

TAB 1

**THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND
CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ
HELD ON THIS 3RD DAY OF APRIL, 2014**

**STREET CLOSURE REQUEST FOR THE WINE FESTIVAL SPONSORED BY THE WILLCOX CHAMBER OF
COMMERCE FOR RAILROAD AVE. BETWEEN STEWART ST. AND MALEY ST. ON MAY 17 AND 18, 2014,
FROM 7:00 A.M. TO 6:00 P.M.**

MOTION: Councilmember Johnson made a motion to approve the street closure for the wine festival sponsored by the Willcox Chamber of Commerce for Railroad Avenue between Stewart St. and Maley St. on May 17 and 18, 2014 from 7:00 a.m. to 6:00 p.m.

SECONDED: Councilmember Cronberg

MOTION CARRIED

**STREET CLOSURE REQUEST FOR THE WILLCOX ROD AND CLASSIC CAR SHOW SPONSORED BY THE
REX ALLEN MUSEUM FOR RAILROAD AVE. BETWEEN STEWART ST. AND MALEY ST. ON MAY 24, 2014,
FROM 6:00 A.M. TO 5:00 P.M.**

MOTION: Councilmember Johnson made a motion to approve the street closure request for the Willcox Rod and Classic Car show sponsored by the Rex Allen Museum for Railroad Avenue between Stewart St. and Maley St. on May 24, 2014, from 6:00 a.m. to 5:00 p.m.

SECONDED: Councilmember Cronberg

MOTION CARRIED

**PURCHASE APPROVAL FOR A 2014 FORD XL CREW CAB 4X4 FROM THE SANDERSON FORD STATE
CONTRACT FOR USE IN THE UTILITY DEPARTMENTS**

MOTION: Vice Mayor Holloway made a motion for purchase approval of a 2014 Ford XL Crew Cab 4x4 as presented.

SECONDED: Councilmember Cronberg

DISCUSSION: Councilmembers inquired about the current vehicle inventory, commented on the importance of purchasing suitable vehicles for the job required, and shopping local. Mr. Bowen answered questions.

MOTION CARRIED 4 AYES: Mayor Irvin, Vice Mayor Holloway, Councilmember Lindsey, and Councilmember Cronberg. **1 NAY:** Councilmember Johnson

PURCHASE APPROVAL FOR A POLICE VEHICLE

MOTION: Vice Mayor Holloway made a motion for purchase approval of a police vehicle.

SECONDED: Councilmember Cronberg

DISCUSSION: Chief Childers gave a brief explanation on the vehicle that is being purchased. He noted the packet included a state bid and two quotes. As the state bid came in high, he chose to seek three quotes. He added, based on the procurement policy and past decisions, staff chose to recommend the low quote, O'Reilly Chevrolet. Councilmembers had questions on where taxes would go and discussed shopping local. City Attorney Roberts recommended tabling the item and bringing it back to the next Council meeting with additional information on the sales tax.

MOTIONED: Councilmember Cronberg made a motion to table the purchase of a police vehicle.

SECOND: Councilmember Lindsey

MOTION CARRIED 4 AYES: Mayor Irvin, Vice Mayor Holloway, Councilmember Lindsey, and Councilmember Cronberg. **ABSTAIN:** Councilmember Johnson

PROCLAMATION - ANIMAL CONTROL OFFICER APPRECIATION WEEK

Mayor Irvin presented the Proclamation to Kelly Colbert.

Chief Childers expressed his appreciation for everything the Humane Shelter personnel do.

PROCLAMATION - NATIONAL LIBRARY WEEK

Mayor Irvin presented the Proclamation to Tom Minor.

PROCLAMATION - NATIONAL VOLUNTEER WEEK

Mayor Irvin presented the Proclamation to Tom Minor on behalf of the volunteers of the library.

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CALL TO ORDER - Mayor Bob Irvin called the meeting to order at 6:30 p.m.

ROLL CALL - City Clerk, Virginia Mefford called the roll.

PRESENT

Mayor Robert A. Irvin
Vice Mayor Bill Holloway
Councilman Elwood A. Johnson
Councilman Gerald W. Lindsey
Councilwoman Monika Cronberg
Councilman ~~Earl Goolsby~~
Councilman ~~William "Bill" Nigh~~

STAFF

City Manager Ted Soltis
City Clerk Virginia Mefford
City Attorney Ann P. Roberts
Finance Director Ruth Graham
Interim Police Chief Glenn Childers
Public Services & Works Director John Bowen
Library Director Tom Miner
Development Services Jeff Stoddard

ABSENT

Councilman Earl Goolsby - Excused
Councilman William "Bill" Nigh - Excused

PLEDGE OF ALLEGIANCE TO THE FLAG - Led by Mayor Irvin

CALL TO THE PUBLIC

Gayle Berry - She informed the Council that April 9th is Arizona Gives Day. She thanked the community for their generosity to the theater. As a private individual, she also expressed her dismay over recent issues involving Wings Over Willcox. She gave a heartfelt thank you to the volunteers.

Mr. Johnson spoke on behalf of the businesses in the community. He stressed the importance of shopping local as it "pays wages" and the sales tax "helps keep the city afloat."

DECLARATION ON CONFLICT OF INTEREST - Councilmember Johnson declared a conflict of interest on item #13.

ADOPTION OF THE AGENDA

MOTION: Councilmember Cronberg made a motion to adopt the agenda as presented.

SECONDED: Councilmember Johnson

MOTION CARRIED

APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 20, 2014.

MOTION: Vice Mayor Hallway made a motion to approve the minutes.

SECONDED: Councilmember Cronberg

DISCUSSION: Councilmember Johnson commented that his and the City Manager's comments regarding Wings Over Willcox were not in the minutes; however, he noted that the newspaper printed the comments.

MOTION CARRIED

PUBLIC HEARING - SERIES 7 LIQUOR LICENSE FOR ISABEL'S SOUTH OF THE BORDER LOCATED AT 135 EAST MALEY, WILLCOX, AZ

Open: 6:40 p.m. **Closed:** 6:41 p.m.

APPROVE A SERIES 7 LIQUOR LICENSE FOR ISABEL'S SOUTH OF THE BORDER LOCATED AT 135 EAST MALEY, WILLCOX, AZ

MOTION: Councilmember Johnson made a motion to approve a Series 7 Liquor License for Isabel's South of the Boarder located at 135 East Maley, Willcox, AZ.

SECONDED: Vice Mayor Holloway

MOTION CARRIED

**THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND
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PROCLAMATION - PUBLIC SAFETY TELECOMMUNICATIONS WEEK

Mayor Irvin presented the Proclamation to Patricia Ackerson, Julie Teeters, and Julie Zozaya. Chief Childers thanked them for all that they do.

CITY MANAGER REPORT

He thanked Penny Bell for her service as she is resigning. Chief Childers highlighted Ms. Bell's accomplishments and presented her with a plaque. Ms. Bell thanked everyone. Chief Childers introduced Ms. Zozaya as Ms. Bell's replacement.

He announced Mr. Bowen's retirement potluck and invited the Council to stop by. It is at 4:30 p.m., April 4, at the Golf Course.

He thanked Tanya Flanders for her service at the Library as she is resigning.

He thanked Pioneer Title for the donation of a desk.

He thanked staff for their participation in Career Day. They did a great job.

He attended the Rate Review Revisionary Board (RRAB) in Bisbee regarding trash tipping fees. They will increase; he will keep Council posted.

He announced the job posting for Public Works Director has closed. The City received 15 applications. He is excited as there are some very qualified candidates.

He attended a meeting regarding the Wastewater Treatment Plant. Mr. Bowen gave an update on the new plant. He is expecting the 90% Completion Plans on Friday. Everything should be in place by mid-June with construction to begin in October; it should take about 15 months to complete. He also noted that the facility will include solar panels.

COMMENTS NOT FOR DISCUSSION FROM MAYOR AND COUNCIL MEMBERS

Vice Mayor Holloway asked that the City and staff not take any position on Wings Over Willcox (WOW).

Councilmember Johnson asked if staff could look into rental property owners having to pay for water, gas, sewer and trash to be connected when they don't have renters. He stated Penny was a great asset to the City and hoped Julie learns everything she can from her.

Councilmember Lindsey stated that after traveling it is good to be back in Willcox.

Mayor Irvin announced tonight's fundraising concert for the hospital by Councilmember Goolsby at the First Baptist Church.

ADJOURN Being no further business before the Mayor and Council, the meeting was adjourned at 7:41 p.m. by Mayor Irvin.

CERTIFICATION

I hereby certify that the foregoing minutes are a true and correct copy of the minutes of the regular meeting of the City Council of the City of Willcox held on the 3rd day of April 2014. I further certify that the meeting was duly called and held, and that a quorum was present.

Dated this 3rd day of April 2014

Virginia A. Mefford, City Clerk

PASSED, APPROVED AND ADOPTED this 17th day of April 2014.

MAYOR ROBERT A IRVIN

ATTEST:

Date signed: _____

City Clerk Virginia A. Mefford

TAB 2

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

www.azliquor.gov

(602) 542-5141

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check Appropriate Box

Agent Change

Complete Sections 1,2,3,4,6
(See Note 1 on back)

Acquisition of Control

Complete Sections 1,2; (3,4 if changing Agent); 6

Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

SALAS

GRACIELA

P1060889

12023173

Last

First

Middle

Liquor License #

2. Corporation L.L.C. N/A: ZAC LLC

B1049810

Corp. File #:

L-1805283-1

(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: TORTILLERIA LA UNICA

4. Business Address: 142 N HASKELL AVE

(Exactly as it appears on license)

WILLCOX

COCHISE

85643

B1049809

(Do not use P.O. Box Number)

City

COUNTY

Zip

5. Is the business located within the incorporated limits of the above city or town? Yes No

6. Mailing Address: 142 N HASKELL AVE

WILLCOX

ARIZONA

85643

City

State

Zip

7. Business Phone: (520) 384-0010

Residence Phone: (520)

507-3688

8. Does this transaction involve the sale of any portion of the corporate stock? YES NO N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? YES NO N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
RODARTE	ALFREDO		MEMBER	911 N WELLS LN	WILLCOX AZ 85643

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
RODARTE	ALFREDO		100	911 N WELLS LN	WILLCOX AZ 85643

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 3/24/14
 CSR DW

14 APR 19 11:49 AM 854

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE)

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? [] YES [] NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

SECTION 4 (COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License Number: _____ Date of last renewal: _____

2. Current Licensee or Agent: _____
(Exactly as it appears on license) Last First Middle

I, _____, hereby consent to the agent appointment named herein and agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of _____ County of _____

X _____
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

14 MAR 19 11:47 AM '05

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [] YES [] NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[] CORPORATION
[] LIMITED LIABILITY CO.
[] TRUST
[] OTHER Explain _____

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[] CORPORATION
[] LIMITED LIABILITY CO.
[] TRUST
[] OTHER Explain _____

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, ALFREDO RODARTE, hereby declare that I am the APPLICANT filing this application.
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

State of ARIZONA County of PIMA

X Alfredo Rodarte
(Signature of INDIVIDUAL OR AGENT)

The foregoing instrument was acknowledged before me this

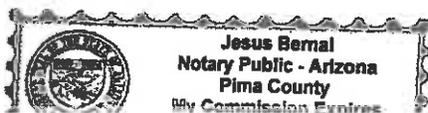
of day of FEBRUARY 4 2014 A.P.
Day Month Year

My commission expires on: JANUARY 09/16

(Signature of NOTARY PUBLIC)

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix-AZ 85007-2934

www.azliquor.gov
(602) 542-5141

NOTIFICATION TO LOCAL GOVERNING BODY

AGENT CHANGE

ACQUISITION OF CONTROL AND AGENT CHANGE

ACQUISITION OF CONTROL

Liquor License No.

Application accepted by

A.R.S. § 4-203.F

If a person other than those persons originally licensed acquires control over a license or licensee, the person shall file notice of the acquisition with the Director within fifteen business days after such acquisition of control and a list of officers, directors or other controlling persons on a form prescribed by the Director. All officers, directors or other controlling persons shall meet the qualifications for licensure as prescribed by this title. On request, the director shall conduct a preinvestigation prior to the assignment, sale or transfer of control of a license or licensee, the reasonable costs of which, not to exceed one thousand dollars, shall be borne by the applicant. The preinvestigation shall determine whether the qualifications for licensure as prescribed by this title are met. On receipt of notice of an acquisition of control or request of a preinvestigation, the Director shall forward the notice within fifteen days to the local governing body of the city or town, if the licensed premises is in an incorporated area, or the county, if the licensed premises is in an unincorporated area. **The Local Governing Body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control.** If the Director does not receive any protests, the Director may protest the acquisition of control or approve the acquisition of control based on the capability, reliability and qualification of the person acquiring control. Any protest shall be set for a hearing before the Board. Any transfer shall be approved or disapproved within one hundred five days of the filing of the notice of acquisition and control. The person who has acquired control of a license or licensee has the burden of an original application at the hearing, and the board shall make its determination pursuant to section 4-202 and this section with respect to capability, reliability and qualification.

Willcox Wine Country Spring 2014 Wine Festival Participants-Wineries

TAB 3

ADLLC NUMBER	WINERY	ADDRESS	ADLLC/CHECK	BOOTH FEE	INSUR CITY	INSUR CHAMB
13023024	GALLIFANT CELLARS	112 N RAILROAD AVE WILLCOX AZ 85643	Yes	\$200	Yes	Yes
13123008	DOS CABEZAS WINEWORKS	3248 HWY 82 SONOITA AZ 85637	Yes	Pending		
13023027	PIERCE WINES ARIZONA LLC	4511 E ROBBS RD WILLCOX AZ 85643	Yes	\$100	Yes	Yes
13023018	CARLSON CREEK VINEYARD	115 RAILVIEW AVE WILLCOX AZ 85643	Yes	Pending		
13133015	ARIZONA STRONGHOLD VINEYARDS	4700 OLD HWY 279 CAMP VERDE AZ 86322	Yes	\$200	Yes	Yes
13133017	CELLAR 433	240 HULL ST JEROME AZ 86331	Yes	\$200		
13023020	SAND RECKONER VINEYARDS	130 S HASKELL AVE WILLCOX AZ 85643	Yes	\$200	Yes	Yes
13133033	PASSION CELLARS	417 HULL AVENUE JEROME AZ 86331	Yes	\$200	Yes	Yes
13123014	FLYING LEAP VINEYARDS	342 ELGIN RD ELGIN AZ 85611	Yes	\$100	Yes	Yes
13023010	PILLSBURY WINE COMPANY	6450 S BENNETT PL WILLCOX AZ 85643	Yes	\$100	Yes	Yes

Willcox Wine Country Spring 2014 Wine Festival Participants-Wineries

ADLLC NUMBER	WINERY	ADDRESS	ADLLC/CHECK	BOOTH FEE	INSUR CITY	INSUR CHAMB
13023026	ZARPARA VINEYARD	6777 S ZARPARA LN WILLCOX AZ 85643	Yes	\$100		Yes
13023032	GOLDEN RULE VINEYARDS	3525 N GOLDEN RULE RD COCHISE AZ 85606	Yes	\$100	Yes	Yes
13023028	ARIDUS WINE COMPANY	1126 N HASKELL AVE WILLCOX AZ 85643	Yes	\$200	Yes	
13023013	SIERRA BONITA VINEYARD	17251 WASH CREEK RD WILLCOX AZ 85643	Yes	\$200	Yes	Yes
13133032	BURNING TREE CELLARS	1040 N MAIN ST COTTONWOOD AZ 86326	Yes	\$200		
13023006	KEELING SCHAEFER VINEYARDS	10277 E ROCK CREEK LANE PEARCE AZ 85625	Yes	\$200		
13033001	GRAND CANYON WINERY	138 W ROUTE 66 WILLIAMS AZ 86046	Yes	\$200		
13023036	TOMBSTONE WINE WORKS	15 N 4TH ST TOMBSTONE AZ 85638	Yes	\$200		

Willcox Wine Country Spring 2014 Wine Festival Participants-Wineries

ADLLC NUMBER	WINERY	ADDRESS	ADLLC/CHECK	BOOTH FEE	INSUR CITY	INSUR CHAMB
13023022	LAWRENCE DUNHAM VINEYARDS	13922 S KUYKENDALL CUTOFF RD PEARCE AZ 85625	Yes	\$200	Yes	Yes
13123006	KIEF JOSHUA VINEYARDS	370 ELGIN RD ELGIN AZ 85611	Yes	\$200		
13133004	PAGE SPRINGS VINEYARDS & CELLARS	1500 NORTH PAGE SPRINGS ROAD CORNVILLE AZ 86325	Yes	\$200	Yes	Yes
13023009	CORONADO VINEYARDS INC	2909 E COUNTRY CLUB DR WILLCOX AZ 85643	Yes	Pending		

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Gallifant Gravin Richard
Last First Middle

2. Business Name: Gallifant Cellars LLC F.W. Lic#: _____
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park 157 N Railroad Ave Cochise 85643
(Physical location - Do not use PO Box) City County Zip **Willcox AZ**

4. Mailing Address: 7173 W. Wethersfield Rd Phoenix AZ 85381
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/14</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/14</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
101 B S. Railroad Ave Willcox AZ 85643
Last First Middle Address City State Zip

7. Phone Numbers: (529) 384-4271 (602) 332-8121 (603) 334-9115
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 4

Give the total number of days you have held licensed wine festivals this year 0

11. 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)

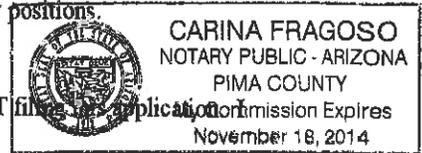
 # Police Fencing
 # Security personnel Barriers

Enclosed wine garden with gated entry

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, Gavin Richard Gallifant, hereby declare that I am the APPLICANT filing this application.

(Print full name)



have read the application and the contents and all statements are true, correct and complete.

X Abe Spelz
(Signature of APPLICANT)

State of ARIZONA County of PIMA

The foregoing instrument was acknowledged before me this 10th day of MARCH 2014.

My commission expires on: 11/18/14

[Signature]
(Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____ hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X _____
(Signature of OFFICIAL)

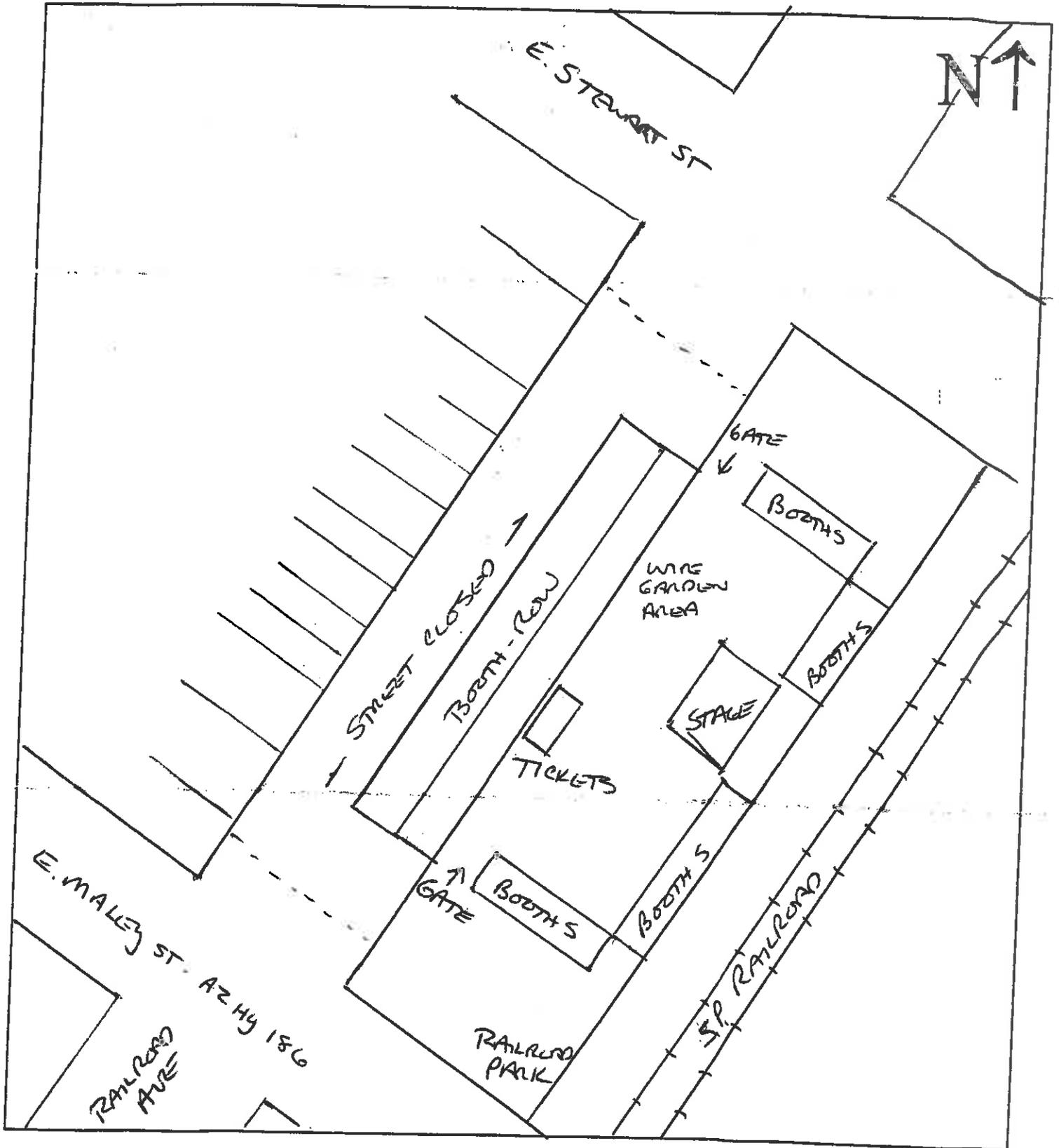
*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

WINE FESTIVAL/FAIR LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

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



State of Arizona Department of Liquor Licenses and Control
800 W. Washington, 5th Floor
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1. Applicant's Name: Bostock Todd Parker
Last First Middle

2. Business Name: Dos Cabezas Wineworks D.F.W. Lic#: 13123008
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N. Railroad Ave Wilcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: PO Box 871 Sonoita Az 85637
City State Zip

5. Date and hours of festival: Table with columns DATE, DAY OF WEEK, HOURS FROM, HOURS TO. Includes entries for 5/17/2014 Saturday 11:00 a.m./p.m. to 6:00 a.m./p.m. and 5/18/2014 Sunday 11:00 a.m./p.m. to 5:00 a.m./p.m.

6. Name and address of site owner: City of Wilcox
Last First Middle
101 S. Railroad Ave. Suite B Wilcox Az 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 455-5141 (520) 841-1193
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 1

Give the total number of days you have held licensed wine festivals this year _____

11. 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
_____ # Security personnel Barriers

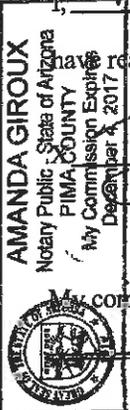
12. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your wine festival/fair licensed premises. Please show dimensions, serving areas, fencing,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

Todd Bostock, hereby declare that I am the APPLICANT filing this application. I
(Print full name)

I have read the application and the contents and all statements are true, correct and complete.

State of az County of santa cruz
The foregoing instrument was acknowledged before me this
27 day of march, 14
Day Month Year

[Signature]
(Signature of APPLICANT)



My commission expires on: 04 Dec 17 [Signature]
(Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Pierce Barbara J
Last First Middle

2. Business Name: Pierce Wines Arizona LLC D.F.W. Lic#: 13023027
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N Railroad Avenue Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 5133 E. Kathleen Rd. Scottsdale Arizona 85254
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>05/17/2014</u>	<u>Saturday</u>	<u>11:00</u> <u>a.m./p.m.</u>	<u>6:00</u> <u>a.m./p.m.</u>
<u>05/18/2014</u>	<u>Sunday</u>	<u>11:00</u> <u>a.m./p.m.</u>	<u>5:00</u> <u>a.m./p.m.</u>
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S Railroad Ave. Suite B Willcox Arizona 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (602) 320-1622 (602) 992-6170
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? four

Give the total number of days you have held licensed wine festivals this year three

11. 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
_____ # Security personnel Barriers

Enclosed wine garden with gated entry

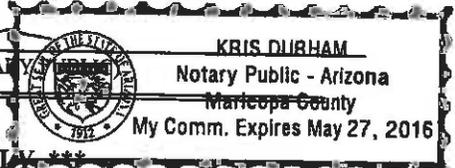
12. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your wine festival/fair licensed premises. Please show dimensions, serving areas, fencing,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

I, Barbara J Pierce, hereby declare that I am the APPLICANT filing this application. I
(Print full name)
have read the application and the contents and all statements are true, correct and complete.

X BJ Pierce
(Signature of APPLICANT)

State of ARIZONA County of MARICOPA
The foregoing instrument was acknowledged before me this
12TH day of MARCH, 2014
Day Month Year

My commission expires on: MAY 27, 2016

Ks Durham
(Signature of NOTARY)


*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Carlson Robert Carl
Last First Middle

2. Business Name: Carlson Creek Vineyard LLC D.F.W. Lic#: 13023018
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park 157 N Railroad Ave Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 115 Railview Ave Willcox AZ 85643
City State Zip

5. Date and hours of festival:

<u>DATE</u>	<u>DAY OF WEEK</u>	<u>HOURS FROM</u>	<u>HOURS TO</u>
<u>5/17/2014</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/2014</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S. Railroad Ave Suite B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 766-3000 (520) 444-5023
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 5

Give the total number of days you have held licensed wine festivals this year 3

11. 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
 _____ # Security personnel Barriers

Enclosed Wine garden with gated entry.

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, Robert C Carlson III, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of Cochise
 The foregoing instrument was acknowledged before me this

(Signature of APPLICANT) Day 25 of MARCH, 2015 SC
 Year

My commission expires on:  Stephanie Cook
 (Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)
 _____ X _____
 (City, Town, or County) (Title) (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

- APPROVED DISAPPROVED

By: Date:

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Ove Justin Lawrence
Last First Middle
2. Business Name: Arizona Stronghold Vineyards D.F.W. Lic#: 13133015
(Domestic Farm Winery License #)
3. Location of Festival: 157 N. Railroad Ave Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip
4. Mailing Address: 1019 N. Main St Cottonwood AZ 86326
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/2014</u>	<u>Saturday</u>	<u>11:00</u> a.m./p.m.	<u>6:00</u> a.m./p.m.
<u>5/18/2014</u>	<u>Sunday</u>	<u>11:00</u> a.m./p.m.	<u>5:00</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S. Railroad Ave Suite B Willcox AZ 85643
Address City State Zip
7. Phone Numbers: (520) 384-4271 (928) 639-2789 (928) 301-9080
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 13

Give the total number of days you have held licensed wine festivals this year 27

11. 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)

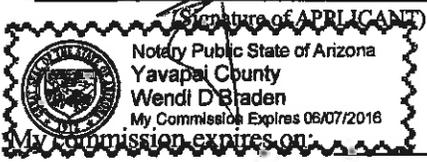
- # Police Fencing
 # Security personnel Barriers

Enclosed wine garden with gated entry

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, Justin Lawrence Ove, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X _____ State of Arizona County of Yavapai
 The foregoing instrument was acknowledged before me this
20 day of March, 2014
 Day Month Year
Wendy D Bladen
 (Signature of NOTARY PUBLIC)



4/7/2016

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)

 (City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

- APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

- 1. Applicant's Name: McLOUGHLIN John M
Last First Middle
- 2. Business Name: Cellar 433 D.F.W. Lic#: 13133017
(Domestic Farm Winery License #)
- 3. Location of Festival: 157th RAILROAD AVENUE Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip
- 4. Mailing Address: 7235 E. HAMPTON 109-110 MEBA AZ 85209
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>051714</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>051814</u>	<u>SUNDAY</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

- 6. Name and address of site owner: CITY OF WILLCOX
Last First Middle
101 S RAILROAD AVE STE B Willcox AZ 85643
Address City State Zip

- 7. Phone Numbers: (602) 384-4271 928 634-7033 988-5100
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 6

Give the total number of days you have held licensed wine festivals this year 7

11. 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
_____ # Security personnel Barriers

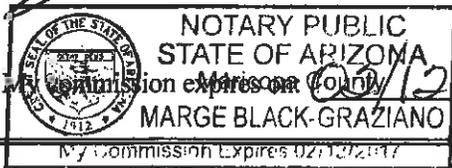
Enclosed wine garden with gated entry.

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

John Mc Loughlin, hereby declare that I am the APPLICANT filing this application. I
(Print full name)
have read the application and the contents and all statements are true, correct and complete.

X _____
(Signature of APPLICANT)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
17th day of March 2014
Day Month Year



Marge Black-Graziano
(Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Hammelman Robert M
Last First Middle

2. Business Name: Sand-Reckoner Vineyards D.F.W. Lic#: 13023020
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N Railroad Avenue Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 4798 E Robbs Rd Willcox AZ 85643
City State Zip

5. Date and hours of festival:

<u>DATE</u>	<u>DAY OF WEEK</u>	<u>HOURS FROM</u>	<u>HOURS TO</u>
<u>5-17-14</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5-18-14</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S Railroad Ave, Suite B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 () ()
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 2

Give the total number of days you have held licensed wine festivals this year 0

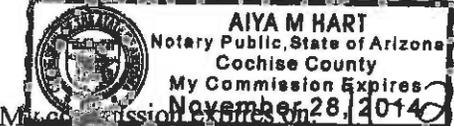
11. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

_____ # Police Fencing
 _____ # Security personnel Barriers

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, ROBERT M HAMMELMAN, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X [Signature]
 (Signature of APPLICANT)



State of Arizona County of Cochise
 The foregoing instrument was acknowledged before me this
18 day of march, 2014
 Day Month Year
[Signature]
 (Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)

 (City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Domanico Arlene Linda
Last First Middle
2. Business Name: Passion Cellars, LLC D.F.W. Lic#: 13133033
(Domestic Farm Winery License #)
3. Location of Festival: Railroad Park 157 N. Railroad Ave, Willow AZ Cochise County
(Physical location - Do not use PO Box) City County Zip 85643
4. Mailing Address: P.O. Box 1205 Jerome AZ 86351
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/14</u>	<u>Saturday</u>	<u>11:00 a.m./p.m.</u>	<u>6:00 a.m./p.m.</u>
<u>5/18/14</u>	<u>Sunday</u>	<u>11:00 a.m./p.m.</u>	<u>5:00 a.m./p.m.</u>
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willow
Last First Middle
101 S. Railroad Ave Suite B Willow AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (978) 649-9800 (602) 750-7771
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 6

Give the total number of days you have held licensed wine festivals this year 12

11. 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
 # Security personnel Barriers

Enclosed Wine Garden with Gated Entry

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, AARON L. DOMANICO, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X Aaron L. Domanico State of New York County of Niagara
 (Signature of APPLICANT) The foregoing instrument was acknowledged before me this

MELANIE S MCCUNE 17th
 Notary Public - State of New York day of March, 2014
 No. 01MC6255394 Day Month Year
 Qualified in Niagara County
 My Commission Expires Feb. 5, 2016
Melanie McCune
 (Signature of NOTARY PUBLIC)

My commission expires on: 2/6/16

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)

 (City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLIC ONLY ***

- APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: BERES MARK WALTER
2. Business Name: FLYING LEAP VINEYARDS, INC. D.F.W. Lic#: 13023030
3. Location of Festival: Railroad Park, 157 N Railroad Avenue Willcox Cochise 85643
4. Mailing Address: 16500 S. Creosote View Ln Vail AZ 85641

Table with 4 columns: DATE, DAY OF WEEK, HOURS FROM, HOURS TO. Includes dates 05/17/2014 (Saturday) and 05/18/2014 (Sunday) with time slots.

6. Name and address of site owner: CITY OF WILLCOX
101 S RAILROAD AVE., SUITE B
Address: WILLCOX AZ 85643

7. Phone Numbers: (520) 384-4271 (520) 384-6030 (520) 293-3391
Site Owner Applicant's Business Applicant's Residence

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 3

Give the total number of days you have held licensed wine festivals this year 1

11. 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
 # Security personnel Barriers

ENCLOSED WINE GARDEN WITH GATED ENTRY.

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, MARK WALTER BERES, hereby declare that I am the APPLICANT filing this application. I
(Print full name)
have read the application and the contents and all statements are true, correct and complete.

X *Mark Walter Beres*
(Signature of APPLICANT)

State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this
12TH day of MARCH, 2014
Day Month Year

My commission expires on: July 20th, 2015

Matt Manley
(Signature of NOTARY)
Notary Public State of Arizona
Pima County
Matt Manley
My Commission Expires 07/20/2015

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X _____
(Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: PILLSBURY SAMUEL WALLACE
Last First Middle

2. Business Name: Pillsbury Line Company, L.L.C. D.F.W. Lic#: 13023010
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park 157 N Railroad Ave Willcox Arizona 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 4109 E Via Estrella Phoenix AZ 85028
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/14</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/14</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S Railroad Avenue #B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384 4271 (310) 508 3348 (602) 996 3239
Site Owner Applicant's Business Applicant's Residence

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

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: GRAHAM JAMES HILL
Last First Middle

2. Business Name: GOLDEN RULE VINEYARDS D.F.W. Lic#: 13023032
(Domestic Farm Winery License #)

3. Location of Festival: RAILROAD PARK, 157 N RAILROAD AVE WILLCOX COCHISE 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 3649 N GOLDEN RULE RD COCHISE AZ 85606
City State Zip

5. Date and hours of festival:

<u>DATE</u>	<u>DAY OF WEEK</u>	<u>HOURS FROM</u>	<u>HOURS TO</u>
<u>5/17/2014</u>	<u>SATURDAY</u>	<u>11:00 a.m.</u> a.m./p.m.	<u>6:00 p.m.</u> a.m./p.m.
<u>5/18/2014</u>	<u>SUNDAY</u>	<u>11:00 a.m.</u> a.m./p.m.	<u>6:00 p.m.</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: CITY OF WILLCOX
Last First Middle
101 S RAILROAD AVE STE B WILLCOX AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 507-2400 (520) 507-1776
Site Owner Applicant's Business Applicant's Residence

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

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Smith Jan L
Last First Middle

2. Business Name: Sierra Bonita Vineyards D.F.W. Lic#: 13023013
(Domestic Farm Winery License #)

3. Location of Festival: 'Railroad Park' 157 N Railroad Ave, Willcox Cochise, 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 2415 N Macita Hondonada Tucson AZ 85750
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/2014</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/2014</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle

101 S Railroad Ave Ste B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 260-5848 (520) 241-8228
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 1

Give the total number of days you have held licensed wine festivals this year 2

11. 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
 # Security personnel Barriers

Enclosed wine garden with gated entry.

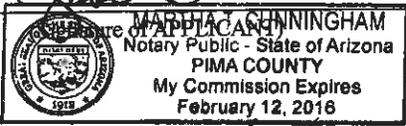
12. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your wine festival/fair licensed premises. Please show dimensions, serving areas, fencing,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

I, Jan L Smith, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X Jan Smith State of ARIZONA County of PIMA
 The foregoing instrument was acknowledged before me this
12th day of MARCH 2014
 Day Month Year

My commission expires on: 2/12/16

Martha J. Cunningham
 (Signature of NOTARY PUBLIC)



*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)

 (City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: Date:

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

- Applicant's Name: Levy Mitchell David
Last First Middle
- Business Name: Burping Tree Cellars LLC D.F.W. Lic#: 13133032
(Domestic Farm Winery License #)
- Location of Festival: 157 N. Railroad Ave Wilcox 85643
(Physical location - Do not use PO Box) City County Zip
- Mailing Address: 1040 N MAIN ST, COPPERMOUNT AZ 86326
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/2014</u>	<u>Saturday</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/2014</u>	<u>Sunday</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

- Name and address of site owner: CITY OF WILCOX
Last First Middle
101 S Railroad Ave Ste B Wilcox AZ 85643
Address City State Zip
- Phone Numbers: (520) 384-4271 (928) 649-8733 (602) 301-2304
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 5
- Give the total number of days you have held licensed wine festivals this year 8

11. 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)

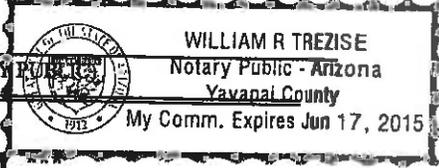
Yes # Police Fencing
Yes # Security personnel Barriers

Excluded wine garden with gated entry

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, Mitchell D. Lew, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of Yavapai
 (Signature of APPLICANT) The foregoing instrument was acknowledged before me this
11th day of March, 2014
 Day Month Year

My commission expires on: 6/17/2015 William R. Trezise
 (Signature of NOTARY PUBLIC)


*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)
 _____ X _____
 (City, Town, or County) (Title) (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

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1. Applicant's Name: Keeling Rodney Edward
Last First Middle

2. Business Name: Keeling Schaefer Vineyards, LLC D.F.W. Lic#: 13023006
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N Railroad Ave Willcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 10277 E Rock Creek Ln Pearce AZ 85625
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>05/17/14</u>	<u>Sat</u>	<u>11AM</u> a.m./p.m.	<u>6PM</u> a.m./p.m.
<u>05/18/14</u>	<u>Sun</u>	<u>11AM</u> a.m./p.m.	<u>6PM</u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.

6. Name and address of site owner: City Of Willcox
Last First Middle
101 S Railroad Ave, Suite B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 824-2500 (520) 507-2301
Site Owner Applicant's Business Applicant's Residence

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

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

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1. Applicant's Name: Kennelly John Francis
Last First Middle
2. Business Name: Grand Canyon Cellars LLC D.F.W. Lic#: 13033001
(Domestic Farm Winery License #)
3. Location of Festival: Railroad Park 157N. Railroad Ave, Willcox, Cochise, 85643
(Physical location - Do not use PO Box) City County Zip
4. Mailing Address: 138 W. Route 66 Williams AZ 86046
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/2014</u>	<u>Saturday</u>	<u>11am</u> <input checked="" type="radio"/> a.m./p.m.	<u>6:30</u> a.m./p.m. <input checked="" type="radio"/>
<u>5/18/2014</u>	<u>Sunday</u>	<u>11</u> <input checked="" type="radio"/> a.m./p.m.	<u>5</u> a.m./p.m. <input checked="" type="radio"/>
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S. Railroad Ave. Suite B, Willcox, AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (928) 635-5232 (928) 600-5192
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 2

Give the total number of days you have held licensed wine festivals this year _____

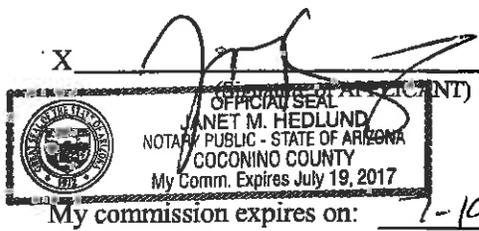
11. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

- _____ # Police Fencing
 _____ # Security personnel Barriers

"enclosed wine garden with gated entry"

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, John Francis Kennelly, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.



State of Arizona County of Coconino
 The foregoing instrument was acknowledged before me this
4th day of March, 2014
 Day Month Year
Janet M. Hedlund
 (Signature of NOTARY PUBLIC)

My commission expires on: 7-19-2017

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)
 _____ X _____
 (City, Town, or County) (Title) (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

- APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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1. Applicant's Name: Ellam Garrison Reeves
Last First Middle

2. Business Name: Tombstone Wine Works D.F.W. Lic#: 13023036
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N Railroad Ave Wilcox Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: HC1 Box 46 Elgin AZ 85611
City State Zip

5. Date and hours of festival:

<u>DATE</u>	<u>DAY OF WEEK</u>	<u>HOURS FROM</u>	<u>HOURS TO</u>
<u>05/17/14</u>	<u>Saturday</u>	<u>11am</u> a.m./p.m.	<u>6pm</u> a.m./p.m.
<u>05/18/14</u>	<u>Sunday</u>	<u>11am</u> a.m./p.m.	<u>5pm</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Wilcox
Last First Middle
101 S Railroad Ave, Suite B Wilcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 429-4573 (520) 429-4573
Site Owner Applicant's Business Applicant's Residence

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

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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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: DUNHAM CURTIS LAWRENCE
Last First Middle

2. Business Name: LAWRENCE DUNHAM VINEYARD D.F.W. Lic#: 13023022
(Domestic Farm Winery License #)

3. Location of Festival: RAILROAD PARK 157 N. RAILROAD AVE WILLOX COCHISE 8564
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 13771 N. FOUNTAIN HILLS BLVD #368 FOUNTAIN HILLS AZ 85268
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/14</u>	<u>SAT</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/14</u>	<u>SUN</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: CITY OF WILLOX
Last First Middle
101 S. RAILROAD AVE. SUITE B WILLOX AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (602) 999-5626 (480) 816-1815
Site Owner Applicant's Business Applicant's Residence

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

State of Arizona Department of Liquor Licenses and Control
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 www.azliquor.gov
 (602)542-5141

APPLICATION FOR WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: MANNING Charlene Rae
Last First Middle

2. Business Name: Kief - Joshua Vineyards D.F.W. Lic#: 13 12 3006
(Domestic Farm Winery License #)

3. Location of Festival: RAILROAD PARK 157 N. RAILROAD AVE Willcox 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 370 ELGIN RD ELGIN AZ 85611
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/2014</u>	<u>Saturday</u>	<u>11:00 a.m./p.m.</u>	<u>6:00 a.m./p.m.</u>
<u>5/18/2014</u>	<u>Sunday</u>	<u>11:00 a.m./p.m.</u>	<u>6:00 a.m./p.m.</u>
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S. RAILROAD AVENUE STE B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (520) 455-5582 (520) 650-8651
Site Owner Applicant's Business Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO
9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO
10. How many wine festival licenses have you applied for this calendar year, including this one? 8

Give the total number of days you have held licensed wine festivals this year 25

11. 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
 _____ # Security personnel Barriers

ENCLINED WINE GARDEN WITH GATED ENTRY

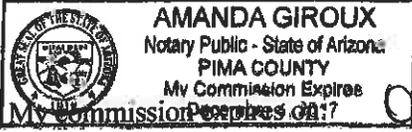
12. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors under the provisions of your license. The following page is to be used to prepare a diagram of your wine festival/fair licensed premises. Please show dimensions, serving areas, fencing,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

I, CHARLES RAE MANNING, hereby declare that I am the APPLICANT filing this application. I
 (Print full name)
 have read the application and the contents and all statements are true, correct and complete.

State of AZ County of Santa Cruz
 The foregoing instrument was acknowledged before me this

4 day of March, 2014
 Day Month Year

[Signature]
 (Signature of APPLICANT)



amanda giroux
 (Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____ hereby APPROVE DISAPPROVE this application on behalf of
 (Government Official)

 (City, Town, or County) (Title) (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

1. Applicant's Name: Glomski Eric Steven
Last First Middle

2. Business Name: Page Springs Cellars D.F.W. Lic#: 13133004
(Domestic Farm Winery License #)

3. Location of Festival: Railroad Park, 157 N Railroad Avenue, WILLCOX Cochise 85643
(Physical location - Do not use PO Box) City County Zip

4. Mailing Address: 1500 N. Page Springs Road Cornville AZ 86325
City State Zip

5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>05/17/2014</u>	<u>Saturday</u>	<u>11 a.m.</u> a.m./p.m.	<u>6 p.m.</u> a.m./p.m.
<u>05/18/2014</u>	<u>Sunday</u>	<u>11 a.m.</u> a.m./p.m.	<u>5 p.m.</u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.
<u> </u>	<u> </u>	<u> </u> a.m./p.m.	<u> </u> a.m./p.m.

6. Name and address of site owner: City of Willcox
Last First Middle
101 S Railroad Ave Suite B Willcox AZ 85643
Address City State Zip

7. Phone Numbers: (520) 384-4271 (928) 693-3004 (928) 301-0977
Site Owner Applicant's Business Applicant's Residence

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

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 WINE FESTIVAL LICENSE/WINE FAIR LICENSE

FEE = \$15.00 per event

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

A separate license is needed when days are not consecutive. Only twenty-five (25) licenses per calendar year for up to seventy-five calendar days may be issued, excluding sanctioned county or state fair licenses.

- 1. Applicant's Name: Cook Last Jacquelyn First Taylor Middle
- 2. Business Name: Coronado Vineyards Inc D.F.W. Lic#: 13023009
(Domestic Farm Winery License #)
- 3. Location of Festival: 157 N Railroad Ave Willcox City AZ Cochise County 85643 Zip
- 4. Mailing Address: 101 S Railroad Ave Suite B Willcox City AZ State 85643 Zip
- 5. Date and hours of festival:

DATE	DAY OF WEEK	HOURS FROM	HOURS TO
<u>5/17/14</u>	<u>SAT</u>	<u>11</u> a.m./p.m.	<u>6</u> a.m./p.m.
<u>5/18/14</u>	<u>Sun</u>	<u>11</u> a.m./p.m.	<u>5</u> a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.
_____	_____	_____ a.m./p.m.	_____ a.m./p.m.

- 6. Name and address of site owner: City of Willcox Last Willcox First AZ Middle 85643
101 S. Railroad Ave Suite B Address City State Zip
- 7. Phone Numbers: (520) 384-4271 Site Owner (520) 384-2993 Applicant's Business (520) 384-2829 Applicant's Residence

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

8. Has the festival site owner given permission for use of the site and for the sale of spirituous liquors? YES NO

9. Are the spirituous liquors to be sold or served Arizona Domestic Farm Winery Products ONLY? YES NO

10. How many wine festival licenses have you applied for this calendar year, including this one? 3

Give the total number of days you have held licensed wine festivals this year 2

11. 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
 # Security personnel Barriers

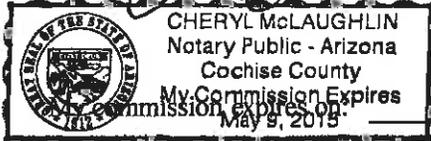
Enclosed wine garden with gated entry.

12. 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 wine festival/fair licensed premises. Please show dimensions, serving areas, fencing, barricades or other control measures and security positions.

I, Jacquelyn T Cook, hereby declare that I am the APPLICANT filing this application. I
(Print full name)
have read the application and the contents and all statements are true, correct and complete.

X Jacquelyn T Cook
(Signature of APPLICANT)

State of ARIZONA County of Cochise
The foregoing instrument was acknowledged before me this
2 day of April, 2014
Day Month Year



Cheryl McLaughlin
(Signature of NOTARY PUBLIC)

*** FOR USE BY LOCAL GOVERNING AUTHORITY ONLY ***

I, _____, hereby APPROVE DISAPPROVE this application on behalf of
(Government Official)

(City, Town, or County) (Title) X (Signature of OFFICIAL)

*** FOR USE BY DLLC ONLY ***

APPROVED DISAPPROVED

By: _____ Date: _____

**CITY OF WILLCOX
Request for Council Action**

Agenda Item: 13
Tab Number: 4
Date: 4-17-2014

Date Submitted:
April 08, 2014
Date Requested:
April 17, 2014

Action:
 Resolution
 Ordinance
 Formal
 Other

Subject: Waiver for glass containers for the Willcox Wine Festival and Railroad Park.

To: Honorable Mayor and City Council

From: Gary Adams, Street Supervisor Public Services and Works

Discussion: The Willcox Chamber of Commerce and Agriculture is holding a wine festival at Railroad Park on May 17 and 18, 2014. The Chamber is requesting a waiver for glass containers at Railroad Park.

Recommendation: Mayor and Council grant permission for glass containers at Railroad Park.

Fiscal Impact: 0.00

Prepared By: Kate Schwartz
Kate Schwartz, Public Services and Works

Approved By: Gary A. Adams
Gary Adams, Public Services and Works Streets Supervisor

Approved By: Ted Soltis
Ted Soltis, City Manager

**CITY OF WILLCOX, COCHISE COUNTY, ARIZONA
Facilities Use Agreement**

This Agreement made this 8th day of January, 2014, between USER NAME ("PARTICIPANT") and the City of Willcox through the City Public Works Department ("CITY") for the use of the City owned facilities by a private organization.

ARTICLE I -- TERM OF AGREEMENT:

The term of this agreement shall be May 17, 2014 through May 18 2014, unless earlier terminated by either party. Notice of termination shall be provided at least ninety (90) days prior to the effective termination date.

ARTICLE II -- CITY OWNED FACILITIES:

This agreement shall be for the use of Railroad Park
to be used for The Wine Festival - Wine Tasting & vendors
to be used by Willcox Wine Country - Willcox Chamber of Commerce
Public

PARTICIPANT wishes to use certain City owned facilities and the CITY is willing to permit the PARTICIPANT the primary use of the facilities under the conditions indicated in this Agreement and any Exhibit attached hereto during the term of this Agreement.

CITY agrees that it will perform the duties as outlined in Attachment "A".

PARTICIPANT agrees it will perform the duties as outlined in Attachment(s) "B".

PARTICIPANT agrees to pay the fees as are listed on Attachment "C".

ARTICLE III -- INDEMNIFICATION AND INSURANCE

PARTICIPANT agrees to secure liability Insurance to cover the term of this agreement in not less than the amount of one million dollars (\$1,000.00) which names the City as additionally insured.

Each party agrees to be responsible for the conduct of its operations and performance of contract obligations and for any accidents or injuries to persons or property arising out of acts or omissions by its officers, agents or employees acting in the course or scope of their participation while performing duties undertaken pursuant to this Agreement.

The PARTICIPANT agrees to hold harmless the City, its officers, employees and agents from all losses, suits, damages or costs of any kind, including reasonable attorney's fees, defense costs and expenses arising from PARTICIPANT performance pursuant to this Agreement. The PARTICIPANT shall provide the CITY with current insurance certificates or the evidence of coverage as appropriate.

NO water, electric only

The CITY agrees to hold harmless the PARTICIPANT, its officers, employees and agents from all losses, suits, damages or costs of any kind, including reasonable attorney's fees, defense costs and expense arising from the CITY performance pursuant to this Agreement.

ARTICLE IV -- MISC. PROVISIONS:

CANCELLATION FOR CONFLICT OF INTEREST

This Agreement may be canceled pursuant to A.R.S. § 38-511, the pertinent provisions of which are fully incorporated herein by reference.

NONASSIGNABILITY

Neither party may assign a duty or responsibility under this Agreement without the prior written consent of the other party.

RIGHTS/OBLIGATIONS OF PARTIES ONLY

The terms of this Agreement are intended only to define the respective rights and obligations of the parties. Nothing expressed herein shall create any rights or duties in favor of any potential third party beneficiary or other person, agency or organization.

NOTICE REQUIREMENTS

All notices, requests for payment, or other correspondence between the parties regarding this Agreement shall be mailed or delivered to the respective party as follows:

If to the CITY:

City Clerk, City of Willcox
101 S. Railroad Ave., Suite B
Willcox Arizona 85643

If to the PARTICIPANT:


Willcox Chamber
of Commerce & Agriculture
1500 N. Circle I Rd.
Willcox, AZ 85643

SEVERABILITY

Each provision of this Agreement stands alone and, if any provision of this Agreement is held, in whole or in part, to be unenforceable for any reason, the remainder of the provision and of the entire Agreement will be severable and remains in effect.

ENTIRE AGREEMENT

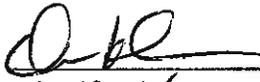
This document constitutes the entire Agreement between the parties pertaining to the subject matter hereof, and all prior or contemporaneous agreements and understandings, oral or written, are hereby superseded and merged herein. This Agreement may be modified, amended or extended only by a written amendment approved by the parties.

GOVERNING LAW

This Agreement shall be construed under the laws of the State of Arizona and shall incorporate, by reference, all laws governing mandatory contract provisions required by statute or executive order.

IN WITNESS WHEREOF, the Parties hereby enter into this Agreement as of the day and year written above.

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA



1-10-14

By: Oscar Hudson Facilities & Parks Supervisor
(Name and Title)

PARTICIPANT



By: Alan Baker, Executive Director
(Name and Title)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 520-226-4944 888-908-4982 Huachuca Mountain Insurance Company P O Box 2976 Sierra Vista, AZ 85636		CONTACT NAME: Robin Steward PHONE (A/C, No, Ext): 520-226-4944 FAX (A/C, No): 888-908-4982 E-MAIL ADDRESS: huachucamtn@gmail.com PRODUCER CUSTOMER ID #:	
INSURED Willcox Chamber of Commerce & Agriculture 1500 N Circle I Rd Willcox, AZ 85643		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford Casualty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL NUMBER INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	✓		59SBARU2242	01/01/14	01/01/15	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000.00 MED EXP (Any one person) \$ 1,000,000.00 PERSONAL & ADV INJURY \$ 10,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 4,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

City of Willcox
 101 S Railroad Ave. Suite B
 Willcox, AZ 85643

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2009 ACORD CORPORATION. All rights reserved.

CITY OF WILLCOX
Request for Council Action

Agenda Item: 14
Tab Number: 5
Date: 4-17-2014

Date Submitted: March 31, 2014	Action: <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Other	Subject: Michael Clement, President of Rex Allen Days Inc., would like a waiver of fees for Quail Park Rodeo grounds.
--	---	--

To: Honorable Mayor and City Council

From: John Bowen, Director of Public Services & Works

Discussion: Rex Allen Days Inc. is requesting the waiver of fees for "Southern Arizona Free Ride" event on June 14, 2014 from 6:00 a.m. until 8:00 p.m. This event will provide the opportunity for adults and youth to ride a horse at no cost. It will also promote out of town guests whose products will be displayed at the park. By keeping the costs down it will allow RAD to keep the event free of charge. RAD would like the use of the Quail Park arena, concession stand and restrooms at no charge.

Recommendation: Mayor and Council grant permission for the waiver of fees for this event.

Fiscal Impact: \$150.00

Prepared By: Kate Schwartz
Kate Schwartz, Public Services and Works

Approved By: John Bowen
John Bowen, Public Services and Works Director

Approved By: Ted Soltis
Ted Soltis, City Manager



25 March 2014

Rex Allen Days, Inc. would like to produce a City of Willcox event, stylized currently as the Southern Arizona Free Ride event. This would entail local stables and providers of equine training donating their time and resources to provide horses to the public.

The idea of this event is to provide the opportunity for local adults and youths the chance to ride a horse without cost. Additionally, this is a great opportunity to not only showcase a great Western tradition, but to pull into town guests from outside of Willcox. We'll promote the event around Southern Arizona. This is a great time to show off the improvements to the rodeo arena. We'll also be inviting local merchants to setup displays to showcase their wares to guests and participants.

RAD would like to request to use the Quail Drive arena and concessions stand, and restrooms, free of charge for this event.

We're looking at purchasing an annual insurance policy to protect the City of Willcox's property. The cost for this, for the lowest quote, is \$1300. The Chamber of commerce has already allotted some of its funds to help pay for this and make the event successful. If the City can provide additional funds, it would allow us to better cover this cost and keep the event a free event, which should draw far, far more guests from out of town, to the benefit of local merchants and stables.

If successful, we would like to try to make this event happen more frequently. Any support the city of Willcox is willing to provide would be greatly appreciated.

Thank you,

Michael Clement

President, Rex Allen Days, Inc.

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA
Facilities Use Agreement

This Agreement made this 25th day of March, 2014
between Rex Allen Duff INC ("PARTICIPANT") and
the City of Willcox through the City Public Works Department ("CITY") for the use of the
City owned facilities by a private organization.

ARTICLE I --- TERM OF AGREEMENT:

The term of this agreement shall be 14th June, 2014, through
14th June 2014, unless earlier terminated by either party.

Please note starting time and ending time TO INCLUDE set up and tear down.

6 am start time 8 pm end time

Notice of termination shall be provided at least ninety (90) days prior to the effective
termination date.

ARTICLE II --- CITY OWNED FACILITIES:

This agreement shall be for the use of Quail One Arena
(facility and area/s)

to be used for Southern Arizona Free Ride event
(type of event)

to be used by Southern Arizonans
(example: public, family, friends)

PARTICIPANT wishes to use certain City owned facilities and the CITY is willing to permit
the PARTICIPANT the primary use of the facilities under the conditions indicated in this
Agreement and any Exhibit attached hereto during the term of this Agreement.

CITY agrees that it will perform the duties as outlined in Attachment "A".

PARTICIPANT agrees it will perform the duties as outlined in Attachment(s) "B".

PARTICIPANT agrees to pay the fees as are listed on Attachment "C".

ARTICLE III --- INDEMNIFICATION AND INSURANCE

PARTICIPANT agrees to secure liability Insurance ten (10) days prior to the event to
cover the term of this agreement in not less than the amount of one million dollars
(\$1,000,000.00) which names the City as additionally insured and including required
endorsement.

Each party agrees to be responsible for the conduct of its operations and performance of contract obligations and for any accidents or injuries to persons or property arising out of acts or omissions by its officers, agents or employees acting in the course or scope of their participation while performing duties undertaken pursuant to this Agreement.

The PARTICIPANT agrees to hold harmless the City, its officers, employees and agents from all losses, suits, damages or costs of any kind, including reasonable attorney's fees, defense costs and expenses arising from PARTICIPANT performance pursuant to this Agreement. The PARTICIPANT shall provide the CITY with current insurance certificates or the evidence of coverage as appropriate.

The CITY agrees to hold harmless the PARTICIPANT, its officers, employees and agents from all losses, suits, damages or costs of any kind, including reasonable attorney's fees, defense costs and expense arising from the CITY performance pursuant to this Agreement.

ARTICLE IV -- MISC. PROVISIONS:

CANCELLATION FOR CONFLICT OF INTEREST

This Agreement may be canceled pursuant to A.R.S. § 38-511, the pertinent provisions of which are fully incorporated herein by reference.

NONASSIGNABILITY

Neither party may assign a duty or responsibility under this Agreement without the prior written consent of the other party.

RIGHTS/OBLIGATIONS OF PARTIES ONLY

The terms of this Agreement are intended only to define the respective rights and obligations of the parties. Nothing expressed herein shall create any rights or duties in favor of any potential third party beneficiary or other person, agency or organization.

NOTICE REQUIREMENTS

All notices, requests for payment, or other correspondence between the parties regarding this Agreement shall be mailed or delivered to the respective party as follows:

If to the CITY:

City of Willcox, Public Services and Works
250 N. Railroad Avenue
Willcox, Arizona 85643

If to the PARTICIPANT:

Name: Michael Clement

E-Mail Address: President@rexattendays.org

Organization: Rex Attend Days Inc.

Contact Phone Number(s): () 678-6540 ()

Mailing Address: _____

City

State

Zip Code

SEVERABILITY

Each provision of this Agreement stands alone and, if any provision of this Agreement is held, in whole or in part, to be unenforceable for any reason, the remainder of the provision and of the entire Agreement will be severable and remains in effect.

ENTIRE AGREEMENT

This document constitutes the entire Agreement between the parties pertaining to the subject matter hereof, and all prior or contemporaneous agreements and understandings, oral or written, are hereby superseded and merged herein. This Agreement may be modified, amended or extended only by a written amendment approved by the parties.

GOVERNING LAW

This Agreement shall be construed under the laws of the State of Arizona and shall incorporate, by reference, all laws governing mandatory contract provisions required by statute or executive order.

IN WITNESS WHEREOF, the Parties hereby enter into this Agreement as of the day and year written above.

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA

[Signature]
Signature

3-26-14
Date

Oscar Hudson
Printed Name

Facilities & Parks Supervisor
Title

PARTICIPANT

[Signature]
Signature

25 March 14
Date

Michael Clement
Printed Name

President
Title

Attachment "A"
Quail Sports Park

The City of Willcox Facilities & Maintenance section of Public Services & Works will perform the following:

Field # 1

- Drag and Dress
- Set Bases at _____
- Set Pitcher's plate at _____
- Construct pitcher's mound with the following specification:

- Discontinue Irrigation on _____

Field # 2

- Drag and Dress
- Set Bases at _____
- Set Pitcher's plate at _____
- Construct pitcher's mound with the following specification:

- Discontinue Irrigation on _____

Field #1 & #2

- Provide Key AL2, Concession Stand
- Provide Key AL1, Restrooms
- Provide Key _____, Padlock

Rodeo

- Provide Key AL4, Concession Stand
- Provide Key AL5, Restrooms
- Provide Key IDCO "0", Arena Lights
- Review Operation of Lights
- Provide Key Ace KW1, Ticket Booth
- Provide Key AL7 & Kwikset 5, Announcer Stand
- Provide Key Kwikset & AL6, South Booth

Unless otherwise specified trash cans are emptied, restrooms are cleaned and restocked on a daily basis during weekdays.

Arrangements for additional tasks may be requested by speaking with the Facilities and Maintenance Supervisor or the Public Services & Works Director.

Special Arrangements:

Please have Tony address the arena

The "Participant" is responsible for establishing control of the area(s) requested for use. The City of Willcox is not responsible for loss due to acts of God or vandalism or by actions of others not affiliated with the City of Willcox.

Attachment "B"
Quail Sports Park Checklist

The Participant agrees to perform the following tasks:

General

- Obtain appropriate keys one business day prior to the event, by 3:30PM.
- Return keys within two (2) business days of event conclusion.
- Learn how to use ball field lights.
- Learn how to use infield irrigation.

Prepare Ball Fields

- Place Chalk Lines
- Verify Base Placement

Prepare Arena(s)

- Water Arenas
- Prepare Ground in Arena(s) for Event.
- Place Anchors for Barrels Race
- Erect Additional Panels for Stock

Vendor(s)

- Request to waive requirement for all vendors to have individual permits.

Cleaning

Cleaning consists of removing all litter, sweeping and mopping the concession stand and tying up garbage bags and placing them in the dumpster. All areas should be left in the same or better condition as received.

- Clean Restrooms
- Clean Dugouts
- Fill in holes in batter's box
- Fill in holes at all bases
- Fill in holes in front of pitcher's mound
- Clean Ball field Concession
- Clean Rodeo Concession
- Clean South Booth
- Clean Announcer Stand
- Clean Ticket Booth

If Serving Alcohol

- Obtain Special Event Liquor License with the Arizona Department of Liquor.
- Provide Liquor Liability Insurance in the amount of \$1,000,000 naming the City of Willcox as additionally insured.
- Provide Security approved by Willcox Public Safety Department.

- Participant is responsible for notifying Parks & Facilities Maintenance of items that need special attention or repair.
- All equipment or personal items belonging to the "Participant" shall be removed by 8:00 a.m. on the day following the event.
- Premises shall be left clean and in good repair or deposit will be surrendered. Others charges may be assessed if significant damage occurs.
- City of Willcox officials reserve the right to enter / inspect the premises during the event.
- The "Participant" is responsible for establishing control of the area(s) requested for use. The City of Willcox is not responsible for loss due to acts of God or vandalism or by actions of others not affiliated with the City of Willcox.

Contact information:

Public Services & Works -----766-4213
 Facilities & Park Maintenance-----507-0442
 On-call -----766-2201

Attachment 1509
Quail Sports Park Rodeo Fee Schedule

Deposit and Rental Fees

All Deposits, Fees, Proof of Insurance & Special Permits or Licenses must be tendered 10 days prior to event date in order to finalize scheduling details.

	Fee Description	Fee Amount	Number of Days	Subtotal	Cash Rec'd.	Check#	Rept. #
X	Reservation Deposit	\$50.00					
	Rodeo Main Arena	\$100.00	0	\$50.00			
	Bull Riding Main Arena	\$100.00					
	Roping Main Arena	\$100.00					
	Barrel Race Main Arena	\$50.00					
	Gym-Kana Main Arena	\$50.00					
	Horse Show Main Arena	\$50.00					
X	Play Day Main Arena	\$50.00					
	Roping Warm-up Arena		1	\$50.00			
	Barrel Race Warm-up Arena						
	Horse Show Warm-up Arena						
	Play Day Warm-up Arena						
	Concession Stand	\$50.00					
	Main Arena Lights	\$25.00	1	50			
	Total Fees Due			\$150			

Request to waive fees through City Council. Please attach event details.

- The City of Willcox reserves the right to refuse reservations.
- Must be at least 21 years of age to reserve facilities.
- Participant may reserve one (1) day prior to the event to set up for event without additional charge for the day providing another event is not already scheduled.
- Under normal circumstances; fees and certificate of insurance must be remitted ten (10) days prior to the scheduled use.
- All fees must be paid prior to the issuance of keys.
- Cancellation of reservation within five (5) days of the activity will result in surrender of \$50.00 deposit and 1/2 of rental fees.
- Returned checks are subject to a twenty-five dollar (\$25.00) fee.

Condition Verification

I have inspected the condition of the facilities specified under this agreement and have found them to be in _____ Satisfactory _____ Unsatisfactory condition.
 I recommend that _____ All _____ None _____ Other _____ of the deposit be returned.
 _____ Significant damage has occurred directly related to this event.
 Damages are estimated to cost _____ which must be remitted within five (5) days.

City of Willcox Representative Signature _____

Date _____

CITY OF WILLCOX
Request for Council Action

Agenda Item: 15
Tab Number: 6
Date: 4-17-2014

Date Submitted:
April 3, 2014
Date Requested:
April 17, 2014

Action:
 Resolution
 Ordinance
 Formal
 Other

Subject: Approve 18
block chip seal project
oil purchase

To: Honorable Mayor and City Council

From: John Bowen, Director of Public Services & Works

Discussion: As part of improving street infrastructure in the City of Willcox, we are planning to chip seal the following streets: Bowie-Maley to Fremont 4 blocks, Cochise-Maley to Fremont 4 blocks, Pearce-Arizona to Bisbee 3 blocks, Stewart-Bisbee to Arizona 3 blocks, Maley-Bisbee to Arizona. 3 blocks, Lippse-Airport to Hoch St 1 block.

We have received 1 bid for the oil, applicator truck and driver in the amount of \$52,667.63 from Western Emulsions.

Recommendation: Mayor and Council approve the bid in the amount of \$52,667.63 from Western Emulsions since they were the only bid.

Fiscal Impact: 52,667.63

Prepared By: Kate Schwartz
Kate Schwartz, Public Services and Works

Approved By: John Bowen
John Bowen, Public Services and Works Director

Approved By: Ted Soltis
Ted Soltis, City Manager

ern Emmelstroms, Inc
E. Broadway Blvd.
on, Arizona 85711

HAND DELIVER

received
10-31 AM '88

City of Willcox
Willcox Public Works Dept.
250 N. Railroad Avenue
Willcox, Arizona 85643
ATTN: Gary Adams, CHIEF SEAL DEPT.

OPENED 1:30 PM 4/2/14

[Handwritten signature]



April 2, 2014

CITY OF WILLCOX
250 N. Railroad Avenue
Willcox, AZ 85643
ATTENTION: GARY ADAMS

RE: SEALED BID for CITY OF WILLCOX, CHIP SEAL PROJECT

WESTERN EMULSIONS, INC SUBMITS THE FOLLOWING BID OF **\$52,667.63**
FOR 86 TONS OF CRS 2 OIL, DRIVER, APPLICATOR TRUCK, TAXES , AND
MOBILIZATION.

[Handwritten signature of Antonio C. Paez]

Antonio C. Paez, PE, RLS
Business Development Manager
Western Emulsions, Inc.
Tucson, Arizona 85711

NM: #351372 CA: #672104 AZ: #093522

ARIZONA
1700 E. Cochise Boulevard
Tucson, Arizona 85717
Phone: (520) 422-0071
Fax: (520) 422-0071
Web: www.westernemulsions.com

CALIFORNIA
2750 North Central Expressway
Folsom, California 95630
Phone: (916) 452-0000
Fax: (916) 452-0000
Web: www.westernemulsions.com

PLANT LOCATIONS
Tucson, Arizona
Phone: (520) 422-0071
Folsom, California
Phone: (916) 452-0000
Bangalore, India
Phone: (91) 822-1401

INVITATION TO BID

Publish Dates: March 5, 2014
March 12, 2014

The City of Willcox will receive sealed bids on a general contract for: "City of Willcox, Chip Seal Project."

Bids will be received until 10:00 a.m. April 2, 2014, by the City of Willcox, 250 N. Railroad Ave., Willcox AZ. 85643. Sealed bids are to be submitted to the City of Willcox, Attention Gary Adams, Chip Seal Project. Bids received after that time will not be accepted and will be returned unopened. Bids will be opened and read aloud at 11:00 a.m. on April 2, 2014, at the Willcox Public Works Department 250 N. Railroad Ave., Willcox, AZ 85643.

Prospective bidders are encouraged to attend, attendance is not mandatory.

Location and general description of construction for this project:

Supply 86 tons of CRS-2 oil, provide applicator truck and driver. This will be an 18 block project covering 47976.4 square yards. CRS-2 application rate will be .40-.45. The project will be conducted in 3 days. Project dates will be April 30, May 7, and May 21, 2014 starting at 8:00 a.m. each day.

Day 1: Bowie-Maley to Fremont 4 Blocks
Cochise-Maley to Fremont 4 Blocks

42 tons CRS-2

Day 2: Pearce-Arizona to Bisbee 3 Blocks
Stewart-Bisbee Ave. to Arizona Ave. 3 blocks

24 tons CRS-2

Day 3: Maley- Bisbee to Arizona Ave. 3 Blocks
Lippse-Airport to Hoch St. 1 Block

20.00 Tons CRS-2

Bids will be for CRS-02 oil, driver, applicator truck, taxes, and mobilization.

Upon receipt of "notice of Award" the successful bidder will deliver all required documents stated within the award notice.

Bidder shall clearly mark on the outside of the sealed bid envelope "City of Willcox, Chip Seal Project". And give name, address, date, and Arizona contractors and/or business license number.

The City of Willcox reserves the right to reject any and all bids.

4/2/14 1:30 PM BID OPENING

1 BID SUBMITTED:

WESTERN EMULSIONS IN THE AMT. OF \$52,667.⁰³


Janet B. Bowel
PUBLIC WORKS DIRECTOR

WITNESS: 
Linda Stoddard
Utilities Admin Asst

**CITY OF WILLCOX
Request for Council Action**

Agenda Item: 16
Tab Number: 3
Date: 4-17-2014

Date Submitted:
April 11, 2014

Date Requested:
April 17, 2014

Action:
 Resolution
 Ordinance
 Formal
 Other

**Request for approval
to purchase 2015
Chevrolet Tahoe
CC15706 Police
Package vehicle for
the Willcox Dept. of
Public Safety**

To: Honorable Mayor and City Council
From: Glenn Childers, Director of Public Safety

Discussion: The Willcox Department of Public Safety is requesting Council approval to purchase a 2015 Chevrolet Tahoe Police Package vehicle for FY 13-14 Capital Purchase for the Willcox Police Department patrol fleet. This vehicle purchase is necessary for the continuation of the vehicle rotation of police vehicles which have met and/or extended their life span of 10 years as a fully operational police package vehicle.

As per the direction of the City Council at the April 3 meeting, the original quotes were refigured to show the breakdown of actual costs and taxes. It was discovered that an error had been made on the original numbers, and it has now been determined that the lowest quote received was from Midway Chevrolet of Phoenix, who also holds the state bid on this vehicle.

Recommendation: To approve the purchase for the 2015 CC15706 Tahoe Police Package Vehicle from the lowest competitive bid received from Midway Chevrolet of Phoenix, Arizona.

Fiscal Impact: FY 13-14 Approved Budget: \$48,000
CAPITAL PURCHASE: \$44,596.77 10-425-9901



Glenn Childers, Director of Public Safety



Ted Soltis, City Manager

**WDPS FY 13-14
CAPITAL PURCHASE**



2015 CHEVROLET TAHOE CC15706 2WD 4dr POLICE VEHICLE

*MIDWAY CHEVROLET		PHOENIX, AZ		City Cost
PURCHASE PRICE (*STATE CONTRACT)			\$29,885.00	
TPT (SALES TAX):				
STATE OF ARIZONA	5.6%	\$1,673.56		
MARICOPA COUNTY	.7%	\$209.20		
TIRE TAX		\$5.00		
CITY OF PHOENIX	2.0%	\$597.70		
TOTAL TAX	8.3%	\$2,485.46	\$2,485.46	
AEP: POLICE PACKAGE W/ TPT 8.3%			\$12,226.31	
Total			\$44,596.77	\$44,596.77
O'RIELLY CHEVROLET		TUCSON, AZ		
PURCHASE PRICE			\$30,223.85	
TPT (SALES TAX):				
STATE OF ARIZONA	5.6%	\$1,692.54		
PIMA COUNTY	.5%	\$151.12		
CITY OF TUCSON	2.0%	\$604.48		
TOTAL TAX	8.1%	\$2,448.13	\$2,448.13	
AEP: POLICE PACKAGE W/ TPT 8.3%			\$12,226.31	
Total			\$44,898.29	\$44,898.29
Price Over State Contract				\$301.53
KEMPTON CHEVROLET		WILLCOX, AZ		
PURCHASE PRICE			\$31,928.00	
TPT (SALES TAX):				
STATE OF ARIZONA	5.6%	\$1,787.97		
COCHISE COUNTY	.5%	\$159.64		
CITY OF WILLCOX	2.0%	\$638.56		
TOTAL TAX	8.1%	\$2,586.17	\$2,586.17	
AEP: POLICE PACKAGE W/ TPT 8.3%			\$12,226.31	
Total			\$46,740.48	\$46,101.92
Net Price Over State Contract				\$1,505.15
LAWLEY MOTORS		SIERRA VISTA, AZ		
UNABLE TO PROVIDE PRICING		Price Over State Contract:		N/A