

THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ HELD ON THIS 17TH DAY OF MARCH, 2016

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

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

PRESENT

- Mayor Robert A. Irvin
- Vice Mayor Earl Goolsby
- Councilman Elwood A. Johnson
- Councilman Gerald W. Lindsey
- Councilman William "Bill" Nigh
- Councilman Timothy A. Bowlby
- Councilman Michael J. Laws

STAFF

- City Manager Ted Soltis
- City Clerk Virginia Mefford
- City Attorney Ann P. Roberts
- Police Chief Jose Rios
- Finance Director Crystal Hadfield

PLEDGE OF ALLEGIANCE TO THE FLAG - Led by Mayor Irvin

CALL TO THE PUBLIC - Rob Jones spoke about the activities available in Willcox and asked for all to work together as a team to get the word out of what there is available to do in the City. He would like to see a five-year plan.

DECLARATION ON CONFLICT OF INTEREST - None

ADOPTION OF THE AGENDA

MOTION: Councilmember Johnson made a motion to adopt the agenda.

SECONDED: Councilmember Bowlby seconded the motion.

MOTION CARRIED

APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 3, 2016

MOTION: Councilmember Lindsey made a motion to approve the minutes as presented.

SECONDED: Councilmember Bowlby seconded the motion.

MOTION CARRIED

RESOLUTION 2016-02 - A RESOLUTION APPROVING A LICENSE AGREEMENT WITH WILLCOX FIREARMS TRAINING CENTER AND RANGE TO USE THE CITY'S SHOOTING RANGE

MOTION: Councilmember Bowlby made a motion to approve Resolution 2016-02.

SECONDED: Councilmember Laws seconded the motion.

DISCUSSION: Councilmembers had several questions regarding the shooting range and Tedd Haas, president of the local firearms club, answered them. Mr. Haas explained that the board of the local firearms club had met with Fish and Game representatives, as well as local and state law enforcement agencies trying to find a location for a shooting range. Sheriff Daniels was present during the presentation and stated he has not heard of any complaints out at the shooting range. The complaints he has had in the past was when training was conducted at night. Chief Rios indicated that the police department now begins night-shooting training as soon as it turns dark, so it doesn't run too late into the night. Gene Jones, a former Chief of Police of Willcox, gave a little history on the shooting range. Mr. Haas stated if this is approved it would be run as a "top-notch operation." He added, "We will make this a positive operation for Willcox." Patina Thompson, a volunteer with the Game and Fish Department, as an education and safety training instructor, offers a course on safety. She indicated it is a great program and the students always leave with an understanding of how to handle a fire arms safely. Ms. Thompson indicated she would be more than happy to make contact with the homeowners out by the shooting range, as she lives about 1/2-mile from the shooting range. John Hart introduced himself and stated he has donated his personal shooting range to the 4-H club and stated they are a respectful bunch. He added there is a need for an additional shooting range in the area. Mr. Haas explained the draft document that was handed out to Council. Chief Rios stated the Police Department would monitor the shooting range and it would have set hours of operation. Mr. Haas stated they would work closely with the Willcox Police Department and it would always be safety first.

MOTION CARRIED

**THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND
CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ
HELD ON THIS 17TH DAY OF MARCH, 2016**

**RESOLUTION 2016-03 - A RESOLUTION APPROVING AN INTERGOVERNMENTAL AGREEMENT (IGA)
BETWEEN COCHISE COUNTY AND THE CITY OF WILLCOX FOR SHARING THE WIRELESS EMERGENCY
NOTIFICATION SYSTEM**

MOTION: Councilmember Johnson made a motion to approve Resolution 2016-03.

SECONDED: Councilmember Laws seconded the motion.

MOTION CARRIED

CITY MANAGER'S REPORT

- City Manager Soltis gave an update on the Community Development Block Grant (CDBG) project. The testing for asbestos came back positive. The next step is to advertise bids for abatement.
- The City is waiting on the USDA to complete paperwork for finalization of the loan for the WWTP.
- He thanked Vice Mayor Goolsby for his assistance with trimming trees, and for his suggestions for Quail Park.
- He also thanked Mr. Chase, the Range Conservationist with the USDA Natural Resources Conservation Service (NRCS) for his suggestions at Quail Park and for providing grass and wildflower seed.
- He, the Mayor, and Councilmembers Bowlby and Laws attended the Firefighters' and Public Safety awards ceremony at the Elks club. He thanked all who put their life on the line for us.

COMMENTS NOT FOR DISCUSSION FROM MAYOR AND COUNCIL MEMBERS

- Councilmember Bowlby also attended the award ceremony. He mentioned that Mr. Faulkner received Firefighter of the Year and Mr. Williams Police Officer of the Year.
- Councilmember Laws congratulated the City for all their clean-up work around the City. He has received many positive comments of how it is looking. He thanked the Elks Club for cooking for the awards ceremony and for honoring the firefighters and public safety officers.
- Vice Mayor Goolsby thanked the shooting club for their presentation and commented that the shooting range will be a good thing.
- Councilmember Johnson stated the shooting range will be a great thing; it is something that is needed.
- Councilmember Lindsey mentioned he was happy to see everyone. He added that the shooting range is a great project and seeing this move forward is great.

ADJOURN

With no further business before the Mayor and Council, the meeting was adjourned at 7:25 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 17TH day of March 2016. I further certify that the meeting was duly called and held, and that a quorum was present.

Dated this 17th day of March 2016

City Clerk Virginia Mefford, CMC

PASSED, APPROVED AND ADOPTED this 7th day of April 2016.

Mayor Robert A. Irvin

ATTEST:

City Clerk Virginia A. Mefford, CMC



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007
 www.azliquor.gov
 (602) 542-5141

Tab 2

15 FEB 24 11:11 AM 1027

15 JAN 19 09:28 AM 1027

Application for Liquor License
 Type or Print with Black Ink

SECTION 1 This application is for a:

- Interim Permit (Complete Section 5)
- New License (Complete Sections 2, 3, 4, 13, 14, 15, 16)
- Person Transfer (Complete Section 2, 3, 4, 12, 13, 14, 16)
- Location Transfer (Bars and Liquor Stores Only)
(Complete Section 2, 3, 4, 11, 13, 14, 16)
- Probate/ Will Assignment/ Divorce Decree
(Complete Sections 2, 3, 4, 9, 13, 14, 16)
(Fee not required)
- Government (Complete Sections 2, 3, 4, 10, 13, 16)
- Seasonal

SECTION 2 Type of Ownership:

- J.T.W.R.O.S. (Complete Section 6)
- Individual (Complete Section 6)
- Partnership (Complete Section 6)
- Corporation (Complete Section 7)
- Limited Liability Co (Complete Section 7)
- Club (Complete Section 8)
- Government (Complete Section 10)
- Trust (Complete Section 6)
- Tribe (Complete Section 6)
- Other (Explain) _____

SECTION 3 Type of license

1. Type of License: Series 13 Farm Winery

LICENSE # 13023046

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE

A service fee of \$25 will be charged for all dishonored checks (A.R.S. § 44-6852)

SECTION 4 Applicants

1. Individual Owner/Agent's Name: GRAHAM JAMES HILL P1060703
Last First Middle

2. Owner Name: COCHISE GROVES INVESTMENTS, LLC. B1042323
(Ownership name for type of ownership checked on section 2)

3. Business Name: COCHISE WINE COMPANY B1056235
(Exactly as it appears on the exterior of premises)

4. Business Location Address: 650 S ARIZONA AVE WILLCOX AZ 85643 COCHISE
(Do not use PO Box) Street City State Zip Code County

5. Mailing Address: 3649 N GOLDEN RULE RD COCHISE AZ 85606
(All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: (520) 507-3310 Daytime Contact Phone: (520) 507-2400

7. Email Address: goldenrulevineyards@gmail.com

8. Is the Business located within the incorporated limits of the above city or town? Yes No

9. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No

If Yes, what City, Town or Tribal Reservation is this Business located in: _____

10. Total Price paid for Series 6 Bar, Series 7 Beer & Wine Bar or Series 9 Liquor Store (license only) \$ _____

Fees: <u>100.00</u>	Department Use Only			
Application	Interim Permit	Site Inspection	Finger Prints <u>44.00</u>	\$ <u>144.00</u>
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Total of All Fees
Accepted by: <u>CS</u>	Date: <u>2/29/16</u>	License # <u>13023046</u>		

SECTION 5 Interim Permit

- If you intend to operate business when your application is pending you will need an interim permit pursuant to ARS § 4-203.01
- There **MUST** be a valid license of the same type you are applying for currently issued to the location or for the replacement of a Hotel/Motel license with a Restaurant license pursuant to A.R.S. § 4-203.01.

1. Enter license number currently at the location: _____
 2. Is the license currently in use? Yes No If no, how long has it been out of use? _____

Attach a copy of the license currently issued at this location to this application.

I, _____ declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING
 (Print Full Name) PERSON on the stated license and location.

X _____
 (Signature)

State _____ County of _____
 The foregoing instrument was acknowledged before me this

_____ day of _____
 Day Month Year

My Commission Expires on: _____
 Date

 (Signature of Notary Public)

SECTION 6 Individual, Partnership, J.T.W.R.O.S, Trust, Tribe Ownerships

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE, AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Individual

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code

Is any person other than above, going to share in profit/losses of the business? Yes No
 If Yes, give name, current address, and telephone number of person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City	State	Zip Code	Phone #

Partnership

Name of Partnership: _____

General-Limited	Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

J.T.W.R.O.S (Joint Tenant with Rights of Survivorship)

Name of J.T.W.R.O.S: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 6 - continued

TRUST

Name of Trust: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

TRIBE

Name of Tribal Ownership: _____

Last	First	Middle	Mailing Address	City	State	Zip Code

SECTION 7 Corporations/ Limited Liability Co

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE AN "APPLICANT" TYPE FINGERPRINT CARD AND \$22 PROCESSING FEE FOR EACH CARD.

Corporation Complete Questions 1, 2, 3, 4, 5, 6, and 7

L.L.C. Complete Questions 1, 2, 3, 4, 5, 6, and 7

- Name of Corporation/ L.L.C.: COCHISE GROVES INVESTMENTS, LLC
- Date Incorporated/Organized: 3/13/2006 State where Incorporated/Organized: ARIZONA
- AZ Corporation or AZ L.L.C File No: L-1269341-4 Date authorized to do Business in AZ: 3/13/2006
- Is Corp/L.L.C. Non Profit? Yes No
- List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
GRAHAM	JAMES	HILL	MEMBER	3525 N GOLDEN RULE RD, COCHISE AZ			85606
GRAHAM	RUTH	ELLEN NILSEN	MEMBER	3525 N GOLDEN RULE RD, COCHISE AZ			85606

(Attach additional sheet if necessary)

6. List all Stockholders / percentage owners who own 10% or more:

Last	First	Middle	%Owned	Mailing Address	City	State	Zip Code
GRAHAM	JAMES	HILL	50	3525 N GOLDEN RULE RD, COCHISE AZ			85606
GRAHAM	RUTH	ELLEN NILSEN	50	3525 N GOLDEN RULE RD, COCHISE AZ			85606

(Attach additional sheet if necessary)

7. If the corporation/ L.L.C are owned by another entity, attach an Organizational **FLOWCHART** showing the structure of the ownership. Attach additional sheets as needed in order to disclose the Officers, Directors, Members, Managers, Partners, Stockholders and percentage owners of those entities.

SECTION 12 Person to Person Transfer

Questions to be completed by Current Licensee (Bar and Liquor Stores Only- Series, 06, 07, and 09)

1. Individual Owner / Agent Name: _____ Entity: _____
Last First Middle (Individual, Agent, Etc)

2. Ownership Name: _____
(Exactly as it appears on license)

3. Business Name: _____
(Exactly as it appears on license)

4. Business Location Address: _____
Street City State Zip

5. License Type: _____ License Number: _____

6. Current Mailing Address: _____
Street City State Zip

7. Have all creditors, lien holders, interest holders, etc. been notified? Yes No

8. Does the applicant intend to operate the business while this application is pending? Yes No

If yes, complete Section 5 (Interim Permit) of this application; attach fee, and current license to this application.

9. I, (Print Full Name) _____ hereby authorize the department to process this Application to transfer the privilege of the license to the applicant provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, (Print Full Name) _____ declare that I am the **CURRENT OWNER, MEMBER, PARTNER STOCKHOLDER or LICENSEE** of the stated license. I have read the above Section 12 and confirm that all statements are true, correct, and complete.

X _____
(Signature of CURRENT Individual Owner/Agent)

NOTARY

State of _____ County of _____
State County

The foregoing instrument was acknowledged before me this _____ day of _____, _____
Day Month Year

My commission expires on _____
Day/ Month/Year Signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

Questions to be completed by all in-state applicants **EXCLUDING** those applying for a Series 5 Government, Series 11 Hotel/Motel, and Series 12 Restaurant licenses.

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B) (5))

1. Distance to nearest School: 2,690' Name of School: Weslayan Preschool
 (if less than one (1) mile note footage) Address: 151 S Curtis St, Willcox, AZ 85643

2. Distance to nearest Church: 2,500' Name of Church: Extended Hands Ministry
 (if less than one (1) mile note footage) Address: 151 W Wasson St, Willcox, AZ 85643

SECTION 14 Business Financials

1. I am the: Lessee Sub-lessee Owner Purchaser Management Company

2. If the premise is leased give lessors: Name: SOUTH ARIZONA AVE, LLC
 Address: PO BOX 7 PEARCE AZ 85625
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ 1,000.00

4. What is the remaining length of the lease? 8 yrs 0 months

5. What is the penalty if the lease is not fulfilled? \$ N/A - 0 - or other: _____
 (Give details-attach additional sheet if necessary)

6. Total money borrowed for the Business not including lease? \$ N/A - 0 -
 Please List Lenders/People you owe money to for business.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(Attach additional sheet if necessary)

7. What type of business will this license be used for (be specific)?
WINERY

8. Has a license or a transfer license for the premises on this application been denied by the state with in the past (1) year? Yes No if yes, attach explanation.

9. Does any spirituous liquor manufacture, wholesaler, or employee have an interest in your business? Yes No

10. Is the premises currently license with a liquor license? Yes No

If yes, give license number and licensee's name:
 License #: _____ Individual Owner /Agent Name: _____
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

1. Is there an existing Restaurant or Hotel/Motel Liquor License at the proposed location? Yes No

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All Restaurant and Hotel/Motel applicants must complete a Restaurant Operation Plan form provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02. (H)(2), a Restaurant is an establishment which derives at least forty (40) percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from sales of food and spirituous liquor on the licensed premises. By applying for this Restaurant Hotel/Motel, I certify that I understand that I must maintain a minimum of forty (40) percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit form with this application.

(Applicant's Signature)

5. I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing; specify why the extension is necessary; and the new inspection date you are requesting.

(Applicant's Initials)

SECTION 16 Diagram of Premises

Check ALL boxes that apply to your business:

- Entrances/Exits Liquor storage areas **Patio:** Contiguous
- Walk-up windows Drive-through windows Non Contiguous

1. Is your licensed premises currently closed due to construction, renovation or redesign? Yes No

If yes, what is your estimated completion date? _____
Month/Day/Year

2. **Restaurants and Hotel/Motel** applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Place for diagram is on section 16 number 6.

3. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored on the premises unless it is a restaurant (see # 3 above).

4. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01 (B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to the boundaries, entrances, exits, added or deleted doors, windows, service windows or increase or decrease to the square footage after submitting this initial diagram.

JHG
(Applicant's Initials)

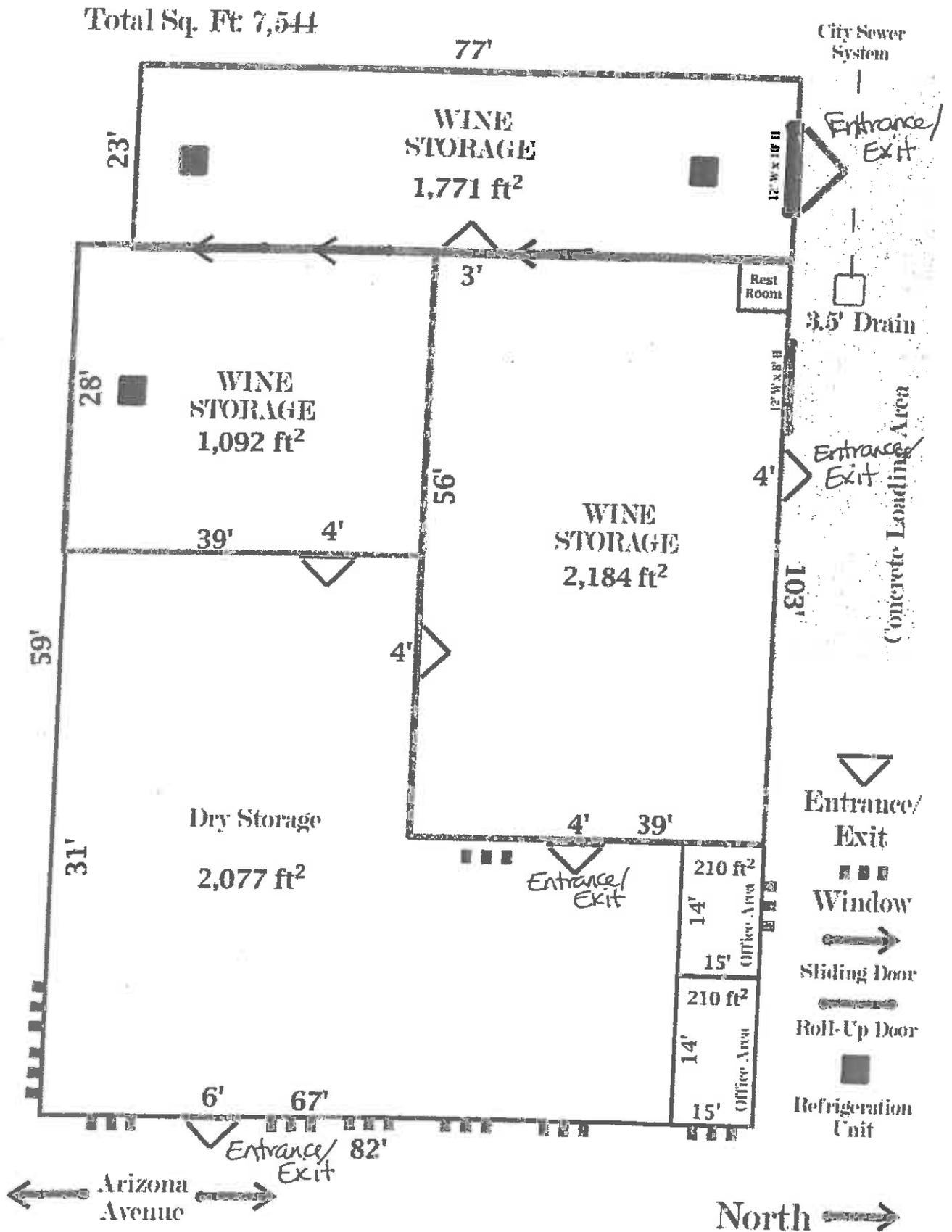
SECTION 16 Diagram of Premises – continued

6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of the premises is attached to this application, please write the words "DIAGRAM ATTACHED" in the box provided for the diagram on the application.

DIAGRAM OF PREMISES

DIAGRAM ATTACHED



SECTION 17 SIGNATURE BLOCK

I, (Print Full Name) JAMES HILL GRAHAM, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

X (Signature) *James Hill Graham*

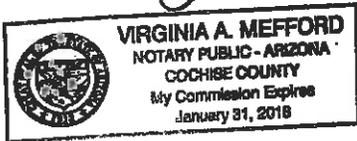
State of AZ. County of Cochise

The foregoing instrument was acknowledged before me this

9 of December, 2015

Day Month Year

Virginia A. Mefford
Signature of NOTARY PUBLIC



My commission expires on: Jan 31, 2018

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

- Applicant's Name: JAMES HILL GRAHAM Contact Phone #: (520) 507-3310
- Business name: GOLDEN RULE VINEYARDS Liquor license #: 13023032
Farm Winery or Craft Distillery
- Email: goldenrulevineyards@gmail.com
- Mailing address: 3525 N Golden Rule Rd Cochise AZ 85606
Street Address City State Zip Code
- Location of fair/festival: 312 W Stewart Ave Willcox Cochise AZ
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2015</u>	<u>Saturday</u>	<u>5:00 PM</u>	<u>8:00 PM</u>
2.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7.	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Please attach an additional sheet if necessary

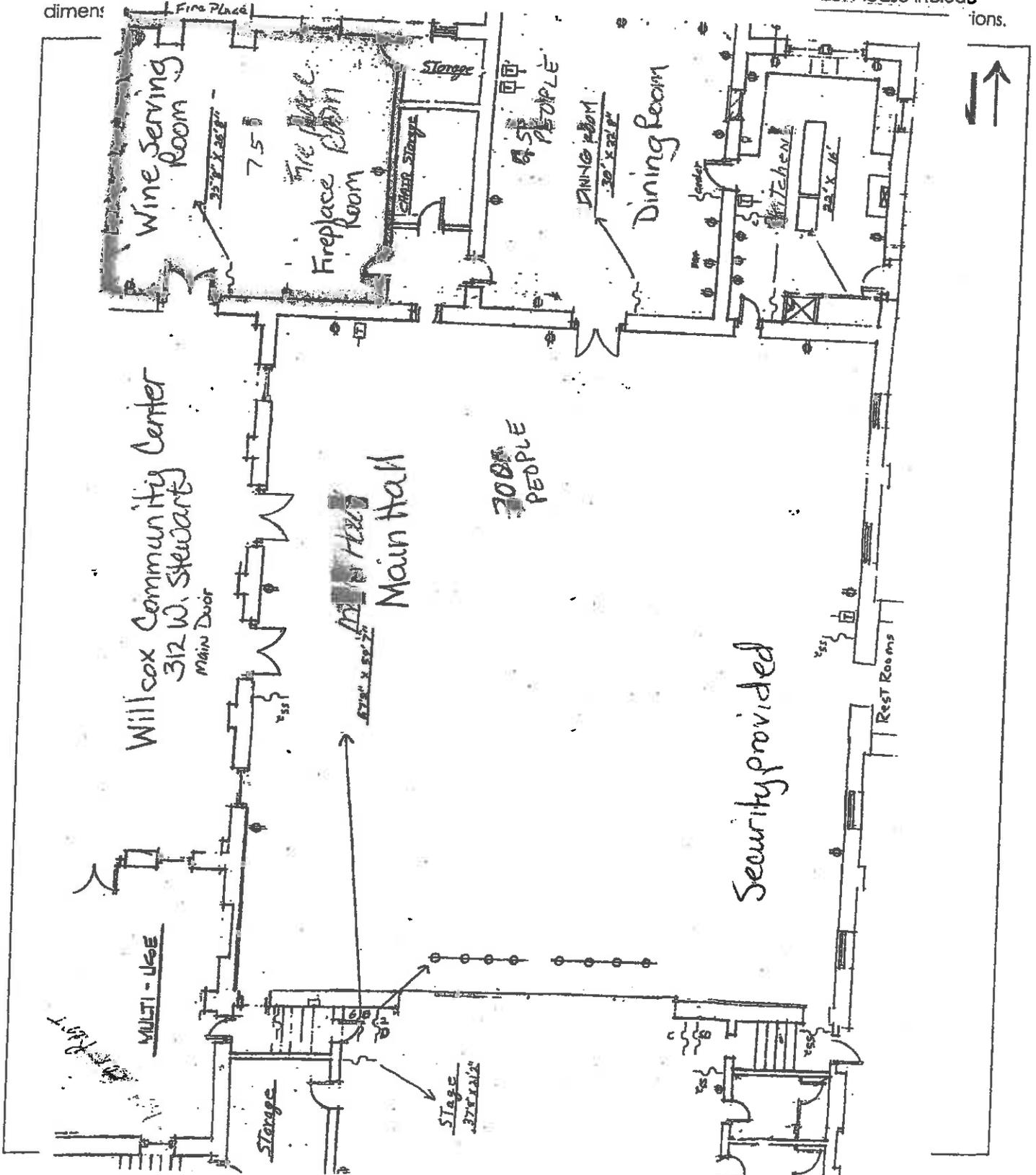
SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: (520) 766-4203
First Last
2. Site owner mailing address: 101 S Railroad Ave, Ste B, Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 4
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 4
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
1 # of Police Officers on Site Fencing Yes No
_____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statues for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

Section 5 Licensed premises diagram. The licensed premises for your fair/festival is the area you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license identified in Section 1, line #2 of this certificate. Please include dimensions.



SECTION 6 This section to be completed only by the applicant named in section #1

I, James Hill Graham declare that I am the APPLICANT filing this application as listed in
(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and Complete.

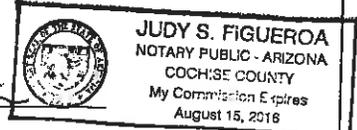
X James Hill Graham Agent/Owner 3/17/16 (520)507-2900
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledge before me this 17th March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: August 15 2016
Date

Judy S. Figueroa
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2016

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 have **ADDITIONAL INSURED** provisions or 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 Ronald Low 7301 E. 22nd Street Suite 4C Tucson, AZ 85710	CONTACT NAME: Ronald Low	
	PHONE (A/C, No., Ext): 520-288-8154 FAX (A/C, No.): 206-309-3895	
	E-MAIL ADDRESS: ronald.low@fbfs.com	
INSURED Golden Rule Vineyards Cochise Groves Farming Inc. 3649 N. Golden Rule Road Cochise, AZ 85602-8722	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Western Agricultural Ins. Co.	27871
	INSURER B: Farm Bureau Property & Casualty Ins, Co,	13773
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	AMP 6000632	04/18/2015	04/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	AMP 6000632	04/18/2015	04/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 1,000	<input checked="" type="checkbox"/>	AMU 0000299	04/18/2015	04/18/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Willcox Wine Tasting
May 21, 2016
Willcox Community Center
312 W. Stewart Street
Willcox, AZ 85643

CERTIFICATE HOLDER City of Willcox 101 S. Railroad Avenue 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 <i>Ronald Low</i>



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

FOR DLLC USE ONLY
License #:
Date:
Approved by:

FAIR/FESTIVAL LICENSE APPLICATION
A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair
Wine Festival
Craft Distillery Fair
Craft Distillery Festival

1. Applicant's Name: Barbara J Pierce Contact Phone #: 602-320-1622

2. Business name: Pierce Wines Arizona Liquor license #: 13023027

3. Email: barbara@bodegapierce.com Farm Winery or Craft Distillery

4. Mailing address: 4511 E. Robbs Road Willcox AZ 85643
Street Address City State Zip Code

5. Location of fair/festival: 312 W Stewart Avenue Willcox Cochise 85643
Street address City County Zip Code

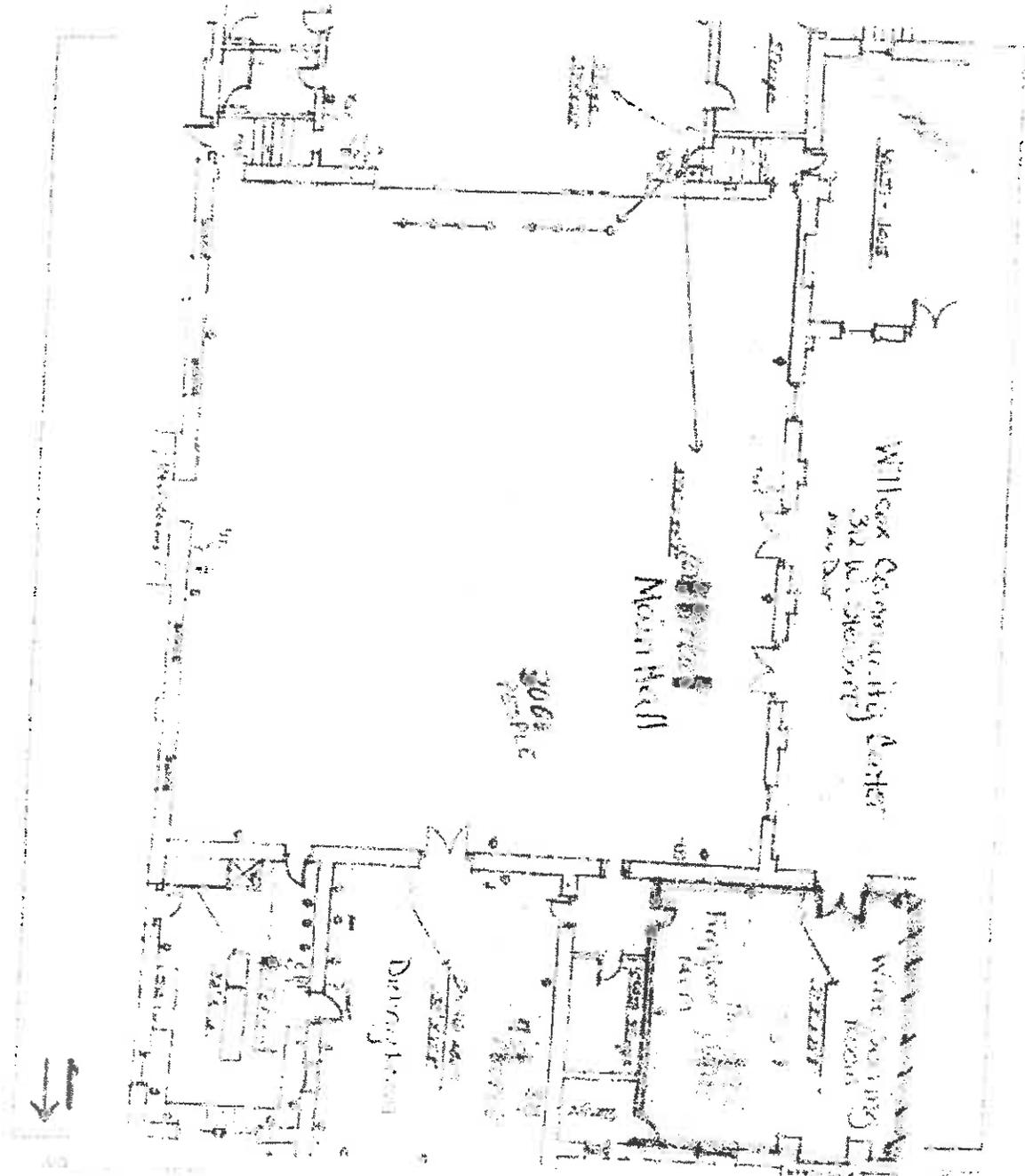
SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.

Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

Table with 4 columns: Date, Day of Week, Start Time AM/PM, End Time AM/PM. Row 1: 5/21/2016, Saturday, 5:00 PM, 8:00 PM.

Please attach an additional sheet if necessary



Section 1 - Floor plan of the building. The drawing shows the layout of the building and the location of the various rooms. The drawing is a hand-drawn sketch and is not to scale.

SECTION 6 This section to be completed only by the applicant named in section #1

I, Barbara J Pierce declare that I am the APPLICANT filing this application as listed in
(Print Full Name)
Section 8. I have read the application and the contents and all statements are true, correct and Complete.

X Bj Pierce co-owner 3/17/16 602-320-1622
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 17 March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: 2/19/2019
Date

Evelyn Gonzalez Mercado
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Pierce Wines Arizona LLC
 4511 East Robbs Road
 Willcox, AZ. 85643

Agent's Name, Address and Phone Number (Agt./Dist.)
 John E Neckels
 7337 E Doubletree Ranch Rd Ste 188
 Scottsdale, AZ 85258
 (480) 945-3000 (015/401)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES

This is to certify that 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employee's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	02-XC8672-01	03/08/2015	08/08/2016	General Aggregate \$ 4,000,000 Products - Completed Operations Aggregate \$ 4,000,000 Personal and Advertising Injury Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) Each Occurrence †† \$ 10,000 Aggregate †† \$,000 Common Cause Limit \$ 1,000,000 Aggregate Limit \$ 1,000,000
Businessowners Liability				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Liquor Liability	G2-XC8672-02	08/08/2015	08/08/2016	Each Occurrence †† \$,000 Aggregate †† \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages)				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 Willcox Wine Tasting 5/21/2016/ Willcox Community Center, 312 W Stewart,
 Willcox, AZ. 85643

†The individual or partners shown as insured elected to be covered under this policy. Have Have not
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS
 City of Willcox
 101 S railroad Avenue
 Willcox, AZ. 85643

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.
 This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
 DATE ISSUED: 03/17/2016
 AUTHORIZED REPRESENTATIVE: John Neckels



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

DLLC USE ONLY

CSR:

Log #:

APPLICATION FOR EXTENSION OF PREMISES/PATIO PERMIT
OBTAIN APPROVAL FROM LOCAL GOVERNING BOARD BEFORE SUBMITTING TO THE DEPARTMENT OF LIQUOR
Notice: Allow 30-45 days to process permanent change of premise

Permanent change of area of service. A non-refundable \$50. Fee will apply. Specific purpose for change:

ADD OUTSIDE Dinning patio

Temporary change (No Fee) for date(s) of: ___/___/___ through ___/___/___ list specific purpose for change:

1. Licensee's Name: Willeg Jeffery License#: 07020059
Last First Middle

2. Mailing address: 130 E mcdy st. Willcox AZ 85643
Street City State Zip Code

3. Business Name: Big Tex BBQ

4. Business Address: 130 E mcdy st. Willcox AZ 85643
Street City State Zip Code

5. Email Address: _____

6. Business Phone Number: 520-384-4423 Contact Phone Number: 520-253-0798

7. Is extension of premises/patio complete?
 N/A Yes No If no, what is your estimated completion date? 5/1/2016

8. Do you understand Arizona Liquor Laws and Regulations?
 Yes No

9. Does this extension bring your premises within 300 feet of a church or school?
 Yes No

10. Have you received approved Liquor Law Training?
 Yes No

11. What security precautions will be taken to prevent liquor violations in the extended area? Fence around patio

12. **IMPORTANT:** Attach the revised floor plan, clearly depicting your licensed premise along with the new extended area outlined in black marker or ink, if the extended area is not outlined and marked "extension" we cannot accept the application.

Barrier Exemption: an exception to the requirement of barriers surrounding a patio/outdoor serving area may be requested. Barrier exemptions are granted based on public safety, pedestrian traffic, and other factors unique to a licensed premise. List specific reasons for exemption:

Approval Disapproval by DLLC: _____ Date: ____/____/____

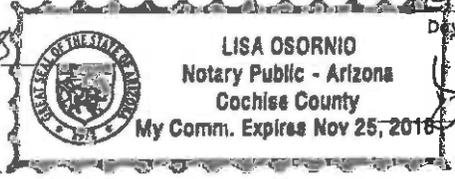
Notary

I, (Print Full Name) Jeffery Lee Willey, hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) [Signature]
Controlling Person / Agent

State of Arizona County of Cochise
the foregoing instrument was acknowledged before me this

My commission expires on: 11-25-18 24 of March 2016
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

GOVERNING BOARD

After completion, and **BEFORE submitting to the Department of Liquor**, please take this application to your local Board of Supervisors, City Council or Designate for their recommendation. This recommendation is not binding on the Department of Liquor.

This change in premises is recommended by the local Board of Supervisors, City Council or Designate:

Authorized Signature Title Agency Date

DLLC USE ONLY

Investigation Recommendation: Approval Disapproval by: _____ Date: ____/____/____

Director Signature required for Disapprovals: _____ Date: ____/____/____

42' x 50' 50'

50'

Proposed New outdoor seating

420 Square Feet

Railroad Dining Car

Seating

450 Square Feet

Addition #1

450 Square Feet

Addition #2
Seating

800 Square Feet

Main Entrance

Door

Beer Cooler

Key Cooler

Waitress Station

Door

Hill Key

Kitchen

Men's Restroom

Women Restroom

Storage Food Prep

Ramp

Exit

Walk in

Walk in

Office

Exit

Ramp

WINE FESTIVAL LIST MAY 21-22, 2016

APPLICATION	NAME	BUSINESS NAME	CHECK	MAP	Bus. Lic.	COI
X	Scott Dahmer	Aridus Wine Company	\$ 30.00	X	X	
X	Eric Glomski	Arizona Stronghold Vineyards, LLC	\$ 30.00	X		X
X	Kimberly Asmundson	Asmundson Family Vineyard, LLC dba Deep Sky Vineyard	\$ 30.00			
X	Barbara J Pierce	Pierce Wines Arizona, LLC	\$ 30.00	X		X
X	Robert Carlson III	Carlson Creek Vineyard, LLC	\$ 30.00	X	X	X
X	James Hill Graham	Golden Rule Vineyards	\$ 30.00	X	X	X
X	Jacquelyn Cook	Coronado Vineyards Inc.	\$ 30.00	X	X	X
X	Rodney Edward Keeling	Keeling Schaefer Vineyards, LLC	\$ 30.00	X	X	X
X	Charlene R Manning	Manning & Manning, Inc. dba Kief-Joshua Vineyards	\$ 30.00		X	X
X	John McLoughlin	Keeling Schaefer Vineyards, LLC	\$ 30.00	X	X	X
X	Eric Glomski	Page Springs Cellars & Vineyards LLC	\$ 30.00	X		X
X	Arlene Domanico	Passion Cellars, LLC	\$ 30.00	X		X
X	Sam Pillsbury	Pillsbury Wine Company	\$ 30.00	X	X	X
X	Robert Hammelman	Sand-Reckoner Vineyards	\$ 30.00	X	X	X
X	Maynard Keenan	Caduceus Cellars	\$ 30.00	X	X	
X	Rhona MacMillan	Zarpara Vineyard	\$ 30.00	X		X
X	Barbara Coons	Four Tails Vineyard	\$ 30.00	X	X	X
X	Sierra Bonita Vineyards	Gerald, Inc.	\$ 30.00	X		X

*Approval is conditional on each vendor providing a Certificate of Insurance (COI) and obtaining a Business License prior to the start of the event.



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	_____
Date:	_____
Approved by:	_____

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

SCOTT DAHMER

520 954-6640

1. Applicant's Name: _____ Contact Phone #: _____

ARIDUS WINE COMPANY

13023028

2. Business name: _____ Liquor license #: _____

SCOTT@ARIDUSWINECO.COM

Farm Winery or Craft Distillery

3. Email: _____

1126 N HASKELL AVE.

WILLCOX

AZ

85643

4. Mailing address: _____

Street Address

157 N Railroad Ave.

City

Willcox

State

AZ

Zip Code

85643

5. Location of fair/festival: _____

Street address

City

County

Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.

Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	05/21/2016	SATURDAY	11:00AM	6:00PM
2.	05/22/2016	SUNDAY	11:00AM	5:00PM
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 6 This section to be completed only by the applicant named in section # 1

SCOTT DAHMER

I, SCOTT DAHMER declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

X [Signature] OWNER 03/15/16 5209546640
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 15 March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: 2/19/2019 [Signature]
Date Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

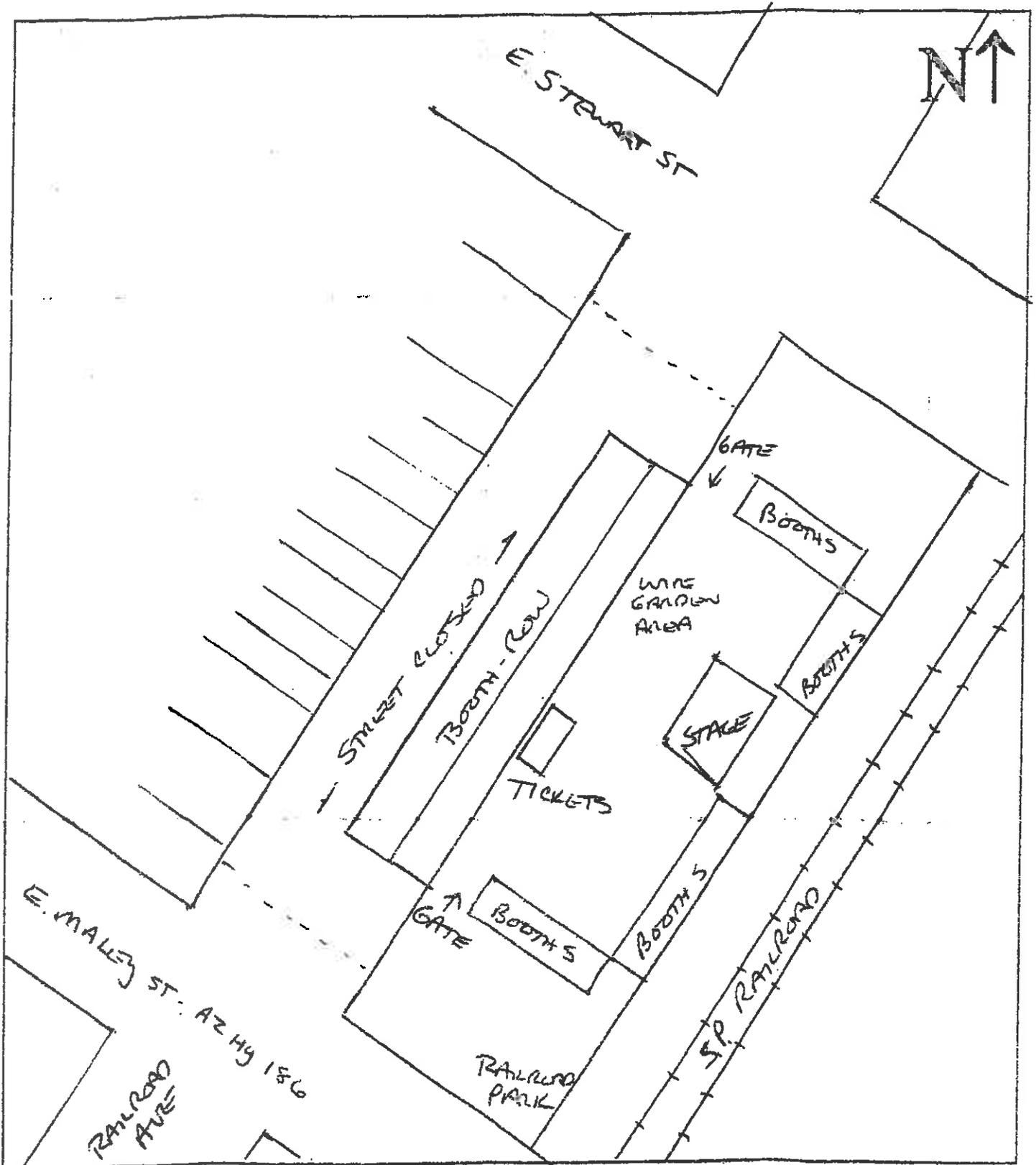
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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)



Arizona Department of Liquor Licenses and Control
 800 W. Washington 5th Floor
 Phoenix AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. § 4-203.03 Farm Winery / A.R.S. § 4-205.11 Craft Distillery
 A.R.S. § 4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Eric Glomski Daytime Phone #: 928-639-2789

2. Business name: Arizona Stronghold Vineyards, LLC Liquor license #: _____
farm winery or craft distillery

Email: _____

3. Mailing address: 4700 Old Hwy 279 Camp Verde AZ 86322
street address city state zip code

4. Location of fair/festival: 157 N. Railroad Ave Willcox Cochise & Graham Co 85643
street address city county zip code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.

Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	DATE	DAY OF WEEK	START TIME AM/PM	END TIME AM/PM
1.	<u>May 21st</u>	<u>Saturday</u>	<u>11:00 am</u>	<u>6:00 pm</u>
2.	<u>May 22nd</u>	<u>Sunday</u>	<u>11:00 am</u>	<u>5:00 pm</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 6 This section to be completed only by the applicant named in section #1

I, Eric Glomski declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

X [Signature] Owner/Founder 3/14/16 928-639-2789
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 14th March 2016
Day Month Year

State Arizona County of Yavapai

My Commission Expires on: 8/31/2019
Date

[Signature]
Signature of Notary Public
JULIE BOOTH
Notary Public State of Arizona
Yavapai County
My Commission Expires
August 31, 2019

The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

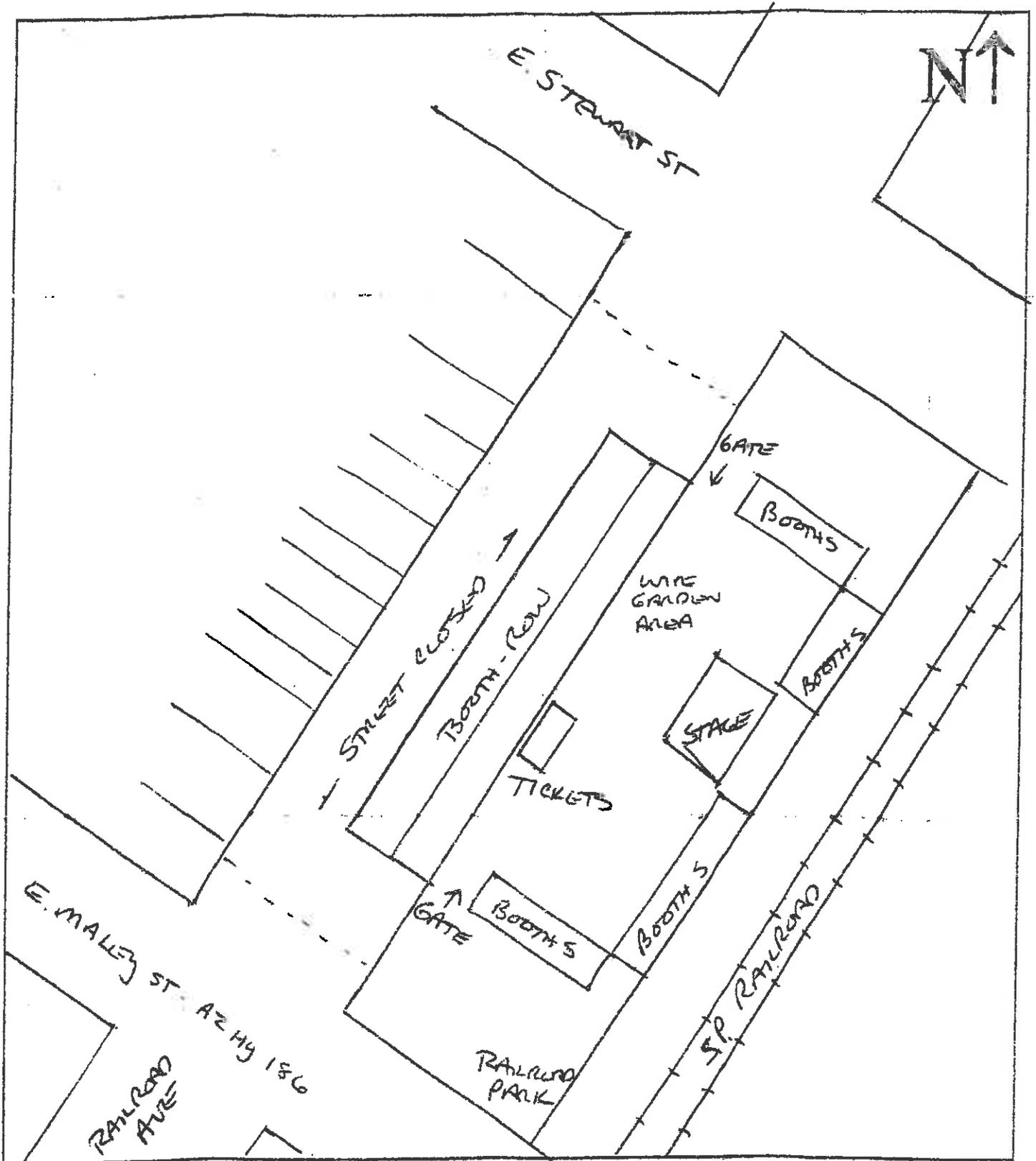
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2016

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 Brown & Brown - Prescott 915 E Gurley St Prescott AZ 86301		CONTACT NAME: Susan Saunders PHONE (A/C, No, Ext): 928-776-2726 E-MAIL ADDRESS: ssaunders@bbprescott.com FAX (A/C, No): 928-776-2727	
INSURED Arizona Stronghold Vineyards LLC 4700 Old Hwy 279 Camp Verde AZ 86322		INSURER(S) AFFORDING COVERAGE	
ASTRO-1		INSURER A: Wesco Insurance Company	NAIC # 25011
		INSURER B: Owners Insurance Company	32700
		INSURER C: Great Northern Insurance Co	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1129156735 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 <input type="checkbox"/> OTHER:	Y	Y	36027213	3/20/2016	3/20/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			5030250800	3/20/2016	3/20/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 DED RETENTION \$						EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WWC3151379	8/1/2015	8/1/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Liquor Liability	Y	Y	36027213	3/20/2016	3/20/2017	1,000,000 2,000,000

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

The certificate holder is named Additional Insured per Forms #80-02-2000 and #80-02-2367 for both General Liability as well as Liquor Liability. Waiver of Subrogation applies per form #80-02-2000.
 RE: 2016 Spring Wine Festival in Willcox Wine Country Festival May 21-22, 2016
 Railroad Park, 157 N Railroad Ave, Willcox AZ 85643
 The certificate holder is named as Additional Insured.

CERTIFICATE HOLDER City of Willcox 101 South 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 
--	--



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Kimberly Asmundson Contact Phone #: 203-644-3606

2. Business name: Deep Sky Vineyard Liquor license #: 13023031
Farm Winery or Craft Distillery

3. Email: Kimasmundson@gmail.com

4. Mailing address: 14240 N. Silent Sky PL MARANA AZ 85658
Street Address City State Zip Code

5. Location of fair/festival: Railroad Park, 157 N. Railroad Ave, Wilcox, AZ 85643
Street address City County Zip Code
Cochise

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>Saturday</u>	<u>11:00</u>	<u>6:00</u>
2.	<u>5/22/2016</u>	<u>Sunday</u>	<u>11:00</u>	<u>5:00</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S. Railroad Ave Suite B Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 1
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 1
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statues for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02) Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, Kimberly Asmudson declare that I am the APPLICANT filing this application as listed in
(Print Full Name)
Section 8. I have read the application and the contents and all statements are true, correct and Complete.

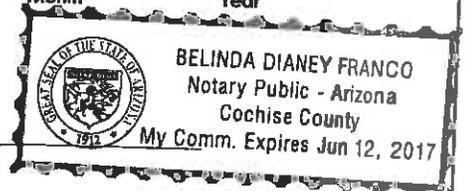
X Kimberly Asmudson _____ Member _____ 3/15/16 _____ 203-644-3606
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 15 _____ March _____ 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: Jun 12, 2017
Date

Belinda Dianey Franco
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

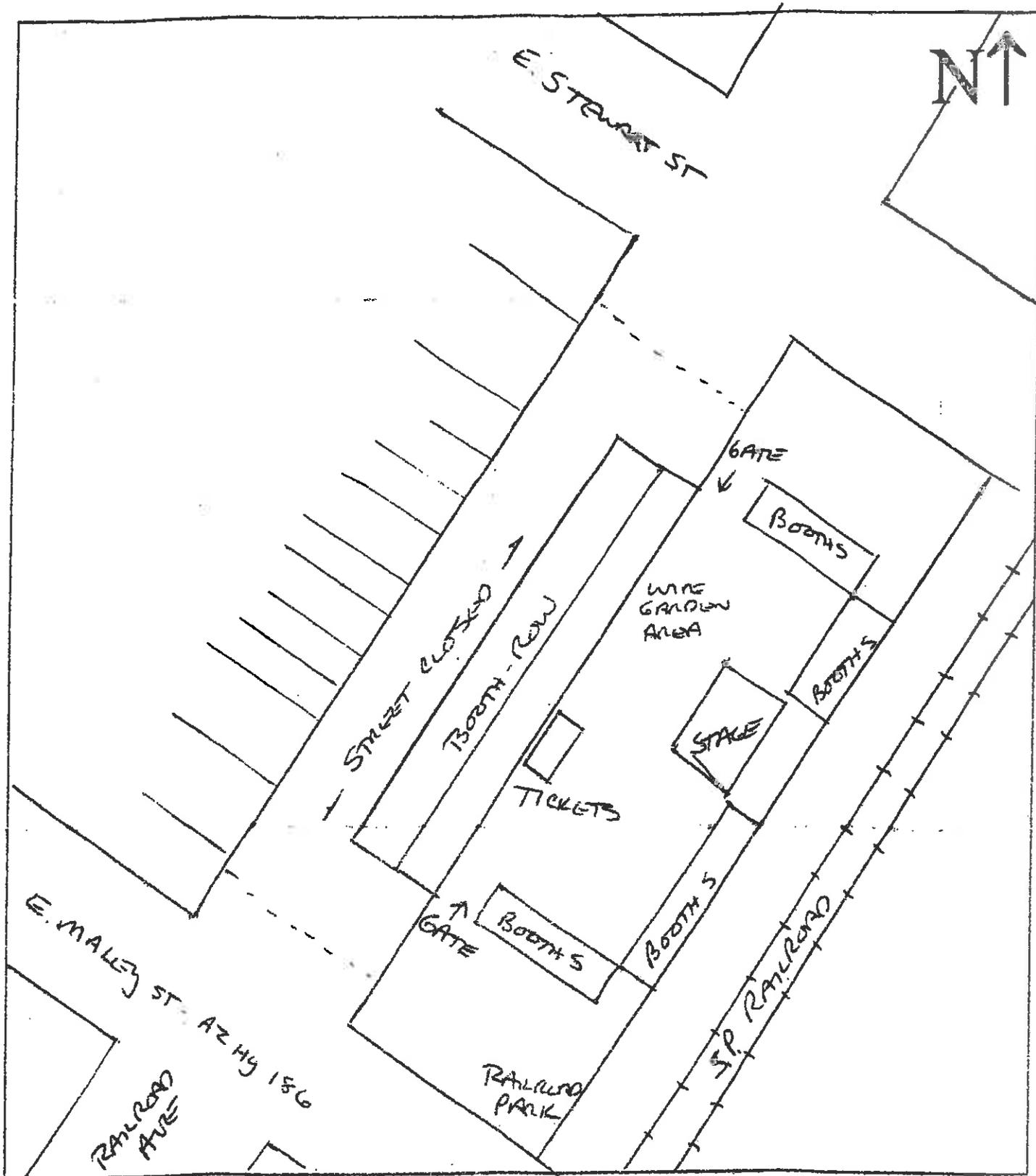
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2016

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 Vanyo Insurance Group, Inc 8040 E Morgan Trail Ste 5A Scottsdale AZ 85258		CONTACT NAME: Justin Hallman PHONE (A/C, No, Ext): (480) 998-4014 E-MAIL ADDRESS: justin@vanyoinsurance.com		FAX (A/C, No): (480) 998-3690
INSURED Asmundson Family Vineyard, LLC, 14240 N Silent Sky Pl Marana AZ 85658		INSURER(S) AFFORDING COVERAGE INSURER A Midwest Family Mutual		NAIC #
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES **CERTIFICATE NUMBER: CL1631102006** **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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	BPAZ0560106124	4/17/2016	4/17/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAAZ0560109465	4/17/2016	4/17/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input type="checkbox"/> N/A	WCAZ0560106750	5/12/2016	5/12/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X	BPAZ0560106124	4/17/2016	4/17/2017	Per Occurrence 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location of Festival: Railroad Park, 157 N Railroad Avenue, Willcox, AZ 85643. Saturday, May 21st, 11am-6pm & Sunday, May 22nd, 11am-5pm.
City of Willcox & Willcox Chamber of Commerce are included as Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

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

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

Justin Hallman/JRH



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	_____
Date:	_____
Approved by:	_____

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Barbara J Pierce Contact Phone #: 602-320-1622

2. Business name: Pierce Wines Arizona Liquor license #: 13023027
Farm Winery or Craft Distillery

3. Email: barbara@bodegapierce.com

4. Mailing address: 4511 E. Robbs Road Willcox AZ 85643
Street Address City State Zip Code

5. Location of fair/festival: 157 N Railroad Avenue Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>Saturday</u>	<u>11:00 AM</u>	<u>6:00 PM</u>
2.	<u>5/22/2016</u>	<u>Sunday</u>	<u>11:00 AM</u>	<u>5:00 PM</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 6 This section to be completed only by the applicant named in section #1

I, Barbara J Pierce declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

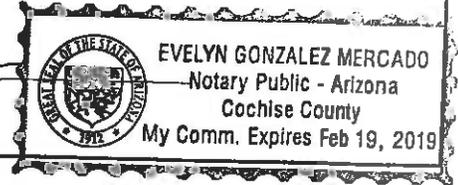
X Bj Pierce co-owner 3-10-16 602-320-1622
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 03 March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: 2/19/2019
Date

Evelyn G. Mercado
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

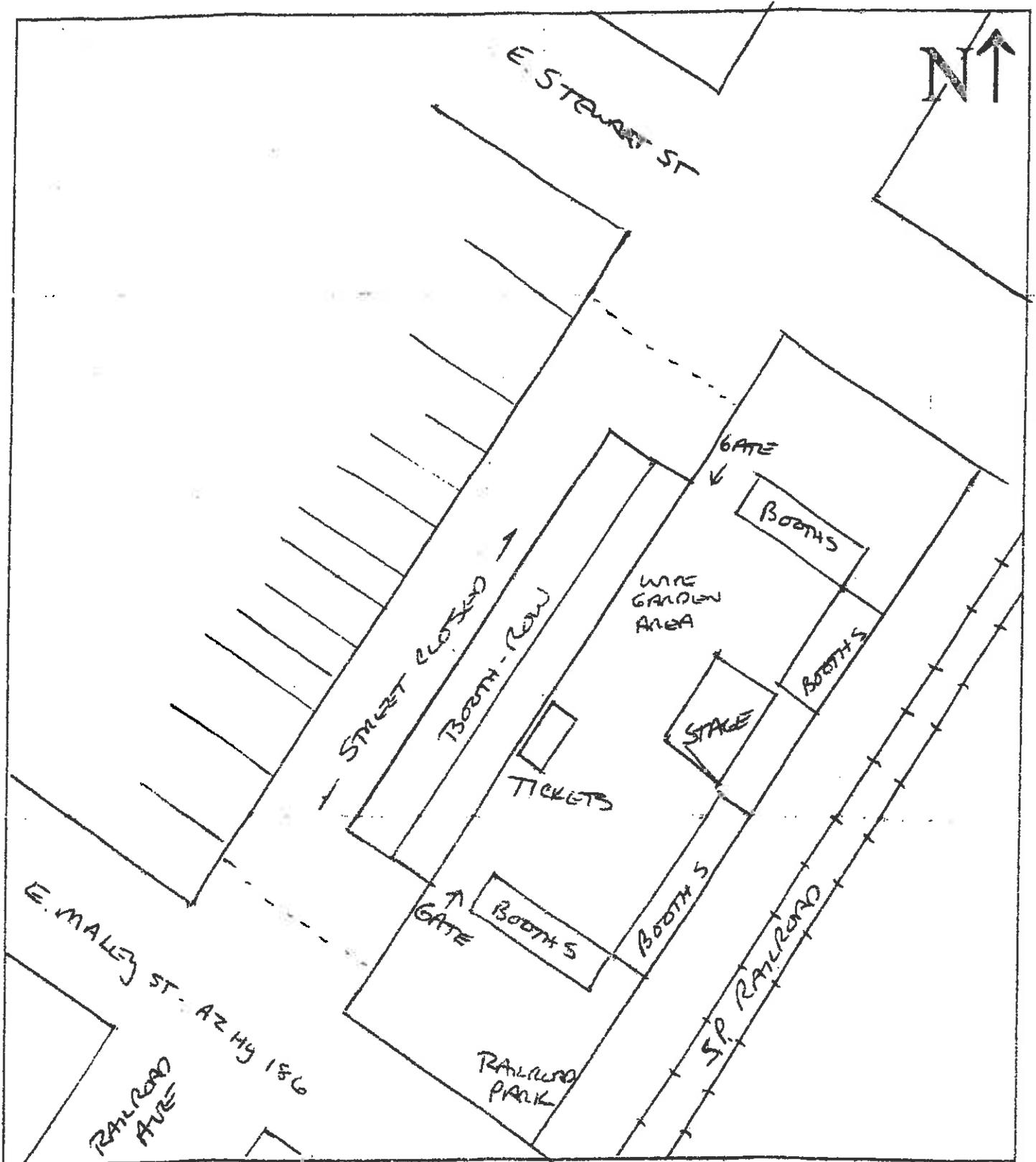
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)



CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Pierce Wines Arizona LLC
 4511 East Robbs Road
 Wilcox, AZ. 85643

Agent's Name, Address and Phone Number (Agt./Dist.)
 John E Neckels
 7337 E Doubletree Ranch Rd Ste 188
 Scottsdale, AZ 85258
 (480) 945-3000 (015/401)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES

This is to certify that 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

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	02-XC8672-01	08/08/2015	08/08/2016	General Aggregate \$ 4,000,000 Products - Completed Operations Aggregate \$ 4,000,000 Personal and Advertising Injury Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) Each Occurrence †† \$ 10,000 Aggregate †† \$,000 Common Cause Limit \$ 1,000,000 Aggregate Limit \$ 1,000,000 Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability	02-XC8672-02	08/08/2015	08/08/2016	Common Cause Limit \$ 1,000,000 Aggregate Limit \$ 1,000,000 Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 Willcox Spring Festival, "Railroad Park", 157 N Railroad Avenue, Willcox, AZ.
 85643
 05/21/2016 and 05/22/2016

† The individual or partners Have shown as insured elected to be covered under this policy. Have not
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS
 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, the company will endeavor to mail () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown

This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED
 03/09/2016

AUTHORIZED REPRESENTATIVE
 John Neckels



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Robert Carlson III Contact Phone #: 520-766-3000

2. Business name: Carlson creek Vineyard LLC Liquor license #: 13023018
Farm Winery or Craft Distillery

3. Email: info@carlsoncreek.com

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

5. Location of fair/festival: Railroad Park 157 N. Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

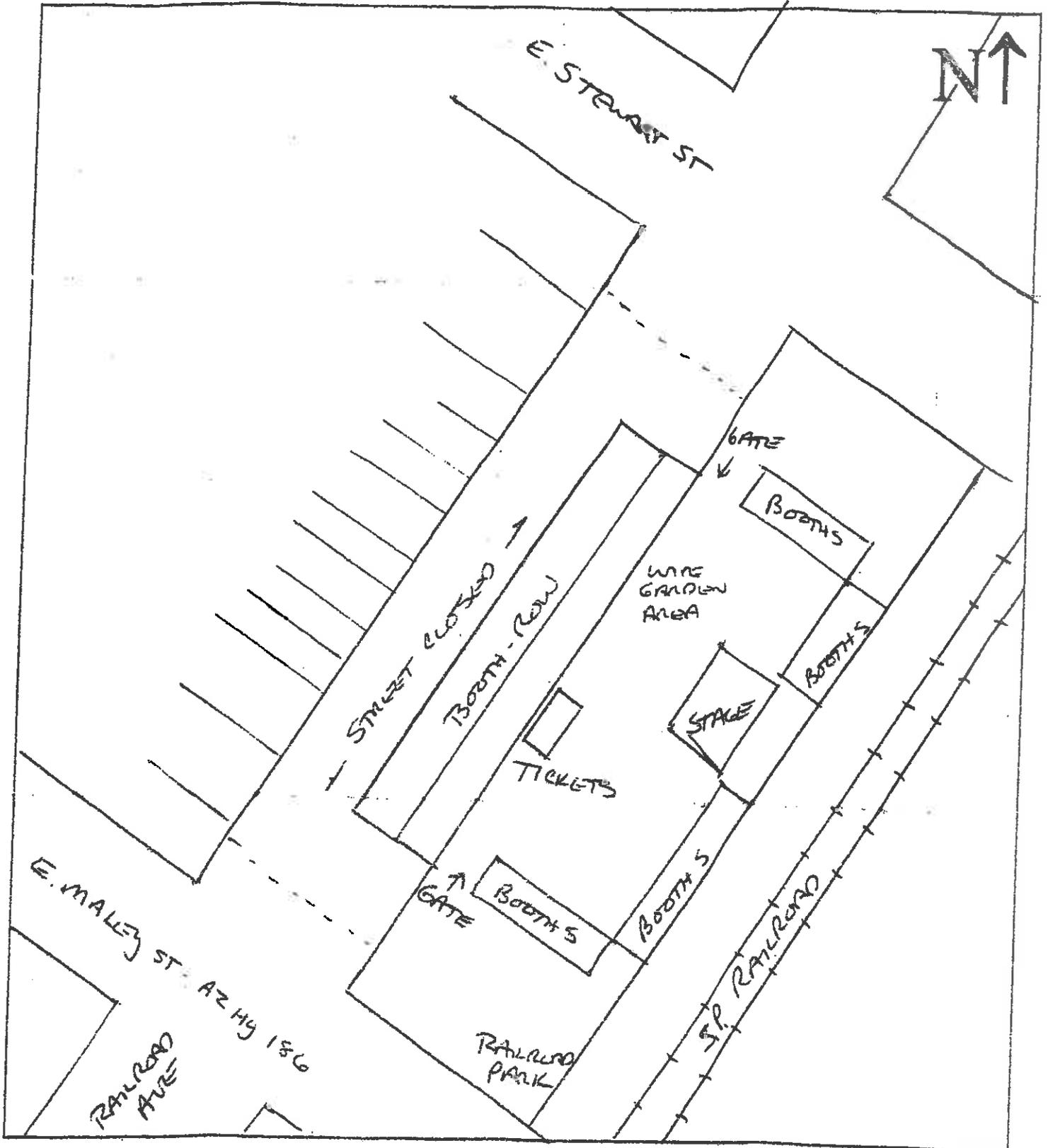
	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>05/21/06</u>	<u>Saturday</u>	<u>11:00 am</u>	<u>6:00 pm</u>
2.	<u>05/22/16</u>	<u>Sunday</u>	<u>11:00 am</u>	<u>5:00 pm</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

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)



SECTION 6 This section to be completed only by the applicant named in section #1

I, Robert Carlson III declare that I am the APPLICANT filing this application as listed in
(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and Complete.

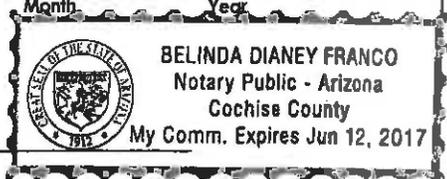
X [Signature] Member 3-8-16 520-766-3000
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this March 08 March 2016
Day BDF Month Year

State Arizona County of Cochise

My Commission Expires on: June 12, 2017
Date

[Signature]
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
3/10/2016

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
KELLY S CATHCART PLLC
 780 Cove Parkway
 Cottonwood, AZ 86326

CONTACT NAME:
PHONE (A/C No. Ext): (928) 634-3030 **FAX (A/C No.): (888) 297-1939**
E-MAIL ADDRESS: kcathcart@qwestoffice.net

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: American National Property and Casualty Co	28401
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Carlson Creek Vineyard, LLC
Carlson, Robert
 115 Railview Ave
 Wilcox, AZ 85643
 623.518.4681

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	0201X1240	07-07-15	07-07-16	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Anyone person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 Liquor Liability \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
A	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 Y N/A	0201W0214	07-12-15	07-12-16	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Special Farm Package 10			0201G1771	06-11-15	06-11-16	Property coverage: \$116,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Willcox, it's Officials, Employees and Volunteers are named as Additional Insureds - Controlling Interest for the 2016 Spring Wine Festival in Willcox Wine Country. The event is being held in Old Historic Willcox Railroad Park, 157 N Railroad Ave., Willcox, AZ 85643, on May 21 & 22, 2016, the hours of operation are 11:00am - 6:00pm

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
Kelly S. Cathcart



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

- Applicant's Name: JAMES HILL GRAHAM Contact Phone #: (520) 507-3310
- Business name: GOLDEN RULE VINEYARDS Liquor license #: 13023032
Farm Winery or Craft Distillery
- Email: goldenrulevineyards@gmail.com
- Mailing address: 3525 N Golden Rule Rd Cochise AZ 85606
Street Address City State Zip Code
- Location of fair/festival: 157 N Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>Saturday</u>	<u>11:00 AM</u>	<u>6:00 PM</u>
2.	<u>5/22/2016</u>	<u>Sunday</u>	<u>11:00 AM</u>	<u>5:00 PM</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: (520) 766-4203
First Last
2. Site owner mailing address: 101 S Railroad Ave, Ste B, Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 5
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 4
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
 # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02) Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, James Hill Graham declare that I am the APPLICANT filing this application as listed in
(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and Complete.

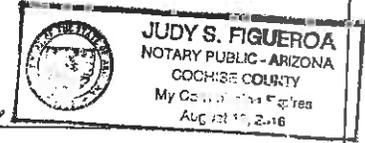
x James Hill Graham Agent/owner 3/17/16 (520)507-2400
(Signature) (Title/ Position) (Date) (Phone #)

The foregoing instrument was acknowledge before me this 17th March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: August 15 2016
Date

Judy S. Figueroa
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

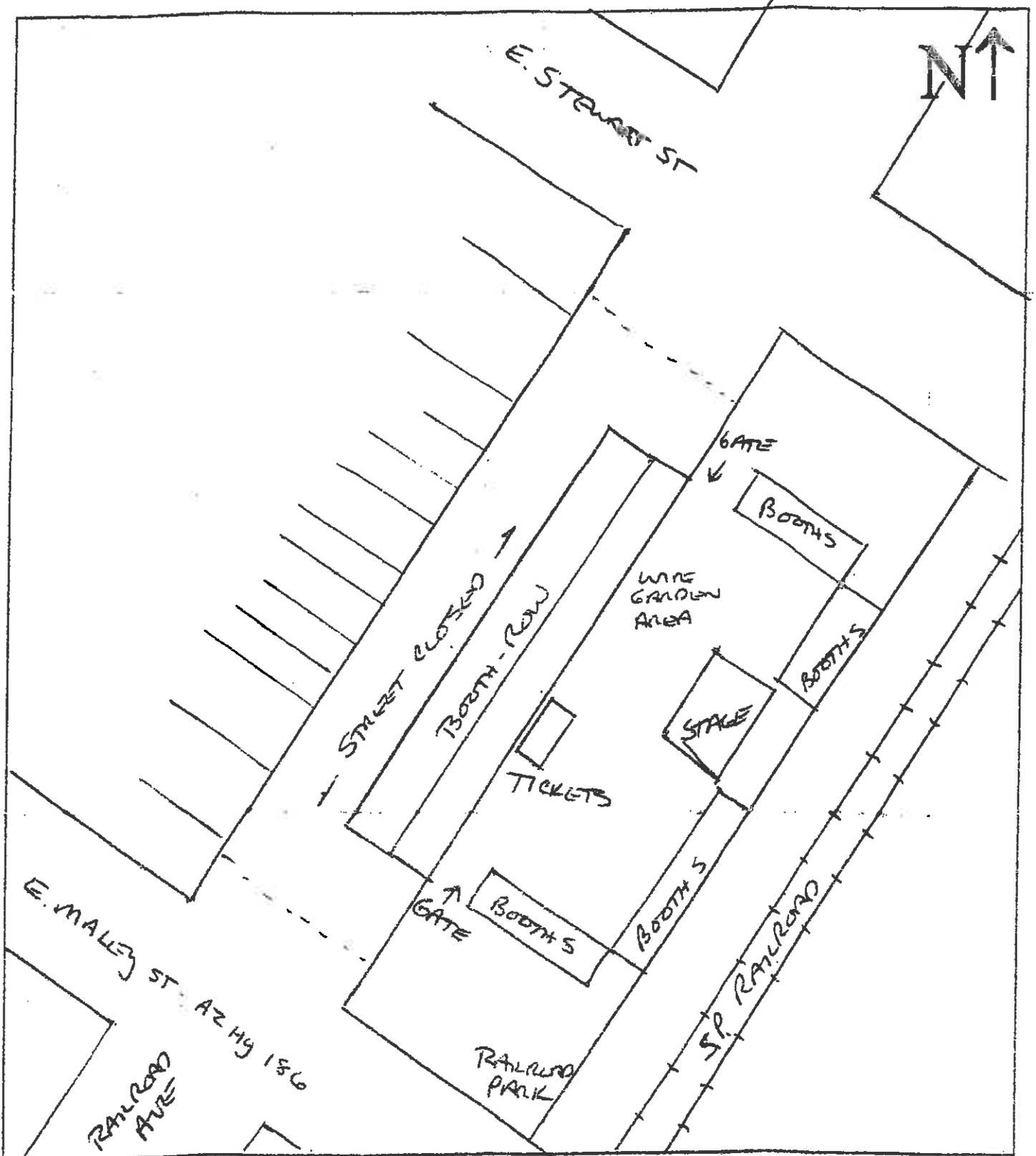
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2016

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 have ADDITIONAL INSURED provisions or 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 Ronald Low 7301 E. 22nd Street Suite 4C Tucson, AZ 85710		CONTACT NAME: Ronald Low PHONE (A/C, No, Ext): 520-288-8154 FAX (A/C, No): 206-309-3895 E-MAIL ADDRESS: ronald.low@bfs.com	
INSURED Golden Rule Vineyards Cochise Groves Farming Inc. 3649 N. Golden Rule Road Cochise, AZ 85602-8722		INSURER(S) AFFORDING COVERAGE INSURER A: Western Agricultural Ins. Co. NAIC # 27874 INSURER B: Farm Bureau Property & Casualty Ins, Co. 13773 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 SUBR NSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	AMP 6000632	04/18/2015	04/18/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	AMP 6000632	04/18/2015	04/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 1,000	X	AMU 0000299	04/18/2015	04/18/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2016 Spring Wine Festival in Willcox Wine Country
May 21 to 22, 2016
Railroad Park
157 N. Railroad Avenue
Willcox, AZ 85643

CERTIFICATE HOLDER

CANCELLATION

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

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S Railroad Ave Suite B Willcox AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 2
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 4
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

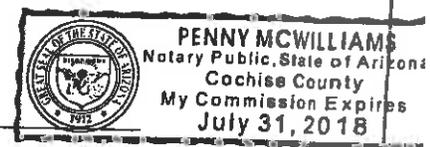
I, Acquelyn Taylor Cook declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

X Acquelyn Taylor Cook (Signature) Pres. (Title/ Position) 3/8/16 (Date) 520-384-2993 (Phone #)

The foregoing instrument was acknowledge before me this 8th (Day) March (Month) 2016 (Year)

State: Arizona County of Cochise

My Commission Expires on: July 31, 2018 (Date) Penny Williams (Signature of Notary Public)



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ (Government Official) _____ (Title) recommend APPROVAL DISAPPROVAL

on behalf of _____ (City, Town, County) _____ (Signature) _____ (Date) _____ (Phone #)

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

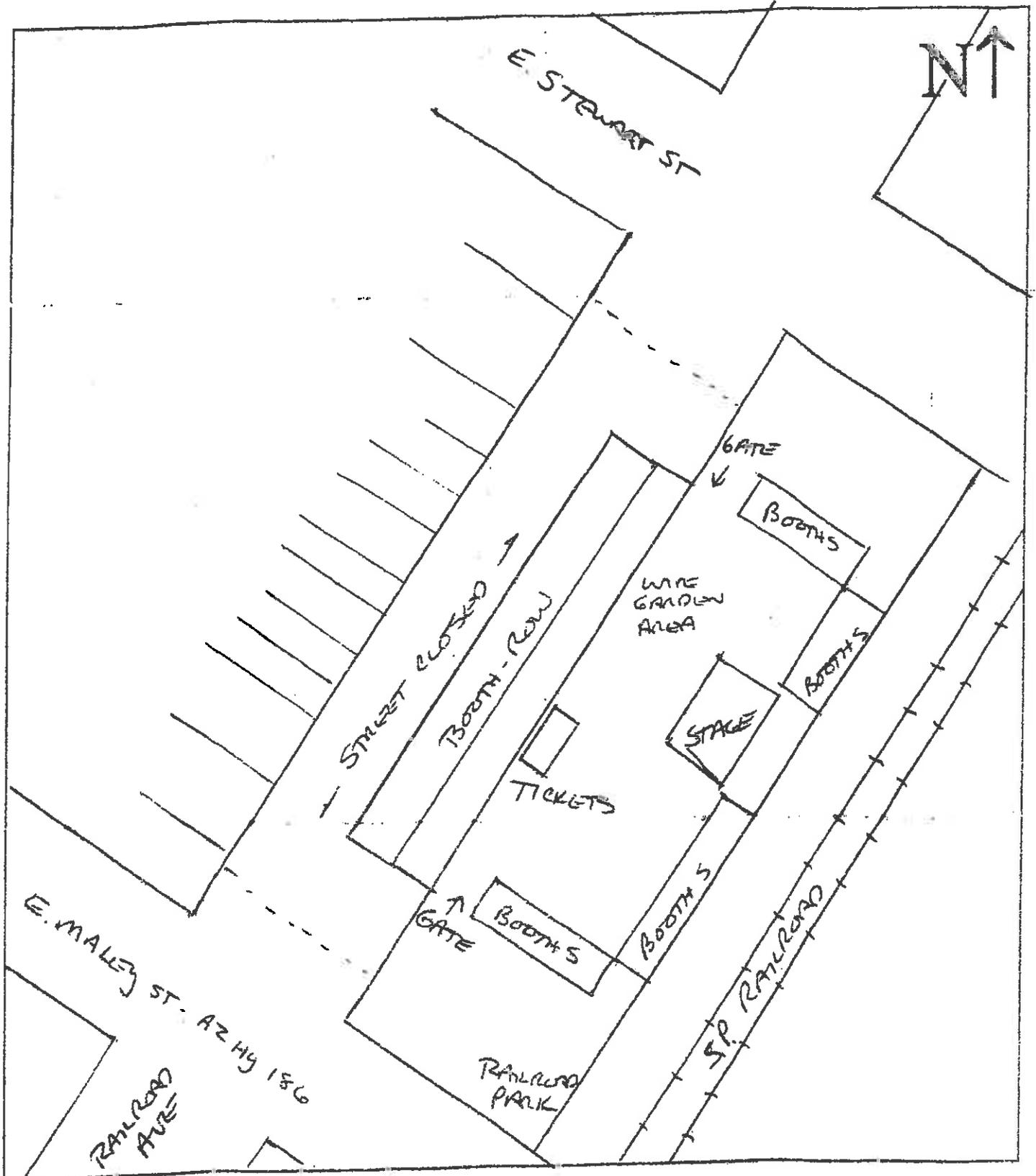
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FORDILLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Rodney Edward Keeling Contact Phone #: 520-507-2301

2. Business name: Keeling Schaefer Vineyards, LLC Liquor license #: 13023006

3. Email: rod@keelingschaefervineyards.com Farm Winery or Craft Distillery

4. Mailing address: 10277 E Rock Creek Ln Pearce AZ 85625

5. Location of fair/festival: 157 N Railroad Ave Willcox Cochise 85643

Street address
City
State
Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>May 21, 2016</u>	<u>Sat</u>	<u>11AM</u>	<u>6PM</u>
2.	<u>May 22, 2016</u>	<u>Sun</u>	<u>11AM</u>	<u>5PM</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S Railroad Ave Willcox AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 3
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 5
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
 # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, Rodney Edward Keeling declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

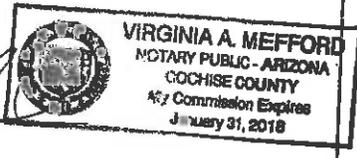
X [Signature] Owner/Member 3-29-2016 520-507-2301
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 29 March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: 01-31-2018
Date

[Signature]
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE _____

A.R.S § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

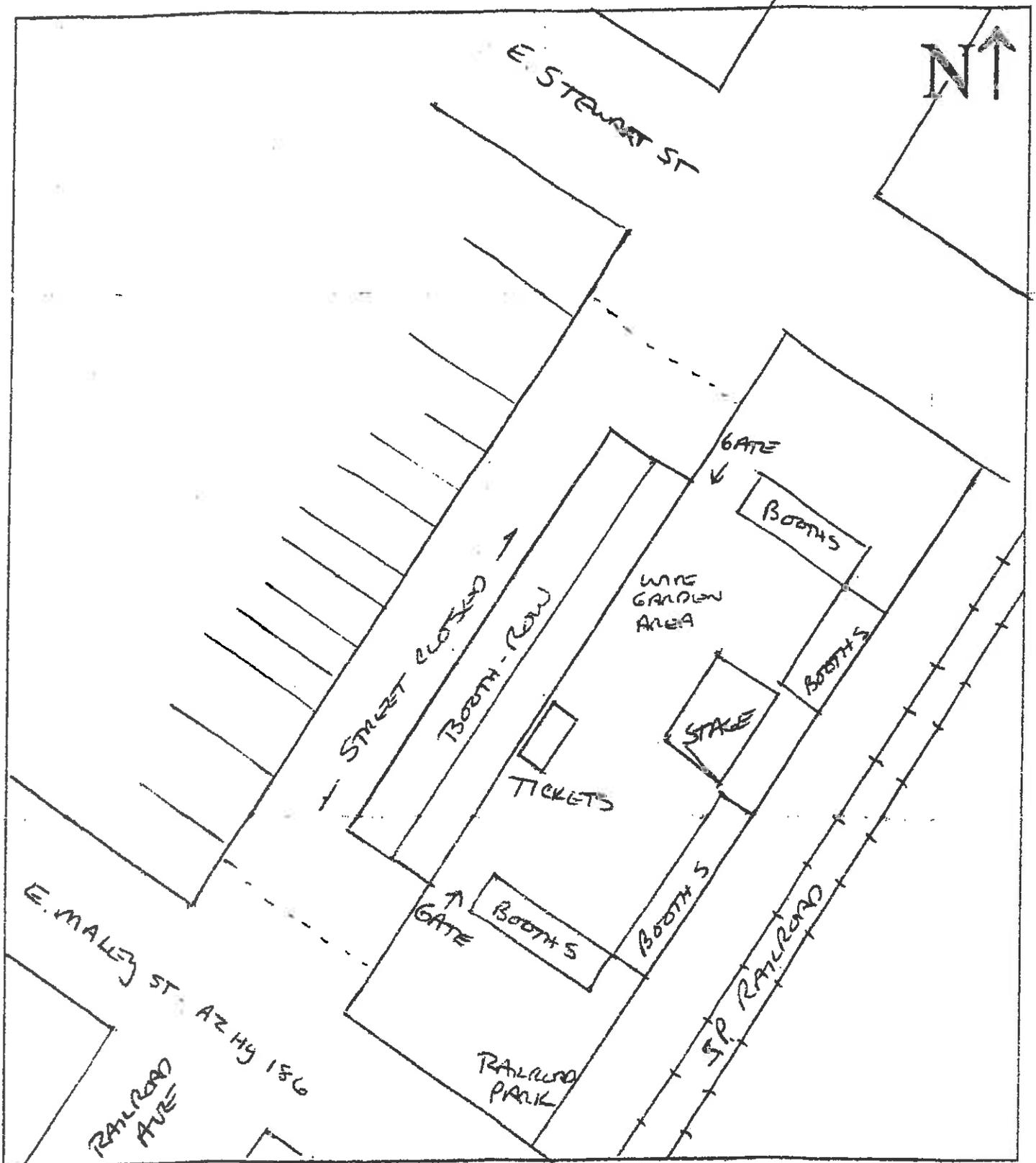
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/28/2016

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 Cliff F. Wilson, MLGA 1490 S. Price Rd., Suite 105 Chandler, AZ 85286	CONTACT NAME: Cliff F. Wilson PHONE (A/C No. Ext): 480-926-3950, ext 207 FAX (A/C No.): 480-926-1443 E-MAIL ADDRESS: cwilson@sa2agency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED KEELING SCHAEFER VINEYARDS, LLC 10277 E. ROCK CREEK LN PEARCE, AZ 85625-6088	INSURER A: American National Property & Casualty Co. NAIC # 28401	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADDITIONAL SUBR (INSR / WORD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	0201X0736	12/17/2015	12/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	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 DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A			WC STATUTORY LIMITS OTH-ER 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)

WILLCOX WINE COUNTRY SPRING FESTIVAL
MAY 21 -22, 2016 11am - 6pm
LOCATION: 157 N RAILROAD AVE., WILLCOX, AZ 85643

CERTIFICATE HOLDER

CANCELLATION

CITY OF WILLCOX
Officials Employees and Volunteers
101 S. RAILROAD AVE., SUITE B
WILLCOX, AZ 85643

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

Cliff F. Wilson, MLGA



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLIC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair
 Wine Festival
 Craft Distillery Fair
 Craft Distillery Festival

1. Applicant's Name: Charlene R Manning Contact Phone #: 480 650 8651

2. Business name: Manning & Manning, LLC Liquor license #: 13123006
Farm Winery or Craft Distillery

3. Email: KVINEVARDS@gmail.com

4. Mailing address: 370 ELGIN RD Elgin AZ 85611
Street Address City State Zip Code

5. Location of fair/festival: RAILROAD PARK 157 N. RAILROAD AVE Wilcox (Pichine) 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>SATURDAY</u>	<u>11:00 AM</u>	<u>5:00</u>
2.	<u>5/22/2016</u>	<u>SUNDAY</u>	<u>11:00 "</u>	<u>5:00</u>
3.				
4.				
5.				
6.				
7.				

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

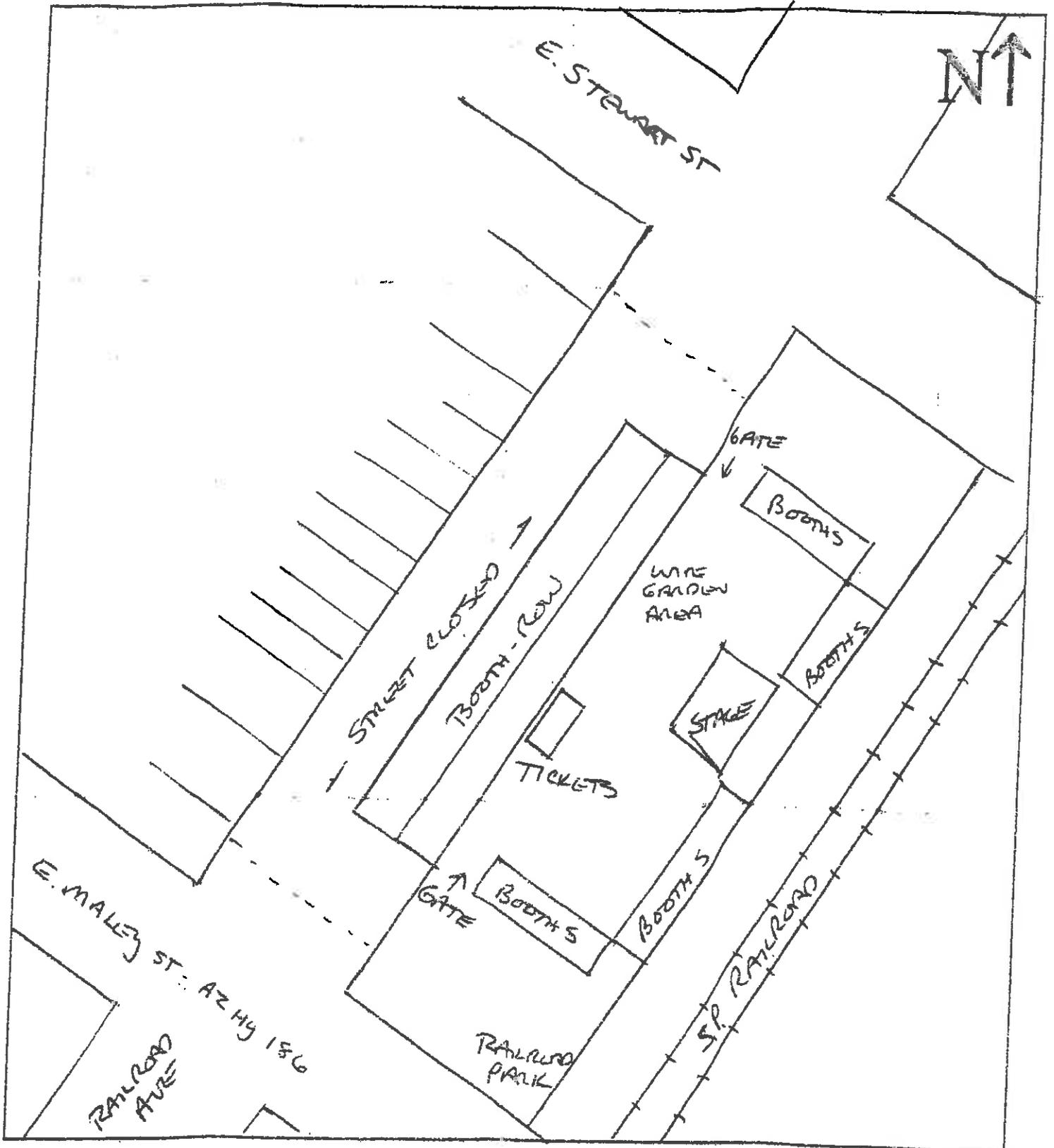
1. Site owner name: City of Willcox Daytime Contact Phone #: 520 3844271
First Last
2. Site owner mailing address: 101 S. RAILROAD AVENUE, STE B WILLCOX AZ 85643
Street address City State Zip Code
3. Email Address: _____

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 7
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 13
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- _____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statues for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

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)



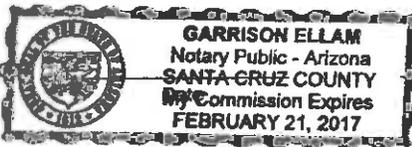
SECTION 6 This section to be completed only by the applicant named in section #1

I, Charlene R. Manning declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

Charlene R. Manning (Signature) President (Title/ Position) 3-11-16 (Date) 480 658 8651 (Phone #)

The foregoing instrument was acknowledge before me this 11th (Day) MARCH (Month) 2016 (Year)

State AZ County of SANTA CRUZ

My Commission Expires  Garrison Ellam (Signature of Notary Public)

The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ (Government Official) _____ (Title) recommend APPROVAL DISAPPROVAL

on behalf of _____ (City, Town, County) _____ (Signature) _____ (Date) _____ (Phone #)

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/10/2016

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 Vanyo Insurance Group, Inc 8040 E Morgan Trail Ste 5A Scottsdale AZ 85258		CONTACT NAME: Justin Hallman PHONE (A/C No. Ext): (480) 998-4014 FAX (A/C No): (480) 998-3690 E-MAIL ADDRESS:	
INSURED Manning & Manning Inc, dba Kief Joshua Vineyards, HC 1 Box 31 Elgin AZ 85611		INSURER(S) AFFORDING COVERAGE INSURER A Midwest Family Mutual INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL1592301305** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		BPAZ0560102465	8/24/2015	8/24/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BPAZ0560102465	8/24/2015	8/24/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability	X		BPAZ0560102465	8/24/2015	8/24/2016	Per Occurrence 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Location of festival: Railroad Park, 157 N Railroad Avenue, Willcox, AZ 85643. Saturday, May 21st, 11am-6pm & Sunday May 22nd, 11AM-5PM.

City if Willcox & Willcox Chamber of Commerce are included as Additional Insured.

CERTIFICATE HOLDER

CANCELLATION

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

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

Justin Hallman/JRH

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Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: John McLoughlin Contact Phone #: 480 988-5206
 2. Business name: Cellar 433 Liquor license #: 13133017
 3. Email: info@cellar433.com Farm Winery or Craft Distillery
 4. Mailing address: 7235 E. Hampton Ave. #110 Mesa AZ 85209
Street Address City State Zip Code
 5. Location of fair/festival: 157 N. Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5-21-16</u>	<u>SAT</u>	<u>11 Am</u>	<u>6 PM</u>
2.	<u>5-22-16</u>	<u>SUN</u>	<u>11 Am</u>	<u>5 PM</u>
3.				
4.				
5.				
6.				
7.				

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520 384-4271
First Last
2. Site owner mailing address: 101 S. Railroad Ave Ste. B Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 3
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 9
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02) Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, John McLoughlin declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

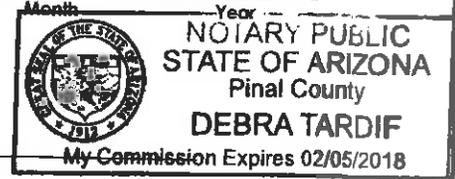
X [Signature] OWNER 3-9-16 480 988-5206
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 9th March 2016
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 2/5/2018
Date

Debra Tardif
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

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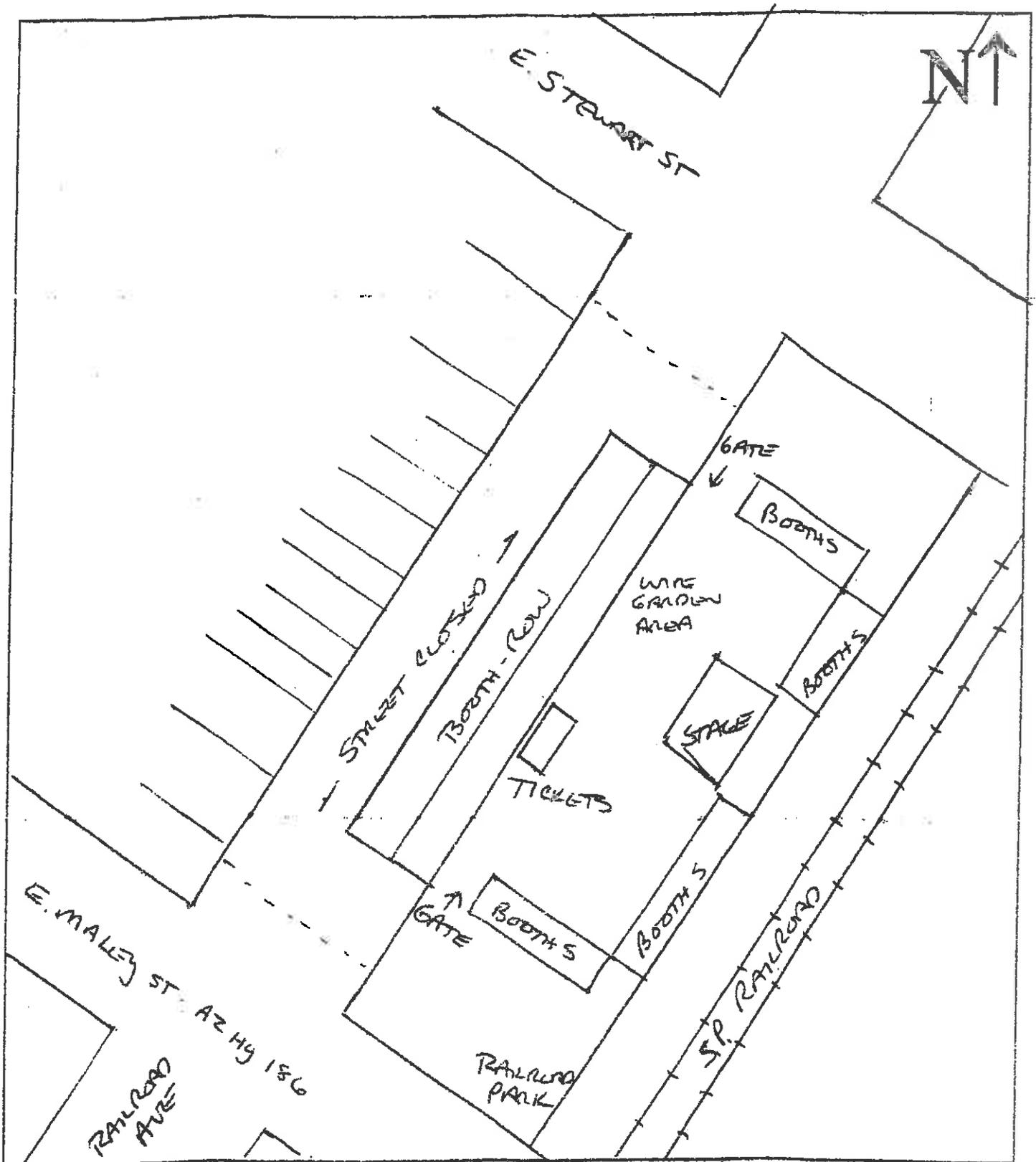
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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





CERTIFICATE OF LIABILITY INSURANCE

ODYSCE-01

KBERSCH

DATE (MM/DD/YYYY)

3/9/2016

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.

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PRODUCER ARNETT INSURANCE SERVICES, LLC 3850 E BASELINE RD #106 MESA, AZ 85206	CONTACT NAME: PHONE (A/C, No, Ext): (480) 830-7400	FAX (A/C, No): (480) 830-7404
	E-MAIL ADDRESS: info@arnettins.com	
INSURED Cellar 433 7235 E Hampton #110 Mesa, AZ 85209	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Great Northern	
	INSURER B: Federal Insurance Company	
	INSURER C: Travelers Prop Cas Of Am	
	INSURER D:	
	INSURER E:	

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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			36027199	02/19/2015	06/19/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			73587455	02/19/2015	06/19/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		79897549	02/19/2015	06/19/2016	EACH OCCURRENCE	\$ 5,000,000
								AGGREGATE
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			6JUB2E21227614	05/14/2014	05/14/2015	<input checked="" type="checkbox"/> PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability			36027199	02/19/2015	06/19/2016	Occurrence	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: 2016 Spring Wine Festival in Willcox, AZ to be held May 21-22, 2016

CERTIFICATE HOLDER**CANCELLATION**

City of Willcox
 101 S Railroad Ave, Ste B
 Willcox, AZ 85643

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

© 1988-2014 ACORD CORPORATION. All rights reserved.



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

- Applicant's Name: ERIC GLOMSKI Contact Phone #: 928 639 3004
- Business name: PAGE SPRINGS CELLARS & VINEYARDS Liquor license #: 13133064
Farm Winery or Craft Distillery
- Email: eric@pagespringscellars.com
- Mailing address: 1500 N. PAGE SPRINGS RD CORNVILLE AZ 86325
Street Address City State Zip Code
- Location of fair/festival: RAILROAD PARK - 157 N. RAILROAD AVE, WILLOX COCHISE CO. 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/16</u>	<u>SAT</u>	<u>11AM</u>	<u>6PM</u>
2.	<u>5/22/16</u>	<u>SUN</u>	<u>11AM</u>	<u>5PM</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

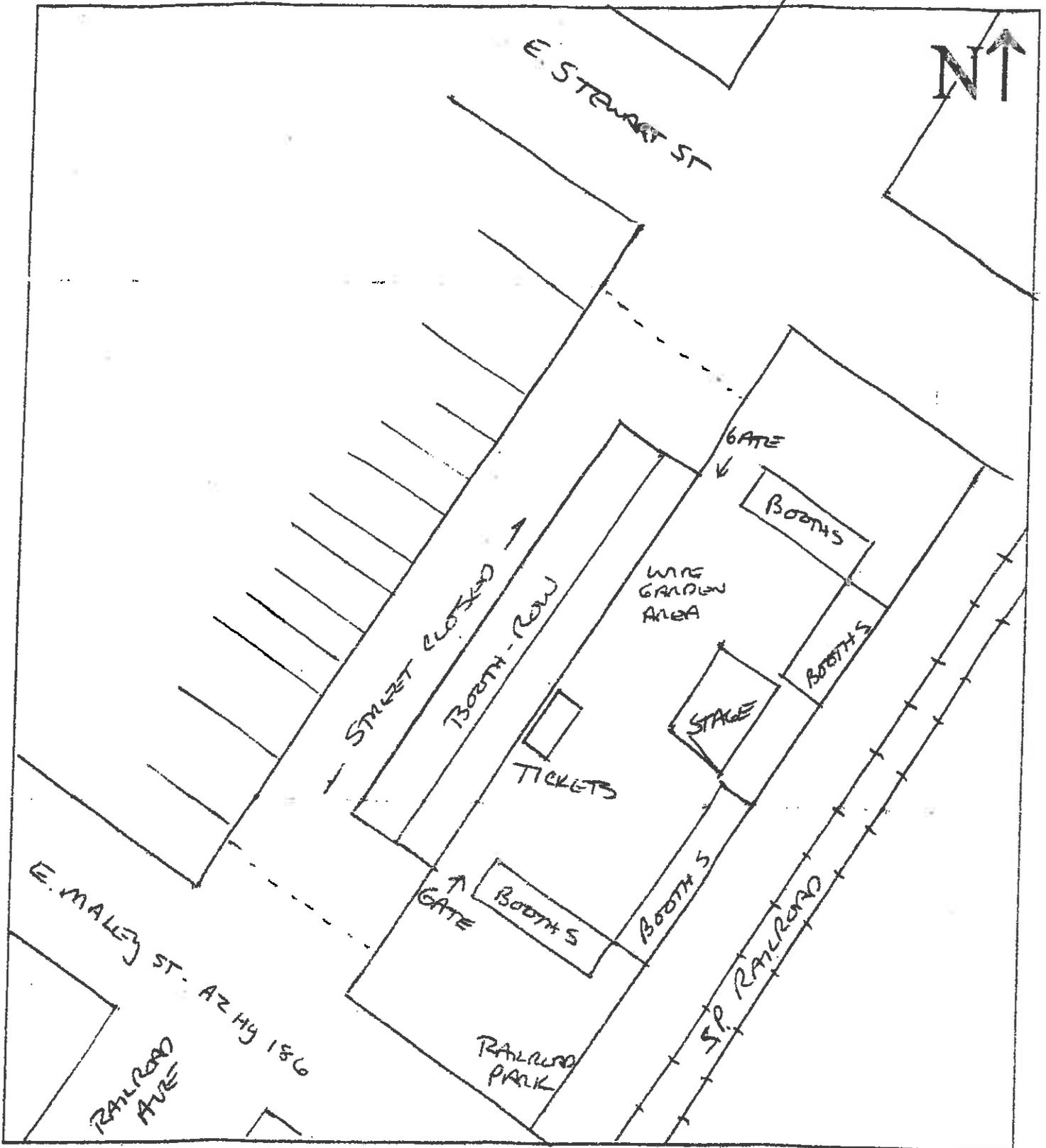
1. Site owner name: CITY OF WILLCOX Daytime Contact Phone #: 520 384 4271
First Last
2. Site owner mailing address: 101 S. RAILROAD AVE, SUITE B, WILLCOX AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 2
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 2
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- _____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

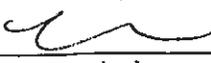
WINE FESTIVAL/FAIR LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

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)



SECTION 6 This section to be completed only by the applicant named in section #1

I, ERIC GLOMSKI declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

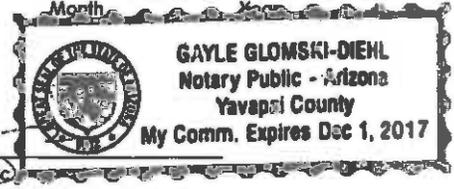
X  OWNER 1/18/16 928 639 3004
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 15th JAN 2016
Day Month Year

State ARIZONA County of YAVAPAI

My Commission Expires on: 12/1/17
Date


Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLIC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair
 Wine Festival
 Craft Distillery Fair
 Craft Distillery Festival

1. Applicant's Name: Arlene Domanico Contact Phone #: 602-750-7771

2. Business name: Passion Cellars Liquor license #: 13133033
Farm Winery or Craft Distillery

3. Email: passioncellars@hotmail.com

4. Mailing address: 7040 W. Camelback Ln Phoenix AZ 85083
Street Address City State Zip Code

5. Location of fair/festival: 157 N. Railroad Ave Wilcox Coconino AZ 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/16</u>	<u>Saturday</u>	<u>11:00 Am</u>	<u>6:00pm</u>
2.	<u>5/22/16</u>	<u>Sunday</u>	<u>11:00 Am</u>	<u>5:00pm</u>
3.				
4.				
5.				
6.				
7.				

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S. Railroad Ave Site B, Willcox AZ 85648
Street address City State Zip Code
3. Email Address: UmaFord@WillcoxCity.org

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 4
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 5
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02) Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, ARIENE DOMANICO declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

Ariene Domanico (Signature) _____ Title / Position _____ Date 8-15-16 Phone # _____

The foregoing instrument was acknowledge before me this 15 Day 03 Month 2016 Year

State Arizona County of Maricopa

My Commission Expires on: 08-10-18 Date


Signature of Notary Public _____
Nadin Bahmood Hanna
Notary Public
Maricopa County, Arizona
My Comm. Expires 08-10-18

The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ (Government Official) _____ (Title) recommend APPROVAL DISAPPROVAL

on behalf of _____ (City, Town, County) _____ Signature _____ Date _____ Phone # _____

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

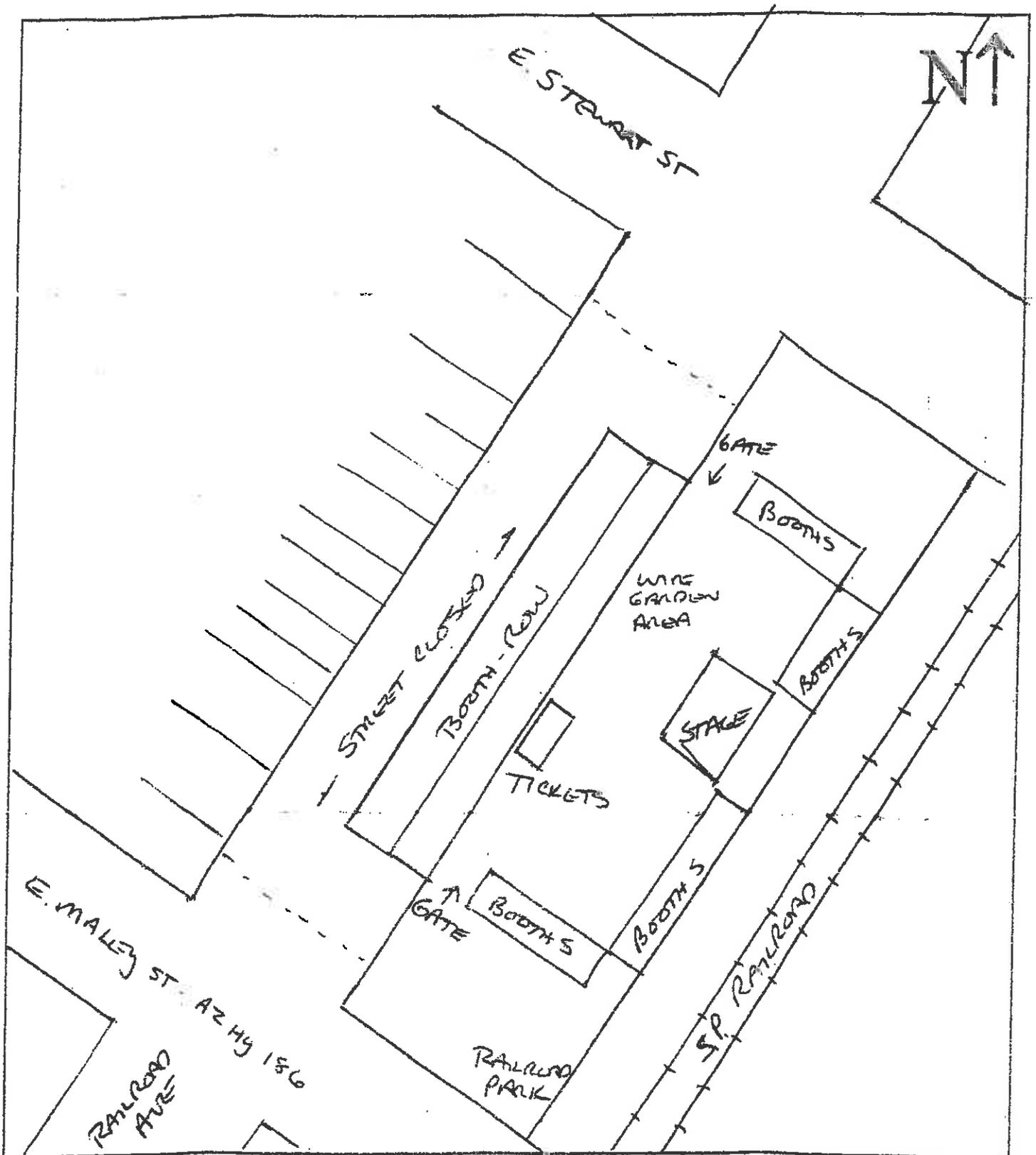
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E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/17/2016

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 Allen Financial Insurance Group The Equestrian Group 12424 N. 32nd St., Suite 101 Phoenix AZ 85032		CONTACT NAME: John Blanton PHONE (A/C, No, Ext): (602) 992-1570 E-MAIL ADDRESS: JBlanton@eggroup.com FAX (A/C, No): (602) 992-8327															
INSURED Passion Cellars, LLC Po Box 1205 Jerome AZ 86331-1205		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Capitol Insurance Companies</td> <td>10472</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Capitol Insurance Companies	10472	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #																
INSURER A: Capitol Insurance Companies	10472																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

COVERAGES CERTIFICATE NUMBER: CL1611231774 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CP02538175	5/27/2015	5/27/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 LLAB \$ 50,000
	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 DED 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate Holder is hereby added as additional insured but only in respect to the liability that arises out of the named insured's activities or operations.
DATES: May 21st and 22nd, 2016
LOCATION: Railroad Park, 157 N Railroad Avenue, Willcox, AZ 85643

CERTIFICATE HOLDER

CANCELLATION

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

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

Miguel Granado/MIGUEL



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Sam Pillsbury Contact Phone #: 310 508 3348
2. Business name: Pillsbury Wine Company Liquor license #: 13023010
Farm Winery or Craft Distillery
3. Email: sam@pillsburywine.com
4. Mailing address: 4109 E Via Estrella Phoenix AZ 85028
Street Address City State Zip Code
5. Location of fair/festival: Railroad Park, 157 N Railroad Ave, Willcox Cochise 856435.21.2016
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>Saturday</u>	<u>11 AM</u>	<u>6 PM</u>
2.	<u>5/22/2016</u>	<u>Sunday</u>	<u>11 AM</u>	<u>5 PM</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520 384 4271
First Last
2. Site owner mailing address: 101 S Railroad Ave Suite B Willcox AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 13
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 10
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
_____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

I, Samuel Wallace Pillsbury declare that I am the APPLICANT filing this application as listed in

(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and Complete.

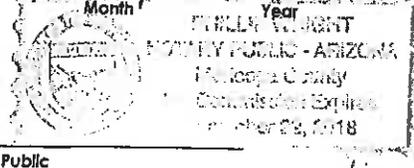
X [Signature] Managing Member 1.27.16 310 5083248
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 27th January 2016
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 12/22/2018
Date

[Signature]
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

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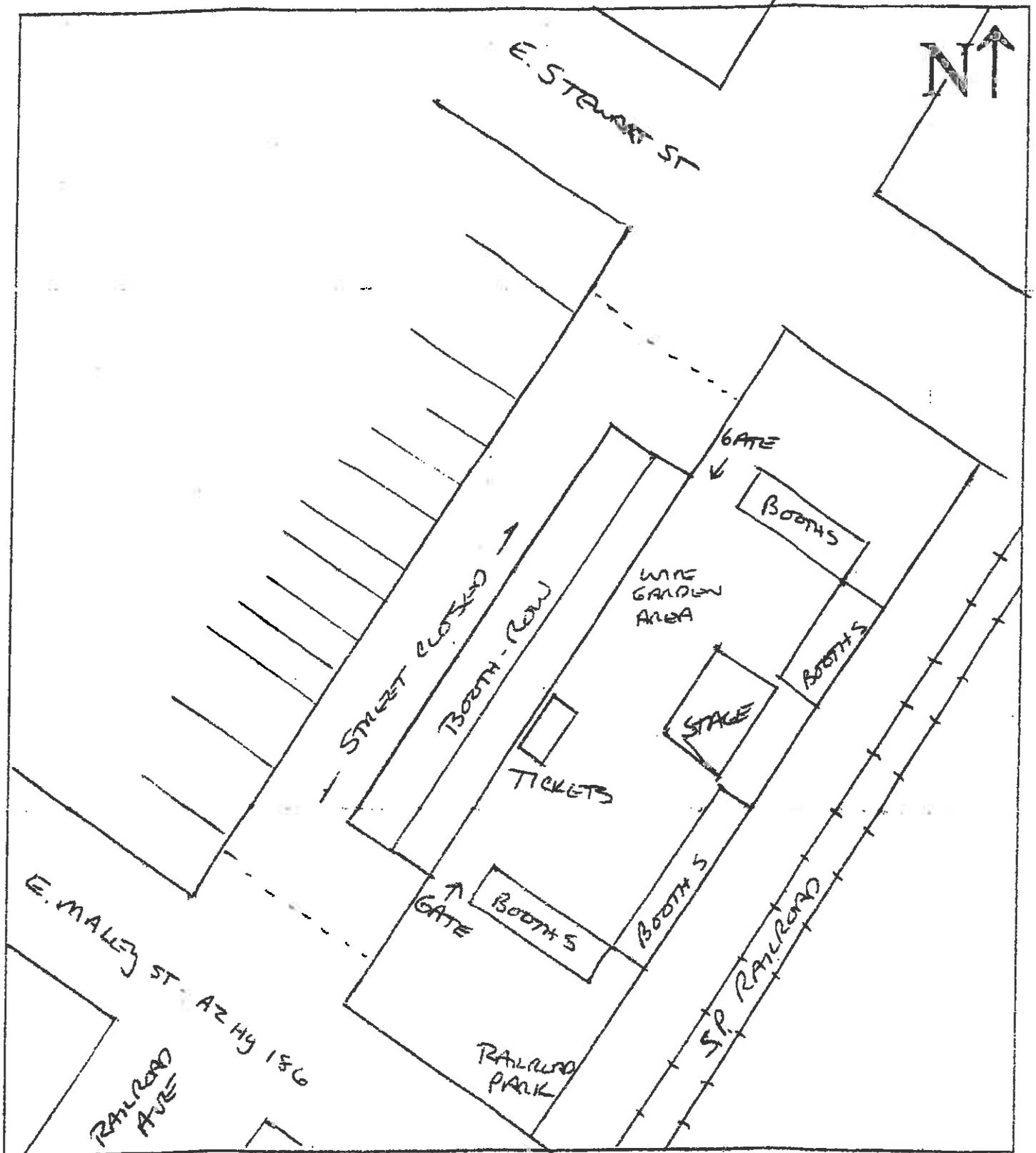
E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

PILLSBURY

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)





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FOR DLLC USE ONLY	
License #:	
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FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Robert Hammelman Contact Phone #: 970 (250) 1433
 2. Business name: Sand-Reckoner Vineyards Liquor license #: 13023020
Farm Winery or Craft Distillery
 3. Email: rob@sand-reckoner.com
 4. Mailing address: 4798 E Robbs Rd Willcox AZ 85643
Street Address City State Zip Code
 5. Location of fair/festival: 157 N Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/14</u>	<u>Saturday</u>	<u>11 am</u>	<u>5 pm</u>
2.	<u>5/22/14</u>	<u>Sunday</u>	<u>11 am</u>	<u>5 pm</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520 (384) 4271
First Last
2. Site owner mailing address: 101 S Railroad Ave, Suite B Willcox AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 2
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 0
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- 2 # of Police Officers on Site Fencing Yes No
- / # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02) Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 This section to be completed only by the applicant named in section #1

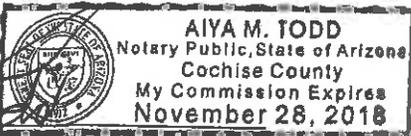
I, ROBERT M HAMMELMAN declare that I am the APPLICANT filing this application as listed in
(Print Full Name)
Section 8. I have read the application and the contents and all statements are true, correct and Complete.

X [Signature] OWNER 3-16-16 970-250-1437
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 16th March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: 11-28-2018
Date

[Signature]
Signature of Notary Public


The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

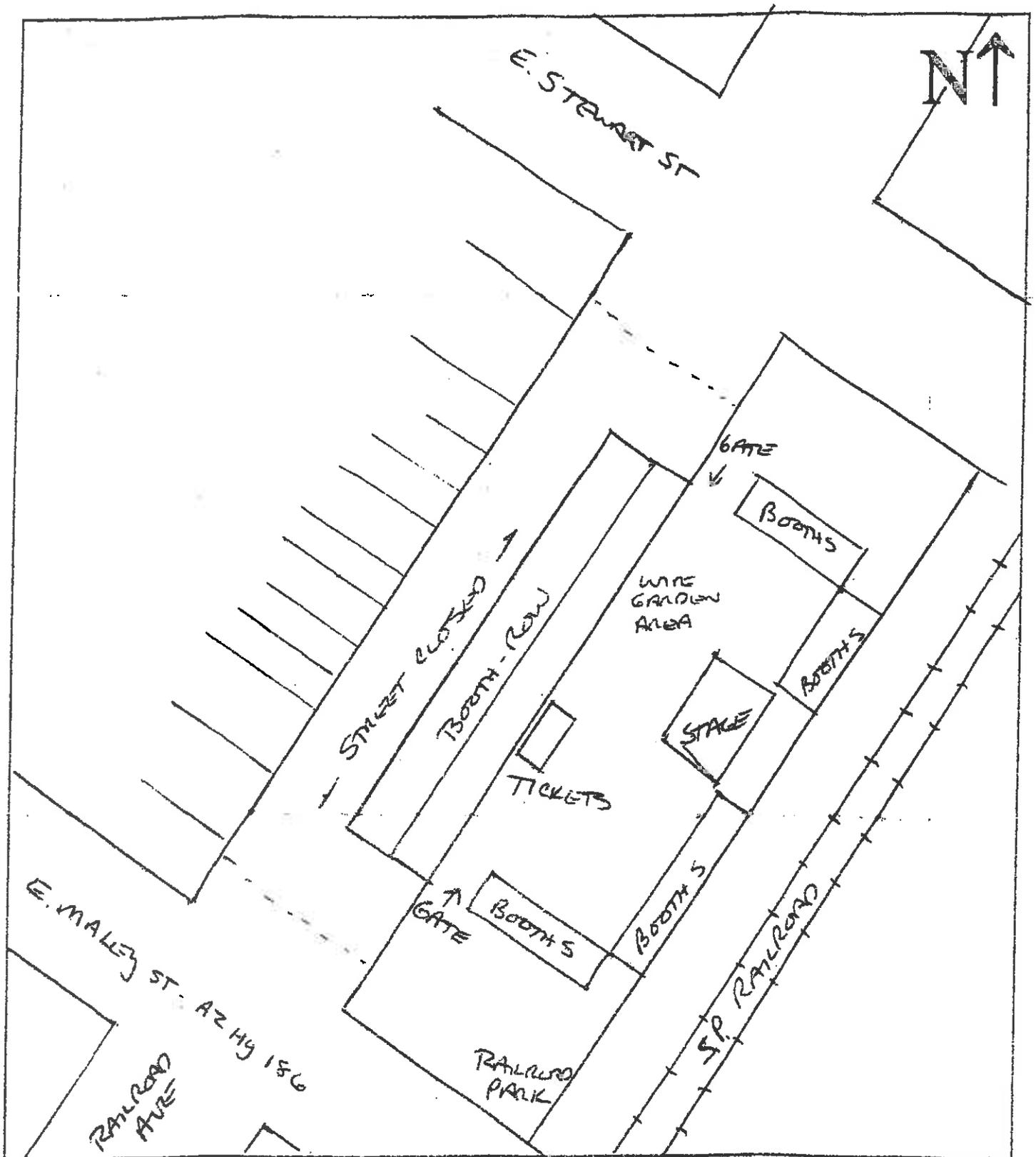
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)**





Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Maynard Keenan Contact Phone #: 928-649-9293

2. Business name: Caduceus Cellars Liquor license #: 13133014
Farm Winery or Craft Distillery

3. Email: chelsea@caduceuscellars.com

4. Mailing address: PO Box 905 Jerome AZ 86331
Street Address City State Zip Code

5. Location of fair/festival: Railroad Park 157 N Railroad Ave. Willcox AZ 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/2016</u>	<u>Saturday</u>	<u>11:00 am</u>	<u>6:00 pm</u>
2.	<u>5/22/2016</u>	<u>Sunday</u>	<u>11:00 am</u>	<u>5:00 pm</u>
3.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
6.	<u> </u>	<u> </u>	<u> </u>	<u> </u>
7.	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S Railroad Ave Suite B, Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 3
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 6
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
_____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statues for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

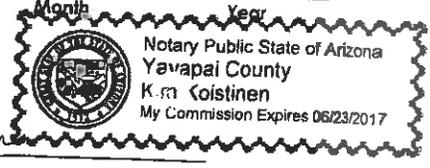
SECTION 6 This section to be completed only by the applicant named in section #1

I, Maynard Keenan declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

(Signature) Owner 928-649-9293
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 9th March 2016
Day Month Year

State Arizona County of Yavapai



My Commission Expires on: 6/23/2017 Kari Koistinen
Date Signature of Notary Public

The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

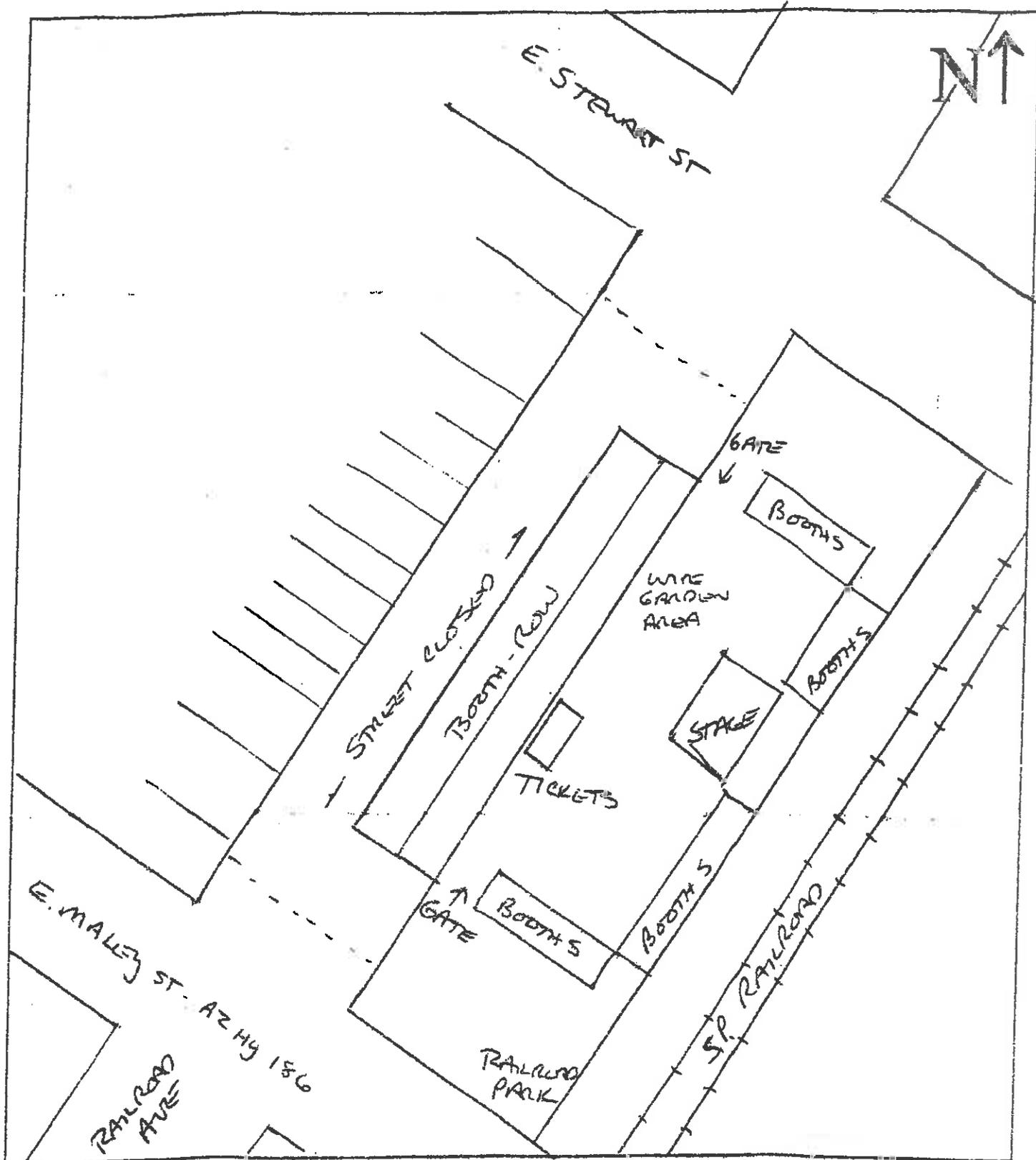
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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)





Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

1. Applicant's Name: Rhona MacMillan Contact Phone #: 602-904-3088

2. Business name: Zarpara Vineyard Liquor license #: 13023026
Farm Winery or Craft Distillery

3. Email: rhona@zarpara.com

4. Mailing address: 6777 S. Zarpara Ln Willcox AZ 85643
Street Address City State Zip Code

5. Location of fair/festival: Railroad Park, 157 N Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/16</u>	<u>Saturday</u>	<u>11am</u>	<u>6pm</u>
2.	<u>5/22/16</u>	<u>Sunday</u>	<u>11am</u>	<u>5pm</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: 101 S. Railroad Ave, Willcox, AZ 85643
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org
-

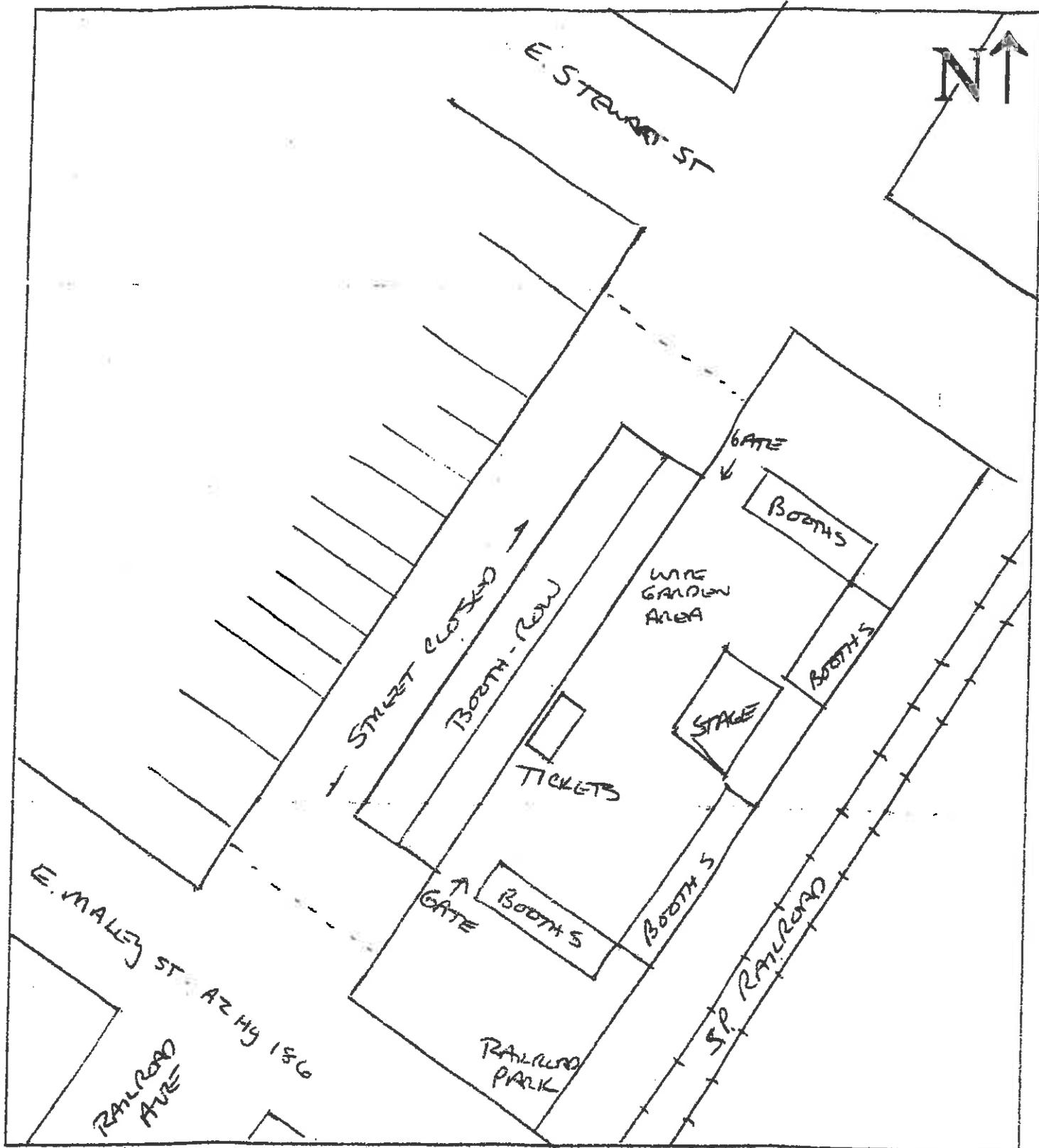
SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 9
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 10
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
2 # of Police Officers on Site Fencing Yes No
_____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statues for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

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)



SECTION 6 This section to be completed only by the applicant named in section #1

I, Rhona MacMillan declare that I am the APPLICANT filing this application as listed in
(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and Complete.

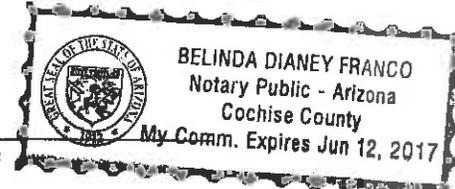
x Rhona MacMillan OWNER 3/17/16 602-904-3088
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 17 March 2016
Day Month Year

State Arizona County of Cochise

My Commission Expires on: June 12, 2017
Date

[Signature]
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

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F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Jorve Macmillan Vineyards, LLC
 6777 S. Zarpara
 Willcox, AZ 85643

Agent's Name, Address and Phone Number (Agt./Dist.)
 Christopher Y Roden
 7633 E ACOMA DR STE 207A
 SCOTTSDALE, AZ 85260
 (480) 922-5339 (013/413)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES
 This is to certify that 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	02-XA6947-02	01/13/2016	01/13/2017	General Aggregate \$ 4,000,000 Products - Completed Operations Aggregate \$ 4,000,000 Personal and Advertising Injury \$ 2,000,000 Each Occurrence \$ 2,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 10,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability	02-XA6947-03	01/13/2016	01/13/2017	Common Cause Limit \$ 1,000,000 Aggregate Limit \$ 2,000,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

Wine Manufacturing and Sales

† The individual or partners Have shown as insured elected to be covered under this policy. Have not
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS

City of Willcox, 101 S. Railroad Ave, Willcox, AZ 85623
 For the Willcox Wine Country Festival, May 21 & May 22 2016
 located in Railroad park, 157 N Railroad Ave, Willcox, AZ 85643

Willcox Chamber of Commerce and Agriculture
 Officials, Employees & Volunteers
 1500 North Circle I Road
 Willcox, AZ 84643

CANCELLATION:

Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *() days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.

This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED 03/25/2016	AUTHORIZED REPRESENTATIVE Chris Roden
---------------------------	--



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

FOR DLLC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

- Wine Fair
 Wine Festival
 Craft Distillery Fair
 Craft Distillery Festival

1. Applicant's Name: Barbara Coons Contact Phone #: 623-398-4926
2. Business name: Four Tails Vineyard Liquor license #: 13023037
Farm Winery or Craft Distillery
3. Email: barb@fourtailsvineyard.com
4. Mailing address: 515 E. Carefree Hwy 1010 Phoenix AZ 85085
Street Address City State/Country Zip Code
5. Location of fair/festival: "Railroad Park" 157 N Railroad Ave Wilcox AZ 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/16</u>	<u>Saturday</u>	<u>11 AM</u>	<u>6 pm</u>
2.	<u>5/22/16</u>	<u>Sunday</u>	<u>11 AM</u>	<u>5 pm</u>
3.				
4.				
5.				
6.				
7.				

Please attach an additional sheet if necessary

SECTION 6 This section to be completed only by the applicant named in section #1

I, Barbara Coons declare that I am the APPLICANT filing this application as listed in Section 8. I have read the application and the contents and all statements are true, correct and Complete.

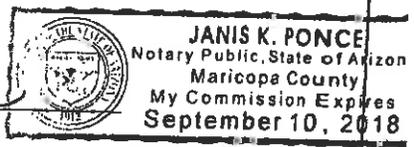
X [Signature] Owner 3.16.16 6233984924
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledge before me this 16 3 2016
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: Sept. 10, 2018
Date

Janis K. Ponce
Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidation of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

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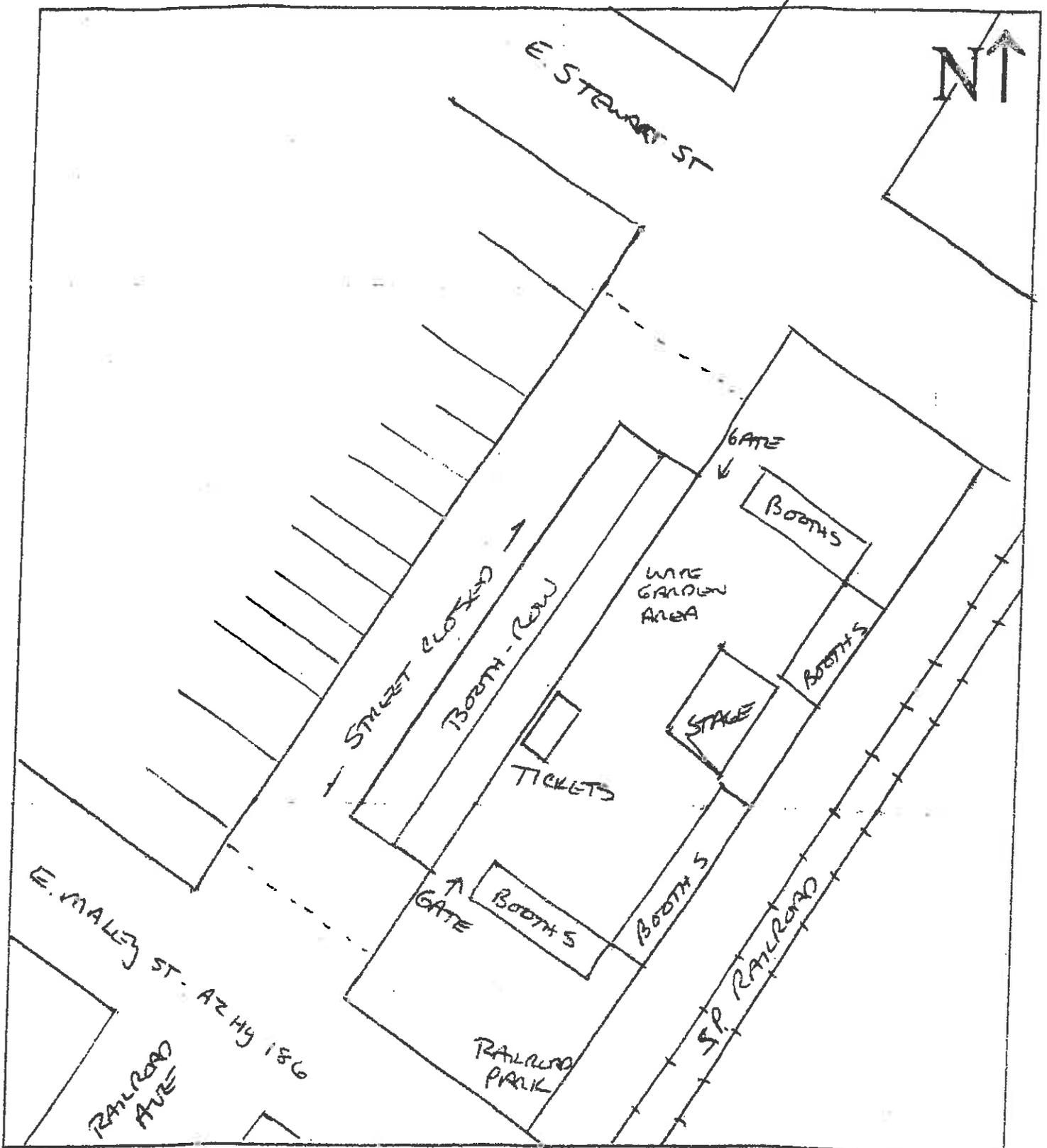
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WINE FESTIVAL/FAIR LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

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)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/16/2016

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
Tiffany Renee Teague
13200 N 113TH Ave Ste 3
Youngtown, AZ 85363
(623) 875-5432 (069/412)

CONTACT NAME: Tiffany Renee Teague
PHONE A/C No. Ext: (623) 875-5432 FAX A/C No: (855) 885-0195
E-MAIL ADDRESS: TTEAGUE@amfam.com

INSURER(S) AFFORDING COVERAGE
INSURER A: American Family Mutual Insurance Company NAIC # 19275

INSURED
Four Tails Vineyard LLC
274 E Pearce Rd
Pearce, AZ 85625

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			02-XD5924-01	09/17/2015	09/17/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

Willcox Wine Festival - May 21, 2016 - May 22, 2016
Railroad Park, 157 N Railroad Avenue, Willcox, AZ 85643
City of Willcox also named as an Additional Insured

CERTIFICATE HOLDER City of Willcox 101 S. Railroad Avenue, 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 Tiffany Teague (069/412)
--	--

Virginia Mefford

From: Jan Schaefer <jan@keelingschaefervineyards.com>
Sent: Wednesday, March 30, 2016 1:49 PM
To: Virginia Mefford
Subject: Scanned Application from Sierra Bonita



Arizona Department of Liquor Licenses and Control
 800 W Washington 5th floor
 Phoenix, AZ 85007-2934
 www.azilquor.gov
 (602) 542-5141

FOR DELC USE ONLY	
License #:	
Date:	
Approved by:	

FAIR/FESTIVAL LICENSE APPLICATION
 A.R.S. §4-203.03 Farm Winery / A.R.S. §4-205.11 Craft Distillery
 A.R.S. §4-203.02 At Special Event

A service fee of \$25 will be charged for all dishonored checks (A.R.S. 44-6852). When the days of the fair/festival are not consecutive, a separate license for each uninterrupted period is needed.

SECTION 1 Application type:

Wine Fair Wine Festival Craft Distillery Fair Craft Distillery Festival

- Applicant's Name: Gerald K. Smith Contact Phone #: 520 241 8228
- Business name: Sierra Bonita Vineyards Liquor license #: 13103007
Farm Winery or Craft Distillery
- Email: john@smithandsmith.com
- Mailing address: 3945 N Placita Honorada Tucson AZ 85750
Street Address City State Zip Code
- Location of fair/festival: Railroad Park 157 N Railroad Ave Willcox Cochise 85643
Street address City County Zip Code

SECTION 2 Fees, Date & Hours: \$15 per day

Winery festival days permitted: 50 licenses per winery per calendar year for a total of 150 days per winery per calendar year.
Craft Distillery festival days permitted: 25 licenses per craft distillery per calendar year for a total of 75 days per craft distillery per calendar year.

	Date	Day of Week	Start Time AM/PM	End Time AM/PM
1.	<u>5/21/16</u>	<u>Saturday</u>	<u>11 am</u>	<u>5 pm</u>
2.	<u>5/22/16</u>	<u>Sunday</u>	<u>11 am</u>	<u>5 pm</u>
3.				
4.				
5.				
6.				
7.				

Please attach an additional sheet if necessary

SECTION 3 Site Owner Information:

1. Site owner name: City of Willcox Daytime Contact Phone #: 520-384-4271
First Last
2. Site owner mailing address: _____
Street address City State Zip Code
3. Email Address: vmefford@willcoxcity.org

SECTION 4 To complete this application, all questions must be answered:

1. Have you received permission for use of the site for the sale/consumption of liquor from the site owner named in Section 3? Yes No
2. Will the liquor you sell/serve be products only manufacture/produced at your licensed premises names in Section 1? Yes No
3. List the number of Fair/Festival licenses you have been issued in the current calendar year 1
4. List the number of days you have held a licensed Fair/Festival in the current calendar year 1
5. What security and control measures will you take to prevent violations of state liquor laws at this event?
- # of Police Officers on Site Fencing Yes No
- _____ # of Security Personnel on Site Barriers Yes No
6. I am familiar with and have read statutes for Arizona's fair/festival privileges, requirements and penalties? (Farm Winery A.R.S. §4-203.03, Craft Distillery A.R.S. §4-205.11, either being held at a Special Event A.R.S. §4-203.02)
 Yes No
7. I have taken responsible steps to ensure individuals operating the fair/festival licensed premises and employees who serve, sell or furnish liquor at this fair/festival have knowledge of Arizona liquor laws? (R19-1-302) Yes No

SECTION 6 THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN SECTION #1

I, _____ declare that I am the APPLICANT filing this application as listed in

(Print Full Name)

Section 8. I have read the application and the contents and all statements are true, correct and complete.

X Sheldon K. Smith President 3/29/16 520 989 0908
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledge before me this 29 March 2016
Day Month Year

State Arizona County of Pima

My Commission Expires on: 1/27/18 Liza D Taylor
Date Signature of Notary Public



The local governing body (city, town or municipality where the fair/festival will take place) may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted.

SECTION 7 Local Governing Body Approval Section

I, _____ recommend APPROVAL DISAPPROVAL
(Government Official) (Title)

on behalf of _____
(City, Town, County) Signature Date Phone #

FOR DEPARTMENT OF LIQUOR USE ONLY

APPROVAL DISAPPROVAL BY: _____ DATE: _____

A.R.S. § 41-1030. Invalidation of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

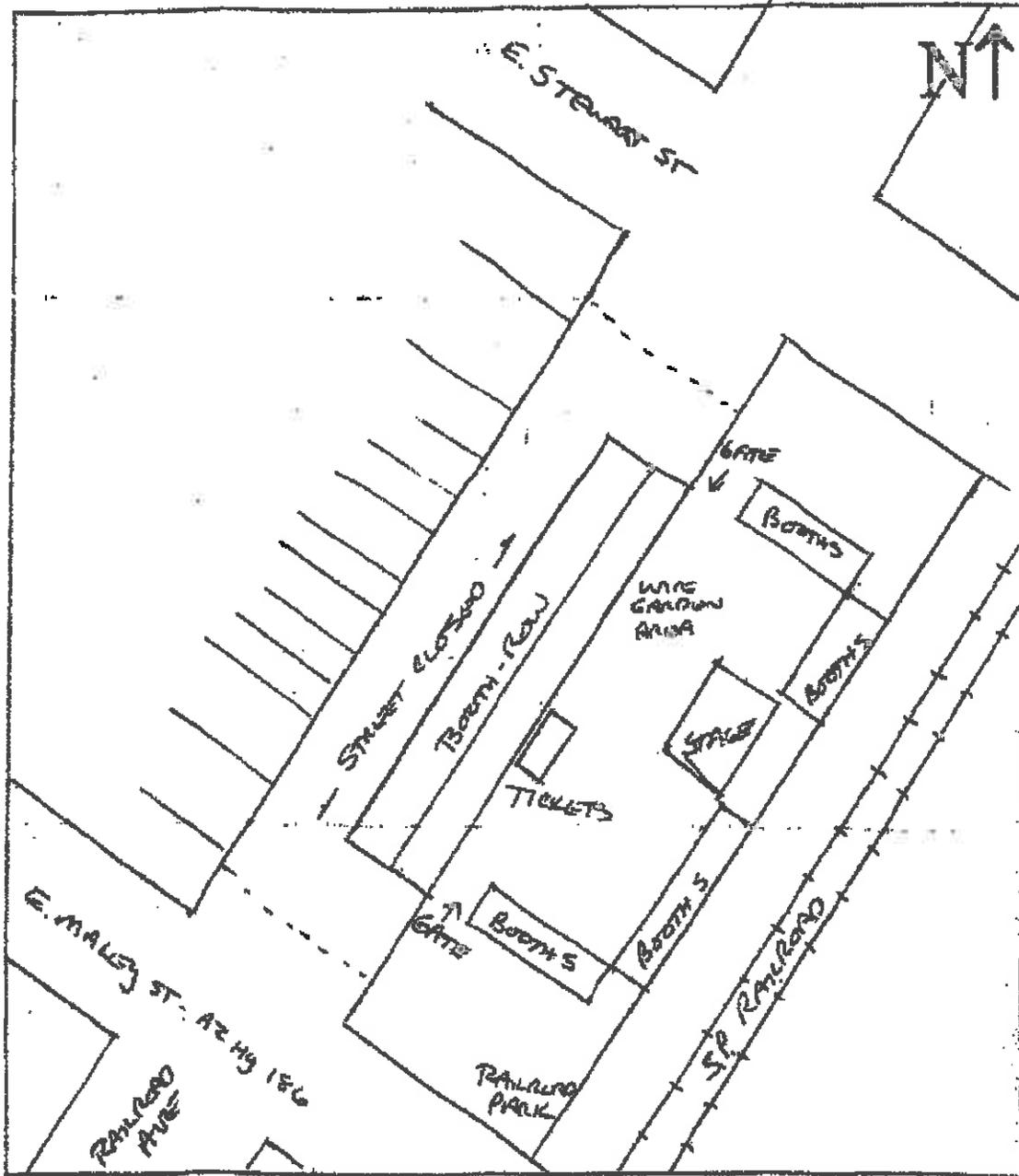
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

F. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.

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)



ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED: 3/29/2016

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PRODUCER CBIZ Insurance Services Lic. # 0817190 160 W. Santa Clara St., Suite 450 San Jose, CA 95113	CONTACT NAME: Diana O
	PHONE (A/C, No, Ext): 408 794 3531 FAX (A/C, No): E-MAIL: ADDRESS:
INSURED Sierra Bonita Vineyards 3668 North River Canyon Road Tucson, AZ 85750	(INSURER(S) AFFORDING COVERAGE) NAIC # INSURER A: Mettel Insurance Company 38978
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSTR LTR	TYPE OF INSURANCE	ADDL NUMBER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability		8502AG362923	09/22/2015	09/22/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Per person) \$5,000 PERSONAL & ADY INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-SUBJECT <input type="checkbox"/> LOC					\$
	AUTO/BOBILE 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 (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in MA) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS 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)
 RE: Wilcox Spring Festival May 21-22, 2016. Wilcox Chamber of Commerce & Agriculture and City of Wilcox are named additional insured.

CERTIFICATE HOLDER City of Wilcox 101 S Railroad Ave Wilcox, 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 CBIZ Insurance Services, Inc.
---	---

CITY OF WILLCOX
Request for Council Action

Agenda Item: 13
Tab Number: 7

Meeting Date:
04/07/2016

Action:
 Resolution
 Ordinance
 Other

Subject: Street
closure for Willcox
Wine Festival.

To: Mayor and City Council

From: Galo Galovale, P.E., Director, Public Services and Works

Discussion: The Willcox Chamber of Commerce is requesting a street closure for the Willcox Wine Festival on May 21st through May 22nd, 2016 from 12:00 am until 8:00 pm. The Chamber is requesting a closure of Railroad Ave. beginning at the intersection of Railroad Ave. and Stewart, and ending at the intersection of Railroad and Maley.

Fiscal Impact: \$0.00

Submitted by:



Approved by:



Street Closure Request Form

Name of Applicant

Willcox Chamber of Commerce

Date of Request

3/29/2016

Address

1500 N Circle Trail

Phone Number

520-384-2272

Event or Event Sponsor for Street Closure

Willcox Wine Festival

Date(s) Requested for Street Closure

May 20th - 22 May 2016

Times for Street Closure

4pm - 8pm

Street(s) to be closed - Beginning and ending points.

12:00am - 1:00am
Railroad Ave From the intersection of Stewart to the intersection of Maloy

The applicant understands that a certificate of liability insurance for \$1,000,000 naming the City of Willcox as additionally insured must be supplied with this application in order for the request to be fully executed and processed. Additionally, the City of Willcox requests that all adjacent property owners be notified of the intent to close the street and offered an opportunity to make comments to the Mayor and City Council. Comments may be submitted to the City Clerk prior to the council meeting or may be stated in the public meeting.


Applicant Signature

3/29/2016
Date

Received By

Date

PETITION TO CLOSE RAILROAD AVENUE

ON 20 May - 22 May
DATE

FROM 11 pm TO 8 pm
START TIME END TIME

FOR THE PURPOSE OF Willcox Spring Wine Festival
EVENT

REX ALLEN MUSEUM, OK TO CLOSE Michelle Miller

WILLCOX HISTORIC THEATER, OK TO CLOSE see attached email

RODNEY'S, OK TO CLOSE Rodney's

FLYING LEAP, OK TO CLOSE see attached

OLD WEST MERCANTILE, OK TO CLOSE out of business

FRIENDS OF MARTY ROBBINS, OK TO CLOSE Juanita Buehler

KEELING SCHAEFER, OK TO CLOSE see attached email

GALLERY 94, OK TO CLOSE see attached

BIG TX, OK TO CLOSE [Signature]

Request for Council Action

Agenda Item: 14
Tab Number: 8

Meeting Date:
April 07, 2016

Action:
 Resolution
 Ordinance
 Other

Subject: Waiver for
glass containers at
Railroad Park.

To: Mayor and City Council

From: Galo Galovale, P.E., Director, Public Services and Works

Discussion: The Willcox Chamber of Commerce and Agriculture is holding a wine tasting event at Railroad Park on May 21st and May 22nd. The Chamber is requesting a waiver for glass containers at Railroad Park.

Fiscal Impact: 0.00

Submitted by: 

Approved by: 

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA
Facilities Use Agreement

This Agreement made this 29th day of March, 2016
between Willcox Chamber of Commerce & AG ("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 20th May, 2016, through
22 May 2016, unless earlier terminated by either party.

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

12:00 pm 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 Railroad Park
(facility and area/s)
to be used for Willcox Wine Festival (Spring)
(type of event)
to be used by Public
(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: Alan Baker

E-Mail Address: abaker@utc.net

Organization: Willcox Chamber of Commerce

Contact Phone Number(s): (520) 384-2272

Mailing Address: 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


Signature

03/30/2016
Date

Galovda Galovda
Printed Name

Title

PARTICIPANT


Signature

3/29/2016
Date

Dian Baker
Printed Name

Executive Director
Title

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.

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If to the CITY:

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

If to the PARTICIPANT:

Name: Alan Baker

E-Mail Address: abaker@vtc.net

Organization: Willcox Chamber of Commerce

Contact Phone Number(s): (520) 384-2272

Mailing Address: 1500 N. Circle I Rd. Willcox AZ 85643



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/12/2016

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PRODUCER: 520.226.4944 888.908.4882
Huachuca Mountain Insurance Agency
P.O. Box 2976
Sierra Vista, AZ 85836

CONTACT NAME: Wade Temple
PHONE: 520.226.4944 FAX: 888.908.4882
E-MAIL: huachucamtn@gmail.com
PRODUCER LICENSE NO.:
CUSTOMER ID#:

INSURED
Willcox Chamber of Commerce & Agriculture
1500 Circle I Road
Willcox, AZ 85843

INSURER	COVERAGE	NAIC #
INSURER A:	The Hartford Casualty Insurance Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

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INSURER LTR	TYPE OF INSURANCE	AGREEMENTS (POL/OCUR)	POLICY NUMBER	POLICY START DATE (MM/DD/YYYY)	POLICY END DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC 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 UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROHIBITORY PARTNER/EXECUTIVE OFFICER/OWNER EXCLUSION? (Indicate by IN) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	59SBARU2242	01/01/16	01/01/17	EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000.00 MED EXP (Per one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 2,000,000.00 GENERAL AGGREGATE \$ 4,000,000.00 PRODUCTS - COMMO/AGG \$ 4,000,000.00 \$ COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ WE STAFF/ TOTH- TORY LIMITS \$ E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. 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

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA

RESOLUTION 2016-04

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, ARIZONA, DECLARING A PUBLIC RECORD THE "2012-2014 AMENDMENTS TO THE TAX CODE OF THE CITY OF WILLCOX"

BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, ARIZONA:

That certain document entitled "2012-2014 Amendments to the Tax Code of the City of Willcox" is hereby declared to be a public record and three (3) copies of such document are on file in the Office of the Willcox City Clerk and such copies are hereby ordered to remain on file with the Willcox City Clerk for public inspection.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, ARIZONA, this 7th day of April, 2016.

APPROVED/EXECUTED:

ROBERT A. IRVIN, Mayor

APPROVED AS TO FORM:

ANN P. ROBERTS, City Attorney

ATTEST:

VIRGINIA A. MEFFORD, City Clerk

CITY OF WILLCOX
Request for Council Action

Agenda Item: 16
Tab Number: 10

Meeting Date:

April 7th, 2016

Action:

Resolution
 Ordinance
 Other

Subject:

Ordinance NS 323 2012-2014
Amendments to the Willcox
City Tax Code.

To: Mayor and City Council

From: Crystal Hadfield, Finance Director

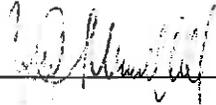
Discussion: Each year, amendments to the Model City Tax Code are adopted by the Municipal Tax Code Commission, and Arizona municipalities are required to adopt such amendments. All Arizona cities are governed by the Model Code. A summary of changes to Model City Tax Code, as prepared by the Arizona League of Cities and Towns, is attached for your information, and the summary includes the effective dates of the sections.

The "2012-2014 Amendments to the Tax Code of the City of Willcox" are on file at the City Clerk's office and will be available to the public for inspection. The Willcox City Tax Code consists of over 100 pages, and a copy is not included with this request. The Code is also published on the City's website at www.CityofWillcox.com.

Recommendation: Motion to approve Ordinance NS 323, the 2012-2014 Amendments to the Willcox City Tax Code.

Fiscal Impact: N/A

Submitted by:



Approved by:



CITY OF WILLCOX, COCHISE COUNTY, ARIZONA

ORDINANCE NS323

AN ORDINANCE OF THE CITY OF WILLCOX, ARIZONA, ADOPTING STATE MANDATED AMENDMENTS TO THE WILLCOX CITY TAX CODE

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, ARIZONA:

SECTION 1: That a certain document known as the "2012-2014 Amendments to the Tax Code of the City of Willcox," three (3) copies of which are on file in the Office of the City Clerk, having been made a public record by Resolution 2016-04, is hereby referred to, adopted, and made a part hereof as if fully set forth in this Ordinance.

SECTION 2: Any person found guilty of violating any provision of these amendments to the tax code shall be guilty of a class one misdemeanor. Each day that a violation continues shall be a separate offense punishable as herein above described.

SECTION 3: If any section, subsection, sentence, clause, phrase or portion of this ordinance or any part of these amendments to the tax code adopted herein by reference is for any reason held to be invalid or unconstitutional by the decision of any court of competent jurisdiction, such decision shall not affect the validity of the remaining portions thereof.

SECTION 4: The provisions of this ordinance conforms this local code to the Model City Tax Code, which is controlling. The provisions of each section are effective as stated in each section and are as provided by the Municipal Tax Code Commission upon approval of the stated change to the Model City Tax Code. Provisions subject to a retroactive effective date at the time of approval by the Municipal Tax Code Commission favor taxpayers by reducing an imposition of the tax or increasing an allowable deduction, exemption, or exclusion. Provisions that increase the imposition of the tax or decrease the application of a deduction, exemption, or exclusion had a prospective effective date at the time of approval by the Municipal Tax Code Commission. Provisions creating a new Option state the first effective date the new Option is available for selection. Provisions eliminating an existing Option state the last effective date of the eliminated Option.

SECTION 5: Pursuant to A.R.S. §9-812, the City Clerk is directed to publish notice of this Ordinance for two (2) consecutive weeks in a newspaper of general circulation, and further, to post a copy of this Ordinance in three (3) or more public places within the City.

PASSED AND ADOPTED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, ARIZONA this 7th day of April, 2016.

APPROVED/EXECUTED:

Robert A. Irvin, Mayor

ATTEST:

APPROVED AS TO FORM:

Virginia A. Mefford, City Clerk

Ann P. Roberts, City Attorney

Published in the Arizona Range News on April 13th and 20th

Passed and adopted: _____

Posted on April 1, 2016

Clerk's Initials: _____

SUMMARY OF THE 2012-2014 CHANGES TO THE MODEL CITY TAX CODE

The attached resolution and ordinance, as described in the 18 sections summarized below, incorporate into the local tax code all of the relevant changes to the Model City Tax Code that were approved by the Municipal Tax Code Commission from 2012 through 2014, as well as introducing the language of Model City Tax Code Appendix I related to tax administration under the Arizona Department of Revenue collection program.

Section 1

Section 100 adds language to the existing definitions of "Business" and "Prosthetic". This change excludes the sale of electricity generated by consumer equipment from the definition of "Business". Adding this exclusion means persons that make such sales (e.g. residential solar energy sales) are not deemed to be in the business of providing Utilities, and thus are not required to have a Privilege Tax License to make such sales. The additional language that adds Orthodontics to the definition of "Prosthetic" is a change intended to conform the Code to State statute. These changes provide taxpayer relief and are effective retroactively from and after January 1, 2007 for "Business" and October 1, 2007 for "Prosthetic."

Section 2

Section 120 is repealed, eliminating the definition of "Food for Home Consumption." All of the former elements of this definition are now incorporated in new Section 462, creating a separate "Food for Home Consumption" tax classification apart from the Retail classification. This section is effective from and after July 1, 2013.

Section 3

Section 200 is amended to add conforming language under the determination of gross income that is related to nuclear fuel sales as found in State statute. This section is effective from and after July 1, 2013.

Section 4

This section repeals and replaces all of Article III – Licensing and Recordkeeping. This is a critical step in TPT Simplification that has the effect of making licensing as uniform as possible across all cities and towns. Note that this section completely replaces the entirety of Article III and is being done in every city and town's tax code. This change also eliminates all Regulations numbered in the 300's, as well as eliminating any Green Sheet items related to tax licensing. This section also eliminates the use of the tax license as a means to regulate business for any purpose other than tax collection. From now on, all licensing and enforcement of a regulatory nature such as zoning, use permits, special events, inspections, etc., must be accomplished by a separate means such as a business license. This section is effective from and after January 1, 2015.

Section 5

Section 425 is amended to add an exemption from tax on Job Printing for sales of postage and freight, in conformity with State statute. This section provides taxpayer relief and is effective retroactively from and after September 21, 2006.

Section 6

Section 445 is amended to adopt the final version of a new exemption for Real Property Leases between Affiliated Entities. This section is effective from and after July 1, 2013.

Section 7

Section 450 is amended to conform to the new State exemption and city preemption that makes the leasing of certified ignition interlock devices required under DUI laws exempt from tax under Tangible

SUMMARY OF THE 2012-2014 CHANGES TO THE MODEL CITY TAX CODE

Personal Property Rental. This section provides taxpayer relief and is effective retroactively from and after September 1, 2004.

Section 8

Section 460 is amended in conformity with a new clarifying State exemption and matching city preemption that makes the retail sale of gift cards and other “cash equivalents” exempt from the tax under the Retail classification. This section provides taxpayer relief and is effective retroactively from and after October 1, 2007.

Section 9

Section 462, Retail Sales: Food for Home Consumption is added to the standard Model Code language. This section incorporates all of the definitions and Regulations related to grocery sales that were previously included only in those communities that selected Model Option #2. With this change and standardization, Model Option #2 is eliminated from the Code. Cities and towns are now free to set a distinct tax rate for grocery sales, which can be higher, lower or zero, as the community sees fit. This section is effective from and after July 1, 2013.

Section 10

Section 465, Retail Sales: Exemptions has undergone significant changes, largely in name of conformity with State statute. A major goal of TPT Simplification was making conforming changes to the Retail classification of the MCTC that aligned with State statute wherever possible, with the intention of preparing for passage of the Marketplace Fairness Act. On the State tax side, the only change enacted was elimination of an exemption for in-store sales to non-residents that are shipped out of State (excluding vehicles). On the City side, this movement resulted in the elimination of Model Option #2, related to food for home consumption creating a separate classification; eliminating Local Option #AA, allowing tax exempt employee drinks and meals; and adding charter schools to the list that qualify for a food sale exemption. Also, wholly new conforming exemptions were adopted, including one for the Retail sale of “Renewable Energy Credits” or RECs; sale of periodicals to encourage tourism; sale of paper machine clothing to a paper manufacturer; sales of overhead materials used in performing government contracts; and the sale of fuels and sale of equipment to qualified environmental technology manufacturers. All of these changes are effective July 1, 2013, with the exception of the sale of “Renewable Energy Credits” which provides taxpayer relief and is effective retroactively from and after January 1, 2007.

Section 11

Changes to this section include adding a specific exemption from the Utilities classification for sales of excess energy produced by a consumer’s photovoltaic system to a Utility distributor, along with language that removes the sale of Renewable Energy Credits from the Utilities classification. This provides an exemption under the Utilities classification to clarify that when a consumer’s electric meter spins backward because they are sending electricity to the power grid, the taxable measure is the net charge to the consumer, and that REC sales are not considered part of the gross receipts under Utilities. This section provides taxpayer relief and is effective retroactively from and after January 1, 2007.

Section 12

Section 485 is added to the standard code language, creating a new classification that imposes tax on wastewater removal services. This section was formerly a Green Page in several cities. This conversion to standard code language is part of the ongoing effort to eliminate the Green Pages by either repealing items locally or adopting a universal form of the item into the standard MCTC language. This section is effective from and after July 1, 2013.

SUMMARY OF THE 2012-2014 CHANGES TO THE MODEL CITY TAX CODE

Section 13

This section repeals and replaces all of Article V – Administration with the language required under Appendix I of the Model City Tax Code to allow the City to enter into the State Collection Program. These changes resolve certain key administrative issues that arise when the State acts as the Tax Collector for a city or town. These sections also incorporate elements of Appendix IV that provide direction for the correct treatment and handling of certain technical issues when a taxpayer is audited that can vary based on which entity is actually performing the audit: the State or the local jurisdiction. These changes are effective from and after January 1, 2015.

Section 14

This section repeals Regulation 120.1 related to the definition of Food for Home Consumption, which has been incorporated in the text of new Section 462 noted above. This section is effective from and after July 1, 2013.

Section 15

This section amends Regulation 270.1, adding the provision of wastewater removal services to the list of activities that are considered proprietary and therefore taxable when engaged in by a city or town. This section is effective from and after July 1, 2013.

Section 16

This section amends Regulation 460.1, adding the distinction from Retail for activities that fall under the two new classifications: Food for Home Consumption in Section 462, and Wastewater Removal Services in Section 485. This means that an exchange of tangible personal property that occurs under the activity described in Sections 462 or 485 is specifically NOT considered a Retail transaction. This section is effective from and after July 1, 2013.

Section 17

This section amends Regulation 520.1 related to minimum reporting requirements. This is another piece that is required to enter into the State Collection Program. This change is effective from and after January 1, 2015.

Section 18

This section amends Regulation 555.1 related to audit procedures by reserving this regulation when the State performs the audit. This is another piece that is required to enter into the State Collection Program. This change is effective from and after January 1, 2015.

CITY OF WILLCOX, COCHISE COUNTY, ARIZONA

RESOLUTION 2016-05

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF WILLCOX, ARIZONA ADOPTING A FAIR HOUSING POLICY, MAKING KNOWN ITS COMMITMENT TO THE PRINCIPLE OF FAIR HOUSING, AND DESCRIBING ACTIONS IT SHALL UNDERTAKE TO AFFIRMATIVELY FURTHER FAIR HOUSING.

WHEREAS, the Housing and Community Development Act of 1974 as amended requires that all applicants for Community Development Block Grant funds certify that they shall affirmatively further fair housing; and

WHEREAS, the Civil Rights Act of 1968 (commonly known as the Federal Fair Housing Act) and the Fair Housing Amendments Act of 1988 declare a national policy to prohibit discrimination in the sale, rental, leasing, and financing of housing or land to be used for the construction of housing or in the provision of brokerage services, on the basis of race, color, religion, sex, disability, familial status, or national origin; and

WHEREAS, fairness is the foundation of the American system and reflects traditional American values; and

WHEREAS, discriminatory housing practices undermine the strength and vitality of America and its people;

NOW, THEREFORE, BE IT RESOLVED THAT THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, ARIZONA hereby wish all persons living, working, doing business in or traveling through this City to know that: discrimination in the sale, rental, leasing and financing of housing or land to be used for construction of housing, or in the provision of brokerage services on the basis of race, color, religion, sex, handicap, familial status or, national origin is prohibited by Title VIII of the Federal Fair Housing Act and the Fair Housing Amendments of 1988; and it is the policy of the City of Willcox to implement programs, within the constraints of its resources, to ensure equal opportunity in housing for all persons regardless of race, color, religion, sex, handicap, familial status or national origin; and within available resources the City of Willcox will assist all persons who feel they have been discriminated against in housing issues on the basis of race, color, religion, sex, handicap, familial status, or national origin to seek equity under existing federal and state laws to file a complaint with the Arizona Attorney General's Office or the U.S. Department of Housing and Urban Development; and that the City of Willcox shall publicize this Resolution and thereby encourage owners of rental properties, developers, builders and others involved with housing to become aware of their respective responsibilities and rights under the Fair Housing Amendments Act of 1988 and any applicable state or local laws or ordinances; and that the City of Willcox shall undertake the following actions to additionally "affirmatively further fair housing."

It shall publicize this Resolution by publishing on its website, posting in City Hall, Library and Public Works Department and thereby encourage owners of rental properties, developers,

Proclamation

National Library Week

WHEREAS, libraries are not just about what we have for people, but what we do for and with people; and

WHEREAS, libraries have long served as trusted and treasured institutions, and library workers and librarians fuel efforts to better their communities, campuses and schools; and

WHEREAS, libraries are evolving in order to serve their communities and to continue to fulfill their role in leveling the playing field for all who seek information and access to technologies; and

WHEREAS, libraries and librarians open up a world of possibilities through innovative STEAM programing, Makerspaces, job-seeking resources and the power of reading; and

WHEREAS, libraries and librarians are looking beyond their traditional roles and providing more opportunities for community engagement and deliver new services that connect closely with patrons' needs; and

WHEREAS, libraries support democracy and effect social change through their commitment to provide equitable access to information for all library users regardless of race, ethnicity, creed, ability, sexual orientation, gender identity or socio-economic status; and

WHEREAS, libraries, librarians, library workers and supporters across America are celebrating National Library Week;

NOW, THEREFORE, be it resolved that I Robert A. Irvin, Mayor of the City of Willcox proclaim NATIONAL LIBRARY WEEK, April 10-16, 2016. I encourage all residents to visit the library this week and explore what's new at your library, and engage with your librarian. Because of you, Libraries Transform.

Dated this 7th day of April, 2016

Robert A. Irvin
Mayor, Robert A. Irvin



Attest: *Virginia A. Mefford*
City Clerk, Virginia A. Mefford

"Mine, Yours, Ours"

Proclamation

National Volunteer Week

WHEREAS, the entire community can inspire, equip and mobilize people to take action that changes the world; and

WHEREAS, Volunteers can connect with the local community service opportunities through hundreds of community service organizations; and

WHEREAS, individuals and communities are at the center of social changes, discovering their power to make a difference; and

WHEREAS, during this week all over the nation, service projects will be performed and volunteers recognized for their commitments to service; and

WHEREAS, the giving of oneself in service to another empowers the giver and the recipient; and

WHEREAS, experience teaches us that government by itself cannot solve all of our nation's social problems; and

WHEREAS, our country's volunteer force of more than 63 million is a great treasure;

NOW THEREFORE, I Robert A. Irvin, Mayor of the City of Willcox, do hereby proclaim April 10-16, 2016 as NATIONAL VOLUNTEER WEEK. I encourage residents to volunteer. By volunteering and recognizing those who serve, we can come together to make a difference.

Dated this 7th day of April, 2016



Robert A. Irvin

Mayor, Robert A. Irvin

Attest:

Virginia A. Mefford

City Clerk, Virginia A. Mefford

"Mine, Yours, Ours"

Proclamation

Animal Control Officer Appreciation Week

WHEREAS, there are over 83 million dogs and 95 million cats living as household pet companions in the United States; and

WHEREAS, some pet owners have not fulfilled their duties to their pets by allowing them to run loose and unsupervised or allowed indiscriminate breeding by not having their pets spayed or neutered, which causes a threat to public health and safety and contributes to pet overpopulation; and

WHEREAS, some pets are physically abused by their owners, whether directly or by negligence; and

WHEREAS, Animal Control Officers help both people and animals by returning lost pets to their owners, enforcing animal control laws, rescuing injured animals, educating the public, investigating reports of animal abuse, and hosting registration and vaccination clinics; and

WHEREAS, the Willcox Animal Shelter acts as a safe haven for lost, homeless, or abused animals each year, providing them with comfort and care; and

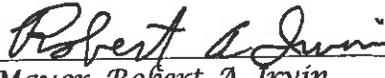
WHEREAS, Animal Control Officers help to find new homes for animals by matching them with good families or by working with animal rescue groups, sometimes coordinating transportation efforts with volunteers to help an animal travel thousands of miles across the country to its new "forever home"; and

WHEREAS, the National Animal Control Association has designated the second week of April each year as National Animal Control Officer Appreciation Week.

NOW THEREFORE, I Robert Irvin, Mayor of the City of Willcox, Cochise County, Arizona, now call upon all residents of the City of Willcox and upon all patriotic, civic, and educational organizations to observe the week of April 10-16, 2016 as ANIMAL CONTROL APPRECIATION WEEK.

In recognition of the Animal Control Officers, I encourage all citizens to join me in recognizing and expressing our sincere appreciation to the staff of the City of Willcox's Humane Division for the many dedicated and long hours of service that they perform in serving the Willcox Community, including its four legged citizens, every day of the year.

Dated this 7th day of April, 2016



Mayor, Robert A. Irvin

Attest: 

City Clerk Virginia A. Mefford
"Mine, Yours, Ours"



Proclamation

Public Safety Telecommunicators Week

WHEREAS, emergencies occur at any time, day or night, and on any day of the year that require the prompt response by law enforcement, fire, and emergency medical service that is critical to the protection of life and preservation of property; and

WHEREAS, the Public Safety Dispatchers are the first and most critical contact that a person experiencing an emergency will have; and

WHEREAS, the law enforcement officers, firefighters, and emergency medical personnel in the Willcox area depend on the quality and timeliness of information from the Willcox Department of Public Safety's Communications division, requiring each Dispatcher to remain calm and continue to perform their duties during times of incredible stress; and

WHEREAS, the Public Safety Dispatchers provide the single vital link for our law enforcement officers, firefighters, and emergency medical personnel by monitoring their radio activity, providing them with information, and ensuring their safety and ability to perform their duties; and

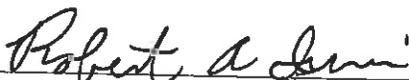
WHEREAS, in addition to the emergency calls, the Willcox Department of Public Safety's Communications Division also serves the community by handling over 8,000 non-emergency calls for service to the public each year that are just as important to those people requesting assistance; and

WHEREAS, it has been resolved by the Senate and House of Representatives of the United States of America in Congress assembled, that the second week in April is designated as "National Public Safety Telecommunicators Week".

NOW THEREFORE, I Robert Irvin, Mayor of the City of Willcox, now call upon all citizens of the City of Willcox and upon all patriotic, civic, and educational organizations to observe the week of April 10-16, 2016 as PUBLIC SAFETY TELECOMMUNICATORS WEEK.

In recognition of the men and women of the Willcox Department of Public Safety's Communications Division, whose professionalism and selfless dedication to duty to keep Willcox safe, furthermore I, Robert A. Irvin, Mayor of the City of Willcox urge all citizens to recognize Public Safety Dispatchers and the sacrifices that they make every day to help better the quality of life enjoyed by the citizens who live here as well as the visitors who travel through our community.

Dated this 7th day of April, 2016



Mayor, Robert A. Irvin

Attest:



City Clerk, Virginia A. Jefford

"Mine, Yours, Ours"



Proclamation

FAIR HOUSING MONTH

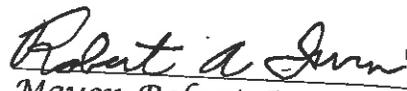
WHEREAS, the Civil Rights Act of 1968 (commonly known as the Federal Fair Housing Act) and the Fair Housing Amendments Act of 1988 prohibit discrimination in the sale, rental, leasing and financing of housing or land to be used for the construction of housing or in the provision of brokerage services on the basis of race, color, religion, sex, disability, familial status or national origin; and

WHEREAS, the 1968 and 1988 Federal Fair Housing Acts declare that it is a national policy to ensure equal opportunities in housing; and

WHEREAS, April has traditionally been designated as Fair Housing Month in United States;

NOW THEREFORE, I Robert A. Irvin do hereby proclaim April as FAIR HOUSING MONTH in the City of Willcox. I urge all citizens of this community to comply with the letter and spirit of the Fair Housing Law.

Dated this 7th day of April, 2016



Mayor, Robert A. Irvin

Attest: 

City Clerk, Virginia A. Mefford



"Mine, Yours, Ours"

