
| Day 3:  | _____                | _____         | _____                | _____          |
| Day 4:  | _____                | _____         | _____                | _____          |
| Day 5:  | _____                | _____         | _____                | _____          |
| Day 6:  | _____                | _____         | _____                | _____          |
| Day 7:  | _____                | _____         | _____                | _____          |
| Day 8:  | _____                | _____         | _____                | _____          |
| Day 9:  | _____                | _____         | _____                | _____          |
| Day 10: | _____                | _____         | _____                | _____          |

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 1 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 Verde Valley Medical Center 100%  
Percentage

Address 269 S Candy Lane Cottonwood Arizona 86326

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)

1 # Police  Fencing  
     # Security personnel  Barriers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?  YES  NO

**(ATTACH COPY OF AGREEMENT)**

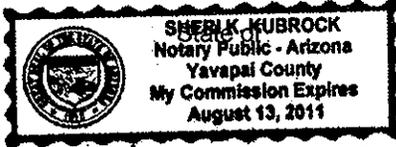
\_\_\_\_\_  
Name of Business ( ) Phone Number

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, Marquerite Lauri declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Director Marketing 10-5-2009 (98) 639-6096  
(Signature) (Title/Position) (Date) (Phone #)



ARIZONA County of YAVAPAI

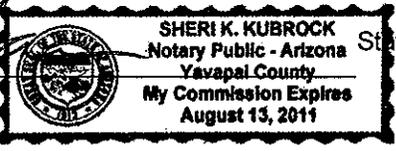
The foregoing instrument was acknowledged before me this 5th OCTOBER 2009  
Day Month Year

My Commission expires on: AUGUST 13, 2011 Sheri K. Kubrock  
(Date) (Signature of NOTARY PUBLIC)

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

19. I, Marquerite Lauri declare that I am the APPLICANT filing this application as listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] ARIZONA County of YAVAPAI  
(Signature) State of (Title/Position) (Date) (Phone #)



The foregoing instrument was acknowledged before me this 5th OCTOBER 2009  
Day Month Year

My commission expires on: AUGUST 13, 2011 Sheri K. Kubrock  
(Date) (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**

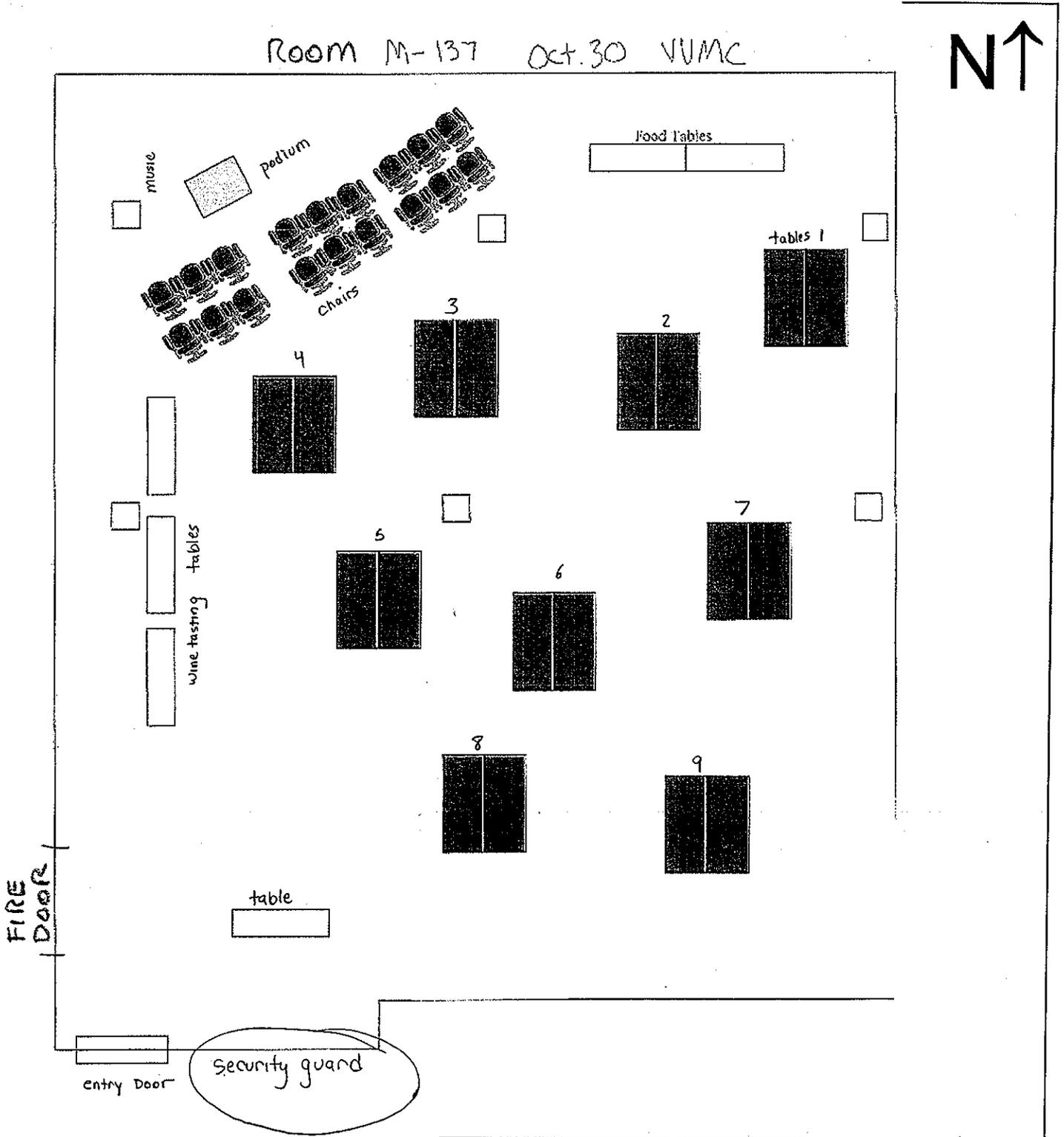
Department Comment Section:

\_\_\_\_\_  
(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.



please see attached  
for more info

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