

THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ HELD ON THIS 18th DAY OF AUGUST 2016

CALL TO ORDER - Mayor Robert 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 A. Mefford
City Attorney Ann P. Roberts
Finance Director Crystal Hadfield

PLEDGE OF ALLEGIANCE TO THE FLAG - Led by Mayor Irvin

CALL TO THE PUBLIC - None

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 AUGUST 4, 2016

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

SECONDED: Councilmember Johnson seconded the motion.

MOTION CARRIED

APPROVE A SPECIAL EVENT LIQUOR LICENSE FOR REX ALLEN DAYS, INC. FOR AN EVENT TO BE HELD AT KEILLER PARK ON FRIDAY 9/30/16 FROM 6:00 P.M. TO 10:00 P.M. AND SATURDAY 10/1/16 FROM 6:00 P.M. TO 10:00 P.M.

MOTION: Councilmember Johnson made a motion to approve a Special Event Liquor License for Rex Allen Days, Inc. for an event to be held at Keiller Park on Friday 9/30/16 from 6:00 p.m. to 10:00 p.m. and Saturday 10/1/16 from 6:00 p.m. to 10:00 p.m.

SECONDED: Councilmember Bowlby seconded the motion.

MOTION CARRIED

APPROVE A SPECIAL EVENT LIQUOR LICENSE FOR REX ALLEN DAYS, INC. FOR AN EVENT TO BE HELD AT THE QUAIL PARK ARENA ON FRIDAY 9/30/16 FROM 3:00 P.M. TO 6:00 P.M.; SATURDAY 10/1/16 FROM 12:00 P.M. TO 6:00 P.M.; AND SUNDAY 10/2/16 FROM 12:00 P.M. TO 6:00 P.M.

MOTION: Councilmember Johnson made a motion to approve a Special Event Liquor License for Rex Allen Days, Inc. for an event to be held at the Quail Park Arena on Friday 9/30/16 from 3:00 p.m. to 6:00 p.m.; Saturday 10/1/16 from 12:00 p.m. to 6:00 p.m.; and Sunday 10/2/16 from 12:00 p.m. to 6:00 p.m.

SECONDED: Councilmember Bowlby seconded the motion.

MOTION CARRIED

ROCA MOTION - WILLCOX FLYER BIKE RIDE STREET CLOSURE REQUEST FOR RAILROAD AVE. FROM STEWART ST. TO MALEY ST. FOR SEPTEMBER 3RD FROM 6:00 A.M. TO 2:00 P.M.

MOTION: Councilmember Johnson made a motion to approve Roca Motion - Willcox Flyer Bike Ride street closure request for Railroad Ave. from Stewart St. to Maley St. for September 3rd from 6:00 a.m. to 2:00 p.m.

SECONDED: Councilmember Bowlby seconded the motion.

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 18th DAY OF AUGUST 2016**

**RESOLUTION 2016-16 - A RESOLUTION APPROVING AN INTERGOVERNMENTAL AGREEMENT (IGA)
BETWEEN THE CITY OF WILLCOX AND COCHISE COUNTY FOR THE PROVISION OF ELECTION SUPPLIES
AND SERVICES**

MOTION: Councilmember Johnson made a motion to approve Resolution 2016-16.

SECONDED: Councilmember Bowlby seconded the motion.

MOTION CARRIED

CITY MANAGER'S REPORT

- The City received a grant for \$22,000 for the third and final concrete pad and some equipment for the skate park. He thanked Rob Jones for doing this.
- He announced that City employees can now sign up for a United Health Care program. Employees will be reimbursed \$20 per month if they attend either PT's Gym or Lifestyles at least 12 times per month.
- He provided a Quail Park update. The bleachers will not be installed in time for Rex Allen Days, but temporary bleachers will be in place for the event.
- He, the Mayor, and Councilmember Lindsey attended the Mayor/Manager meeting and it was a good visit.
- He announced a City Council candidate forum will be held on Friday, August 18 at 6:00 p.m. at the Holiday Inn Express.
- He reminded Council that the Arizona League of Cities and Towns conference is next week; if anyone needs more information, they can contact the City Clerk.
- The Assistant Fire Chief presented Darren Reno with a certificate for the completion of various Fire Department courses.

COMMENTS NOT FOR DISCUSSION FROM MAYOR AND COUNCIL MEMBERS

- Councilmember Lindsey congratulated Mr. Reno. He will be attending the SEAGO meeting tomorrow.
- Councilmember Johnson thanked Darren Reno for his hard work. He reminded everyone to vote on August 30th.
- Councilmember Laws congratulated Darren on his accomplishment.
- Councilmember Bowlby congratulated Daren on his accomplishment. He promoted the Roca Motion Willcox Flyer Bike Ride and noted that he will be helping with the event.
- Vice Mayor Goolsby congratulated Darren Reno. He will not be able to attend the candidate forum as he has a prior engagement. He encouraged everyone to attend the forum.
- Mayor Irvin also congratulated Mr. Reno for his hard work and accomplishment.

ADJOURN

With no further business before the Mayor and Council, the meeting was adjourned at 6:46 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 18th day of August 2016. I further certify that the meeting was duly called and held, and that a quorum was present.

Dated this 18th day of August 2016

City Clerk Virginia A. Mefford, CMC

PASSED, APPROVED AND ADOPTED this 1st day of September 2016.

Mayor Robert A. Irvin

ATTEST:

City Clerk Virginia A. Mefford, CMC

16 JUL 29 Lic. Lic. PM 3:47



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

Application for Liquor License
Type or Print with Black Ink

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 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: LICENSE # 06020025

SECTION 4 Applicants

1. Individual Owner/Agent's Name: RIOS EVA JO
Last First Middle

2. Owner Name: (Ownership name for type of ownership checked on section 2)

3. Business Name: JOE'S PUB (Exactly as it appears on the exterior of premises)

4. Business Location Address: 116 E. MALEY WILLCOX AZ 85643 COCHISE
Street City State Zip Code County

5. Mailing Address: (All correspondence will be mailed to this address) Street City State Zip Code

6. Business Phone: Daytime Contact Phone:

7. Email Address:

8. Is the Business located within the incorporated limits of the above city or town?

9. Does the Business location address have a street address for a City or Town 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) \$

Department Use Only
Fees: Application Interim Permit Site Inspection Finger Prints \$ Total of All Fees
Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No
Accepted by: Date: License #



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

16 JUL 29 Lic. Lic # 347

Attention local government: Social security and birth date information is confidential. This information may be given to law enforcement agencies for the purpose of background checks only.

Attention applicant: This is a sworn document. Type or print in black ink. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or the subsequent revocation of a license or permit.

QUESTIONNAIRE TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE FINGERPRINTS ON FBI APPROVED CARDS (BLUE LINED) ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT OF LIQUOR CHARGES A \$13 FEE. IN ADDITION TO OTHER FINGERPRINT FEES, A \$22.00 DPS BACKGROUND CHECK FEE WILL BE CHARGED FOR EACH FINGERPRINT CARD.

The fees allowed by A.R.S. § 4-6852 will be charged for all dishonored checks.

Liquor License#: 06020025

1. Check the appropriate box →

<input type="checkbox"/> Controlling Person (complete questions 1-19)	<input type="checkbox"/> Agent (complete questions 1-19)	<input type="checkbox"/> Manager (complete all questions except #14, 14a & 21, Controlling Person or Agent must complete #21)
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(If the location is currently licensed)

2. Name: RIOS EVA JO Birth Date: / /
Last First Middle (NOT a public record)

3. Social Security #: Driver License #: State:
(NOT a public record)

4. Place of birth: Height: Weight: Eyes: Hair:
City State COUNTRY (not county)

5. Marital status: Single Married Divorced Widowed

6. Name of current/most recent spouse: Birth Date: / /
(List all for past 5-years, use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? If Arizona, date of residency:

If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona Drivers license or voters registration card.

8. Daytime telephone number to contact you during business hours for questions:

9. E-mail address:

10. Business Name: Business Phone: / /

11. Business Location Address: 116 E. MALEY WILLCOX AZ COCHISE 85643
Street (do not use P O box) City State County Zip

12. List your employment or type of business during the past five (5) years. If unemployed, retired, student list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
	CURRENT		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address (IF RENTED ATTACH ADDITIONAL SHEET WITH, NAME ADDRESS, AND PHONE NUMBER OF LANDLORD)	City	State	Zip
	CURRENT					

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT



16 JUL 25 Lic. Lic #1053

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

Application for Liquor License
Type or Print with Black Ink

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 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)
Probate/ Will Assignment/ Divorce Decree
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: Bar - 06 LICENSE # 06020025

SECTION 4 Applicants

1. Individual Owner/Agent's Name: Rios Eva Jo
2. Owner Name: Eva Jo Rios Joe's Pub LLC
3. Business Name: Joe's Pub
4. Business Location Address: 116 E Maloy 115 S Haskell Willcox
5. Mailing Address: 4371 n El Sol Ln Willcox
6. Business Phone: 5208205089 Daytime Contact Phone: 5208205089
7. Email Address: erios@powerc.net

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) \$ 25,000.

Fees: Application \$100.00 Interim Permit \$100.00 Department Use Only \$350.00 Finger Prints \$235.00 Total of All Fees

Is Arizona Statement of Citizenship & Alien Status for State Benefits complete? Yes No
Accepted by: Date: 7/25/16 License # 06020025

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: 06020025

2. Is the license currently in use? Yes No If no, how long has it been out of use? 1 mo.

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

I, Matthew Jerome Mitchell (Print Full Name) declare that I am the CURRENT OWNER, AGENT, OR CONTROLLING PERSON ON the stated license and location.

X [Signature] (Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of COCHISE

The foregoing instrument was acknowledged before me this 24th of July, 2016

My commission expires on: MAR 27, 2018 Date Day Month Year

[Signature] Signature of NOTARY PUBLIC

RICHARD REGALADO
Notary Public - Arizona
Cochise County
My Comm. Expires Mar 27, 2018

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
Rios	Eva	JO	100%	4371 N El Sol Ln	Willcox	Az	85643

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

16 JUL 25 11:47 AM 1054

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

1. Name of Corporation/ L.L.C.: Joess Pub LLC
 2. Date Incorporated/Organized: 7-22-2016 State where Incorporated/Organized: Arizona
 3. AZ Corporation or AZ L.L.C File No: L21091004 Date authorized to do Business in AZ: pending
 4. Is Corp/L.L.C. Non Profit? Yes No
 5. List Directors, Officers, Members in Corporation/L.L.C:

Last	First	Middle	Title	Mailing Address	City	State	Zip Code
Rios	Eva	Jo	Owner	43710N El Sol Ln	Willcox	Az	85643

(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
Rios	Eva	Jo	100%	4371 N. El Sol	Willcox	AZ	85643

(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)

16 JUL 25 LIQ. LIC. #1054

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

2. Ownership Name: Matthew Jerome Mitchell - Agent, Stumbleweeds LLC, owner
(Exactly as it appears on license)

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

4. Business Location Address: 115 S. Haskell Ave Willcox Az 85643
Street City State Zip

5. License Type: Bar 06 License Number: 06020025

6. Current Mailing Address: 190 West Patte Rd Willcox AZ 85643
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) Matthew Jerome Mitchell 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) Matthew Jerome Mitchell, 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.

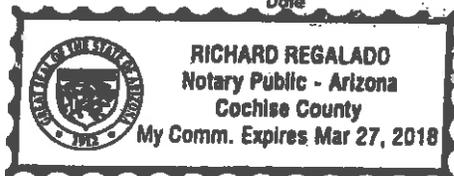
NOTARY

x [Signature]
(Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of COCHISE
The foregoing instrument was acknowledged before me this

My commission expires on: MAR 27, 2018
date

24th of July 2016
Day Month Year



[Signature]
signature of NOTARY PUBLIC

SECTION 13 Proximity to Church or School

16 JUL 25 11:17 AM 1054

Questions to be completed by all in-state applicants.

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) Series 12
- b) Hotel/motel license (§ 4-205.01) Series 11
- c) Microbrewery Series 3
- d) Craft Distillery Series 18
- e) Government license (§ 4-205.03) Series 5
- f) Fenced playing area of a golf course (§ 4-207(B)(5))
- g) Wholesaler Series 4
- h) Farm Winery Series 13

1. Distance to nearest School: 400 ft Name of School: PP&P Tech HS
(if less than one (1) mile note footage)
 Address: 158 W. Haley Street, Wilcox AZ

2. Distance to nearest Church: 500 ft. Name of Church: Wilcox United Methodist Church
(if less than one (1) mile note footage)
 Address: 124 S. Curtis Ave, Wilcox 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: _____
 Address: _____
Street City State Zip

3. Monthly Rent/ Lease Rate: \$ _____

4. What is the remaining length of the lease? Yrs. _____ Months _____

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

6. Total money borrowed for the Business not including lease? \$ 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)?
Bar

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 #: 06020025 Individual Owner /Agent Name: Matthew Serom Mitchell
(Exactly as it appears on license)

SECTION 15 Restaurant or hotel/motel license applicants

16 JUL 25 11:47 Lic #1054

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:

- | | | | |
|---|--|--------|--|
| <input checked="" type="checkbox"/> Entrances/Exits | <input checked="" type="checkbox"/> Liquor storage areas | Patio: | <input checked="" type="checkbox"/> Contiguous |
| <input type="checkbox"/> Walk-up windows | <input type="checkbox"/> Drive-through windows | | <input type="checkbox"/> 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.
5. **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.**



(Applicant's Initials)

SECTION 16 Diagram of Premises -- continued

16 JUL 25 1994 Lic. RM1054

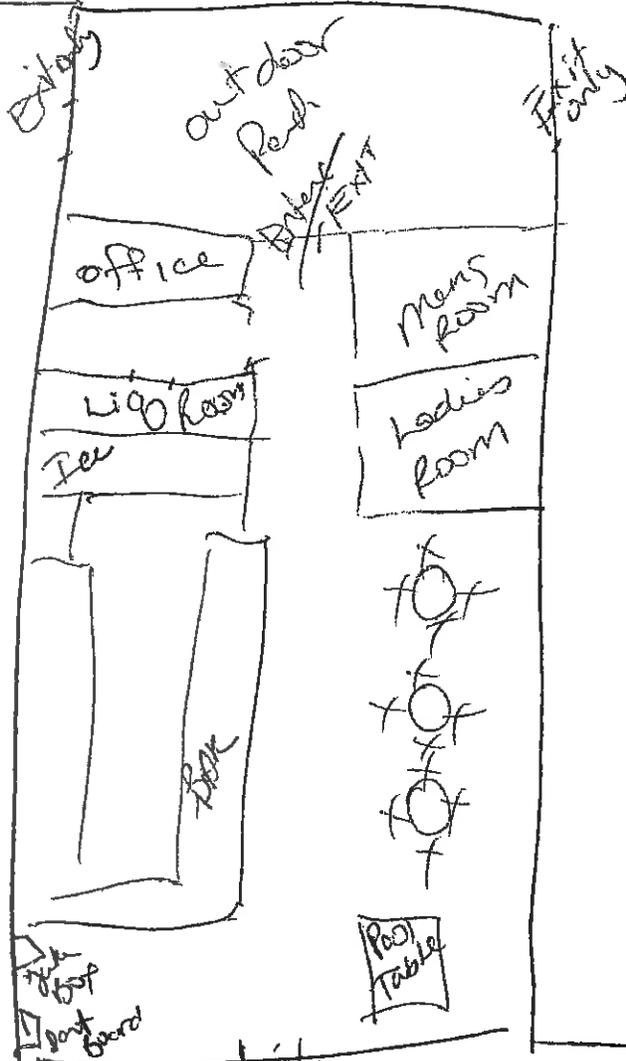
6. On the diagram please show only the areas where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, hi-top tables, dining tables, dining chairs, dance floor, stage, game room, and the kitchen. DO NOT include parking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

~~OUT~~ BACK ##



2,000 Feet

Back

~~XXXXX~~

1/6.

Exit
Front

SECTION 17 SIGNATURE BLOCK

'16 JUL 25 11:47 LIC #M1054

NOTARY

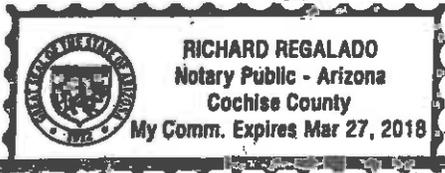
I, (Print Full Name) Eva Jo Rios, hereby declare that I am the Owner/Agent filing this application as stated in Section 4 # 1. I have read this application and verify all statements to be true, correct and complete.

x [Signature]
(Signature of CURRENT Individual Owner/Agent)

State of ARIZONA County of COCHISE
The foregoing Instrument was acknowledged before me this

My commission expires on: MAR. 27 2018
Date

24th of July, 2016
Day Month Year



[Signature]
Signature of NOTARY PUBLIC

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.

CITY OF WILLCOX
Council Action Form

Agenda Item: 9

Tab Number: 3

Meeting Date:

September 1, 2016

Action:

- Resolution
 Ordinance
 Other

Subject: Rix's Tavern
Temporary Extension of
Premise License application.

To: Mayor and City Council

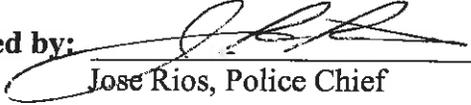
From: Jose Rios, Police Chief

Discussion: Rix's Tavern, MCHLLC, has applied for a Temporary Extension of Premise License through the Arizona Department of Liquor to extend their premises onto West Grant Street (street closure) for extra seating to accommodate customers during the Celeste Machiche Foundation fundraiser on September 17, 2016 at 3:00 p.m. to September 18, 2016 at 2:00 a.m.. Security and fencing will be provided by Rix's Tavern, MCHLLC.

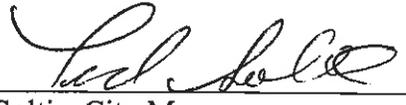
Recommendation: Approve the application submitted by Rix's Tavern, MCHLLC.

Fiscal Impact: None.

Submitted by:


Jose Rios, Police Chief

Approved by:


Ted Soltis, City Manager



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:

Temporary change (No Fee) for date(s) of: 09/17/16 through 09/18/16 list specific purpose for change:

Closer of Grant street on the side of Rix's

1. Licensee's Name: Humphers Mary Christine License#: 06020050
Last First Middle
 2. Mailing address: P.O. Box 894 Willcox AZ 85644
Street City State Zip Code
 3. Business Name: Mchillc / Rix's Tavern
Street City State Zip Code
 4. Business Address: P.O. Box 894 Willcox AZ 85644
Street City State Zip Code
 5. Email Address: chumphers69@gmail.com
Street City State Zip Code
 6. Business Phone Number: 520-384-3430 Contact Phone Number: 520-254-2006

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

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? The area will be fenced in, with security on all corners

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:

The Barrier will be the fence for the extended area

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

Notary

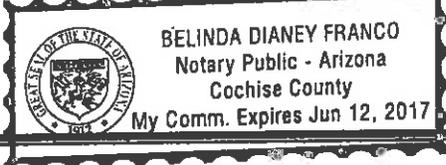
I, (Print Full Name) MARY CHRISTINE HUMPHREYS hereby declare that I am a **CONTROLLING PERSON/ AGENT** filing this notification. I have read this document and the contents and all statements are true, correct and complete.

X (Signature) Mary Christine Humphreys
Controlling Person / Agent

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

26 of August 2016
Day Month Year

My commission expires on: June 12, 2017



Belinda Dianey Franco
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:

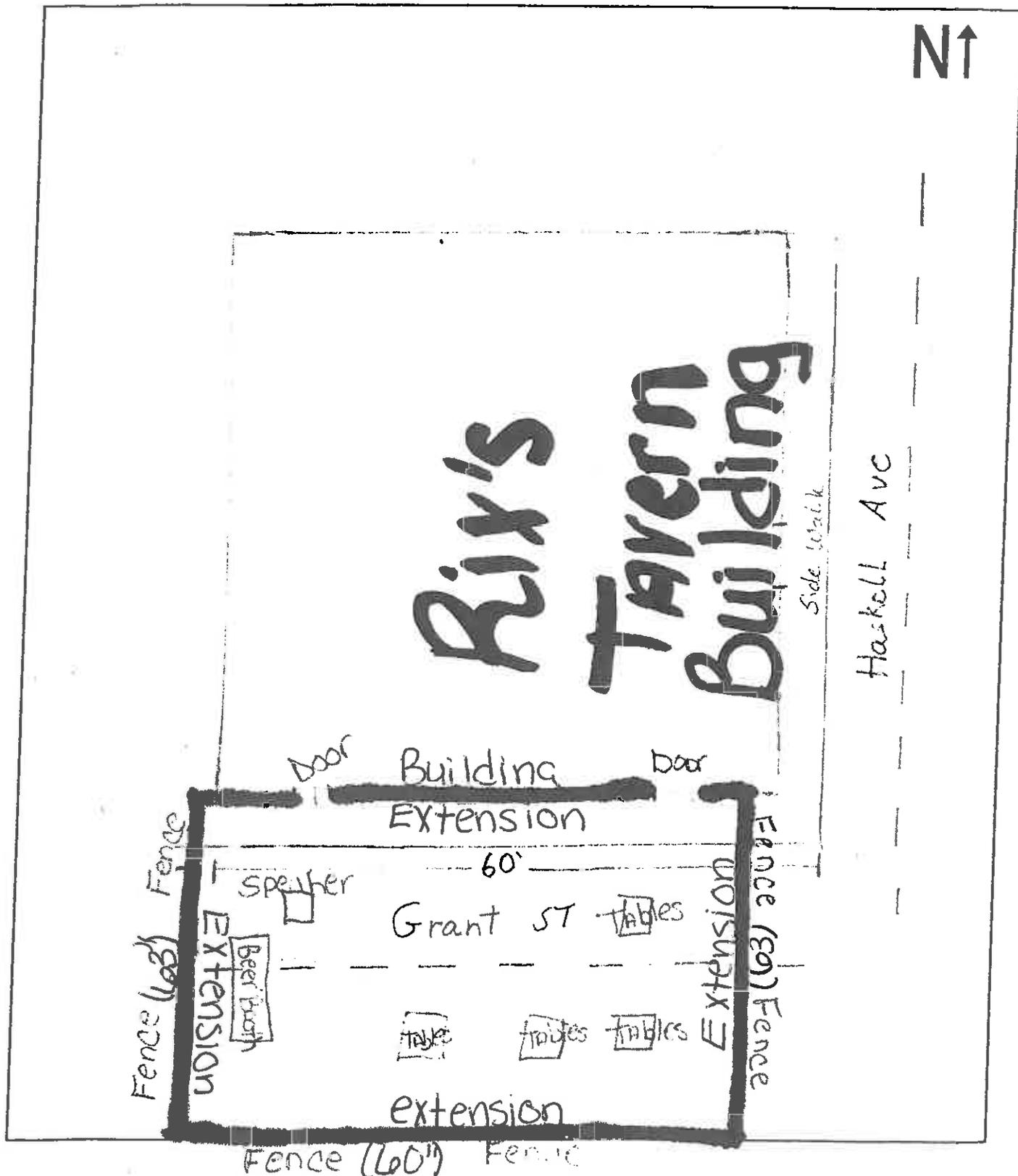
Authorized Signature Title Agency Date

DLIC USE ONLY

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

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

SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



CITY OF WILLCOX
Council Action Form

Agenda Item: 10
Tab Number: 4

Meeting Date:

September 1, 2016

Action:

Resolution
 Ordinance
 Other

Subject: Rex Allen Days
Parade street closure request

To: Mayor and City Council

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

Discussion: Rex Allen Days, Inc. (RAD) is requesting street closures for the Rex Allen Days Parade. The parade will start at Maley St. and Austin Blvd. and then proceed north on Austin Blvd. to Fremont St., from Fremont St. east to Haskell Ave., then south on Haskell Ave. to end at McCourt Ave.

The parade is scheduled for October 1, 2016 from 6:00 a.m. until 1:00 p.m. RAD will obtain all barricades and signage. City crews will place and remove barricades the morning of the event.

Recommendation: Approve street closure request.

Fiscal Impact: Overtime for Police Dept. traffic control and Public Works Dept. barricade setup and removal.

Submitted by:


Galo Galovale, Public Works Director

Approved by:


Ted Soltis, City Manager

Street Closure Request Form

Name of Applicant

REX ALLEN DRUG INC

Date of Request

July 13th, 2016

Address

PO BOX 429, WILKON

Phone Number

530-678-6540

Event or Event Sponsor for Street Closure

65th REX ALLEN DRUGS PARADE

Date(s) Requested for Street Closure

10/1/16

Times for Street Closure

6:00am - 1pm

Street(s) to be closed Beginning and ending points

Start at Mabley & Austin, proceed N to Fremont, from Fremont to Haskell, S on Haskell, E on Stewart, S on Paul road to Mabley, W on Mabley to Haskell then S on Haskell to end on McCullit Ave.

The applicant understands that a certificate of liability insurance for \$1,000,000 naming the City of Wilkes as additionally insured must be supplied with this application in order for the request to be fully executed and processed. Additionally, the City of Wilkes 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

July 13th, 2016

Date

Received By

Date

PETITION TO CLOSE RAILROAD AVENUE

ON 10/1/16
DATE

FROM 6 TO 1
START TIME END TIME

FOR THE PURPOSE OF parade
EVENT

REX ALLEN MUSEUM, OK TO CLOSE E. Renee Breh

WILLCOX HISTORIC THEATER, OK TO CLOSE Gary Dow

RODNEY'S, OK TO CLOSE Ray E. B...

FLYING LEAP, OK TO CLOSE Calento Serface

FRIENDS OF MARTY ROBBINS, OK TO CLOSE Juanita Buckley

KEELING SCHAEFER, OK TO CLOSE Jeanne Maniville for Keeling Schaefer

GALLERY 94, OK TO CLOSE Chace Lopez

BIG TX, OK TO CLOSE [Signature]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Designation Of Premises (Part Leased To You): Area(s) Designated to Rex Allen Days
Name Of Person(s) Or Organization(s) (Additional Insured): The City of Wilcox
Additional Premium: \$10.00
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE - DESIGNATED EVENT

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE PART

SCHEDULE

Description and Location of Designated Event:

Rodeo:

**Rex Allen Days
Rodeo & Parade**

A. This insurance only applies to damages arising out of the designated event shown in the above Schedule.

All other terms and conditions of this policy remain unchanged.



POLICY NUMBER: 1000108194

EFFECTIVE DATE: 09/29/2016

COMMERCIAL GENERAL LIABILITY DECLARATIONS

NAMED INSURED: Rex Allen Days

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 2,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ 300,000	Any one premises
MEDICAL EXPENSE LIMIT	\$ 5,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ 2,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		\$ 4,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		\$ 4,000,000

RETROACTIVE DATE (CG 00.02-ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: NONE

(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

- INDIVIDUAL
 PARTNERSHIP
 JOINT VENTURE
 TRUST
 LIMITED LIABILITY COMPANY
 ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

AUDIT PERIOD (IF APPLICABLE)

- ANNUALLY
 SEMI-ANNUALLY
 QUARTERLY
 MONTHLY

FORMS AND ENDORSEMENTS APPLICABLE TO THE COMMERCIAL GENERAL LIABILITY COVERAGE PART

See Schedule of Forms and Endorsements - SIIL DS 02

CITY OF WILLCOX
Request for Council Action

Agenda Item: 11
Tab Number: 5

Meeting Date:

September 1, 2016

Action:

- Resolution
- Ordinance
- Other

Subject: Willcox Historic Theater Special Event License application

To: Mayor and City Council

From: Jose Rios, Police Chief

Discussion: The Willcox Historic Theater is sponsoring a special event to be held at the Willcox Historic Theater. The event will be held October 15, 2016 from 6:00 p.m. until 11:00 p.m. Security will be provided by Willcox Historic Theater staff. The special event will be held inside the theater and security will be checking identification. Theater staff will have completed liquor law training prior to event date. The Willcox Police Department has no objection to this event being held.

Recommendation: Approve Application for Special Event License.

Fiscal Impact: \$0

Submitted by:



Jose Rios, Police Chief

Approved by:



Ted Soltis, City Manager



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

Event Date(s):
Event time start/end:
CSR:
License:

APPLICATION FOR SPECIAL EVENT LICENSE
 Fee= \$25.00 per day for 1-10 days (consecutive)
 Cash Checks or Money Orders Only

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

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control (see Section 15).

SECTION 1 Name of Organization: Willcox Historic Theater Preservation, Inc

SECTION 2 Non-Profit/IRS Tax Exempt Number: 45-5329399

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

- Charitable Fraternal (must have regular membership and have been in existence for over five (5) years)
- Religious Civic (Rotary, College Scholarship) Political Party, Ballot Measure or Campaign Committee

SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises? Yes No

 Name of Business License Number Phone (Include Area Code)

SECTION 5 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) and check one of the following boxes.

- Place license in non-use
- Dispense and serve all spirituous liquors under retailer's license
- Dispense and serve all spirituous liquors under special event
- Split premise between special event and retail location

(IF NOT USING RETAIL LICENSE, SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISE TO SUSPEND THE LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF PREMISE, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISE.)

SECTION 6 What is the purpose of this event? On-site consumption Off-site (auction) Both

SECTION 7 Location of the Event: _____

Address of Location: 134 N Railroad Ave Willcox, AZ 85643
 Street City COUNTY State Zip

SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Yes No

SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Berry Ronald Alien 11-22-1944
 Last First Middle Date of Birth

2. Applicant's mailing address: 6342 S Bascom Trail Willcox AZ 85643
 Street City State Zip

3. Applicant's home/cell phone: (520) 282-0298 Applicant's business phone: (520) 766-3334

4. Applicant's email address: raberry@vtc.net

SECTION 10

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 Yes No (if yes, attach explanation.)

2. How many special event licenses have been issued to this location this year? 1
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. Is the organization using the services of a promoter or other person to manage the event? Yes No
 (If yes, attach a copy of the agreement.)

4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name Willcox Historic Theater Preservation, Inc Percentage: 100%

Address 134 N Railroad Ave Willcox, AZ, 85643
Street City State Zip

Name _____ Percentage: _____

Address _____
Street City State Zip

5. Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

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

_____ Number of Police _____ Number of Security Personnel Fencing Barriers

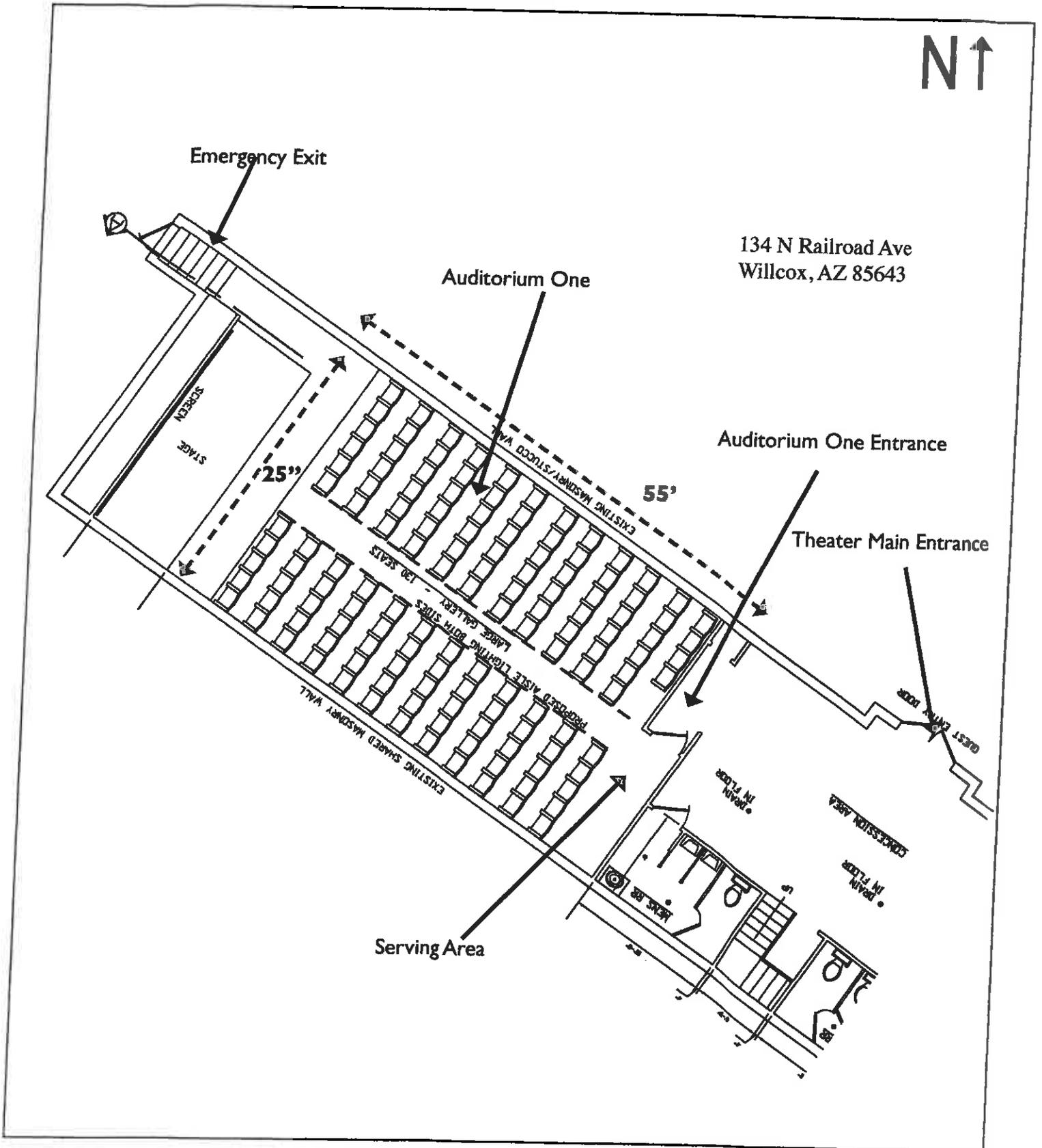
Explanation: The event will take place in Willcox Historic Theater Auditorium One. Access is first through the
general Theater doors and then Auditorium One Single Door. The Auditorium One entrance will be
staffed and continuously monitored by Theater staff to ensure compliance

SECTION 11 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.
 See A.R.S. § 4-244(15) and (17) for legal hours of service.

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>Oct 15, 2016</u>	<u>Saturday</u>	<u>6 pm</u>	<u>11 pm</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



SECTION 13 To be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, (Print Full Name) Gayle Berry declare that I am an Officer, Director or Chairperson of the organization filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

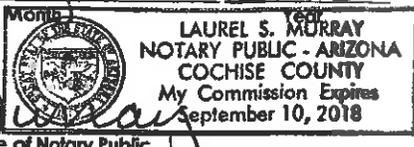
X Gayle Berry Signature Title/ Position President Date 8/23/16 Phone Number 520 5071080

The foregoing instrument was acknowledged before me this 23 Day August 2016 Month Year

State Arizona County of Cochise

My Commission Expires on: 9-10-2018 Date

Laurel S Murray Signature of Notary Public



SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, (Print Full Name) Ronald Berry declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

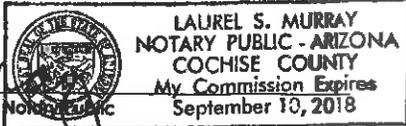
X Ronald Berry Signature Title/ Position Director Date 8/23/16 Phone Number 520 2820298

The foregoing instrument was acknowledged before me this 23 Day August 2016 Month Year

State Arizona County of Cochise

My Commission Expires on: 9-10-2018 Date

Laurel S Murray Signature of Notary Public



Please contact the local governing board for additional application requirements and submission deadlines. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section.

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

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

SECTION 16 For Department of Liquor Licenses and Control 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.

CITY OF WILLCOX
Request for Council Action

Agenda Item: 12
Tab Number: 6

Meeting Date:

September 1, 2016

Action:

Resolution
 Ordinance
 Other

Subject: Chamber of
Commerce Special Event
License application for
Windmill Park

To: Mayor and City Council

From: Jose Rios, Police Chief

Discussion: The Chamber of Commerce and Agriculture is sponsoring an event to be held at Windmill Park-Rex Allen Museum. The event will be held October 15, 2016 from 6:00 p.m. until 10:30 p.m. Security will be provided by the Arizona Rangers. The area is fenced and secured with a gate. Wine will be served by licensed local wineries. The Willcox Police Department has no objection to this event being held.

Recommendation: Approve Application for Special Event License.

Fiscal Impact: \$0

Submitted by:


Jose Rios, Police Chief

Approved by:


Ted Soltis, City Manager



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

Event Date(s):
Event time start/end:
CSR:
License:

APPLICATION FOR SPECIAL EVENT LICENSE
 Fee= \$25.00 per day for 1-10 days (consecutive)
 Cash Checks or Money Orders Only

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

IMPORTANT INFORMATION: This document must be fully completed or it will be returned.

The Department of Liquor Licenses and Control must receive this application ten (10) business days prior to the event. If the special event will be held at a location without a permanent liquor license or if the event will be on any portion of a location that is not covered by the existing liquor license, this application must be approved by the local government before submission to the Department of Liquor Licenses and Control (see Section 15).

SECTION 1 Name of Organization: Willcox Chamber of Commerce and Agriculture

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0068075

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

- Charitable Fraternal (must have regular membership and have been in existence for over five (5) years)
 Religious Civic (Rotary, College Scholarship) Political Party, Ballot Measure or Campaign Committee

SECTION 4 Will this event be held on a currently licensed premise and within the already approved premises? Yes No

Name of Business

License Number

Phone (include Area Code)

SECTION 5 How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation (look in special event planning guide) and check one of the following boxes.

- Place license in non-use
 Dispense and serve all spirituous liquors under retailer's license
 Dispense and serve all spirituous liquors under special event
 Split premise between special event and retail location

(IF NOT USING RETAIL LICENSE, SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISE TO SUSPEND THE LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF PREMISE, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISE.)

SECTION 6 What is the purpose of this event? On-site consumption Off-site (auction) Both

SECTION 7 Location of the Event: Windmill Park, Rex Allen Museum

Address of Location: 150 N Railroad Ave Willcox Cochise AZ 85643
Street City COUNTY State Zip

SECTION 8 Will this be stacked with a wine festival/craft distiller festival? Yes No

SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Baker Alan S 10/24/1962
Last First Middle Date of Birth

2. Applicant's mailing address: 1500 N Circle I Rd Willcox AZ 85643
Street City State Zip

3. Applicant's home/cell phone: (928) 310-4776 Applicant's business phone: (520) 384-2272

4. Applicant's email address: abaker@vtc.net

SECTION 10

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?

Yes No (If yes, attach explanation.)

2. How many special event licenses have been issued to this location this year? One
 (The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. Is the organization using the services of a promoter or other person to manage the event? Yes No
 (If yes, attach a copy of the agreement.)

4. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds. The organization applying must receive 25% of the gross revenues of the special event liquor sales. Attach an additional page if necessary.

Name NCCH Foundation Percentage: 75

Address 901 W Rex Allen Dr Willcox AZ 85643
Street City State Zip

Name Willcox Chamber of Commerce and Agriculture Percentage: 25

Address 1500 N Circle I Rd Willcox AZ 85643
Street City State Zip

5. Please read A.R.S. § 4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

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

2 Number of Police 2 Number of Security Personnel Fencing Barriers

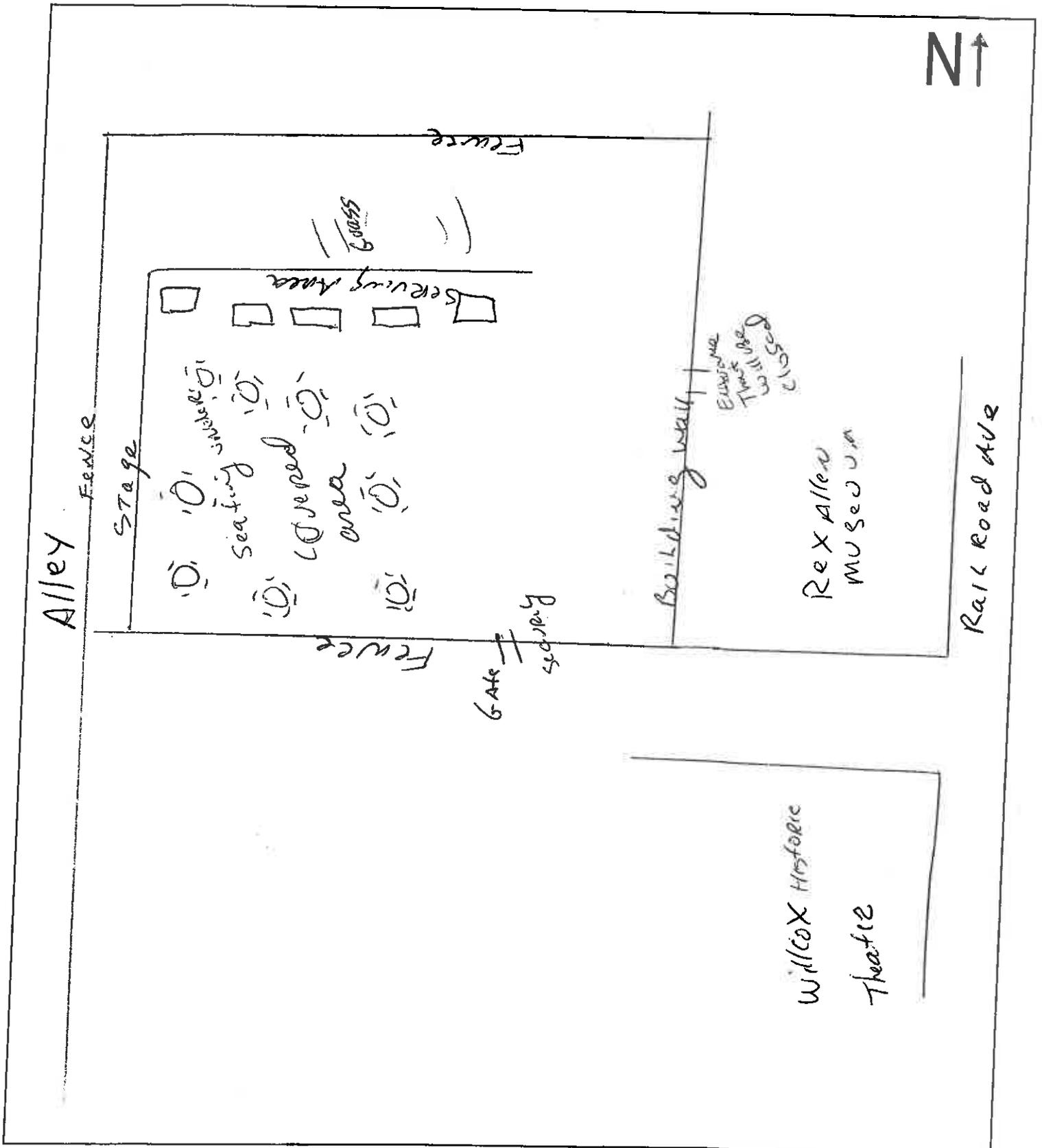
Explanation: Windmill Park is fenced and has one entrance gate. There is another entrance through the Rex Allen Museum which will be closed. Security personnel, Arizona Rangers will be at the gate. The Willcox Police Department will be available to respond if necessary

SECTION 11 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.
 See A.R.S. § 4-244(15) and (17) for legal hours of service.

PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>10/15/2016</u>	<u>Saturday</u>	<u>6:00pm</u>	<u>10:30pm</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



SECTION 13 To be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, (Print Full Name) Alan Baker declare that I am an Officer, Director or Chairperson of the organization filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] Executive Director/Secretary 8/23/2016 520-384-2272
 Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 23 August 2016
 Day Month Year

State Arizona County of Cochise

My Commission Expires on: 01-31-2018
 Date

[Signature] VIRGINIA A. MEFFORD
 NOTARY PUBLIC - ARIZONA
 COCHISE COUNTY
 My Commission Expires
 January 31, 2018
 Signature of Notary Public

SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, (Print Full Name) Alan Baker declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] Executive Director/ Secretary 8/22/2016 520-384-2272
 Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 23 August 2016
 Day Month Year

State Arizona County of Cochise

My Commission Expires on: 01-31-2018
 Date

[Signature] VIRGINIA A. MEFFORD
 NOTARY PUBLIC - ARIZONA
 COCHISE COUNTY
 My Commission Expires
 January 31, 2018
 Signature of Notary Public

Please contact the local governing board for additional application requirements and submission deadlines. Additional licensing fees may also be required before approval may be granted. For more information, please contact your local jurisdiction: http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf.

SECTION 15 Local Governing Body Approval Section.

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

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

SECTION 16 For Department of Liquor Licenses and Control 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.