

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, Arizona 85007-2934
(602) 542-5141



APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.

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

DLLC USE ONLY
LICENSE #

- Name of Organization: Every Kid Counts, Inc.
- Non-Profit/I.R.S. Tax Exempt Number: 860758076
- The organization is a: (check one box only)
 - ☒ Charitable
 - ☐ Fraternal (must have regular membership and in existence for over 5 years)
 - ☐ Civic
 - ☐ Religious
 - ☐ Political Party, Ballot Measure, or Campaign Committee
- What is the purpose of this event? ☒ on-site consumption ☐ off-site consumption (auction) ☐ both
Fund Raiser (Ages of 21 years and older)

- Location of the event: 1300 S. Country Club

Arizona Event Center	Mesa	Maricopa	85210
Address of physical location (Not P.O. Box)	City	County	Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Question #1. (Signature required in section #18)

- Applicant: James George H REDACTED

Last	First	Middle	Date of Birth
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- Applicant's Mailing Address: 4423 E. McClellan, Unit 114 Mesa AZ 85205

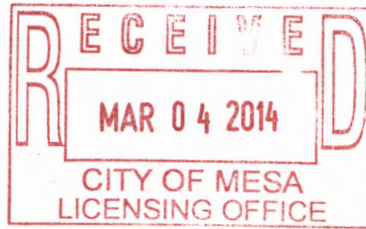
Street	City	State	Zip
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- Phone Numbers: (480) 779-7712 (480) 248-6753 (REDACTED)

Site Owner #	Applicant's Business #	Applicant's Home #
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- Date(s) & Hours of Event: (see A.R.S. 4-244(15) and (17) for legal hours of service)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1:	04/26/2014	Saturday	11 AM	2 AM
Day 2:	04/27/2014	Sunday	11 AM	9 PM
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
Day 8:				
Day 9:				
Day 10:				



116651
Licensing Office
55 North Center Street
PO Box 1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-3999 Fax
www.cityofmesa.org

SPECIAL EVENT AND EXTENSION OF PREMISES INFORMATION SHEET

4-7-14

If you are having alcohol sales you will need to obtain a Special Event Liquor License or an Extension of Premises from City of Mesa Licensing Office. This must be submitted at least 60 days prior to the event. A license is required with special provision outlined. Plan a minimum of 60 days to complete this process.

Check all that apply:

- ☐ Free/Host Alcohol
☐ Alcohol Sales
☐ Host and Sale Alcohol

- ☐ Beer
☐ Beer and Wine
☒ Beer, Wine and Distilled Spirits

Do you plan to secure a:

☒ **Special Event Liquor License** - The Special Event Liquor License fee is \$25 and must be approved by the City Council. After city approval, your application must be submitted to and approved by the State of Arizona. There are fees involved at the State. A non-profit association must obtain this license. (Complete attached State of Arizona Special Event Liquor Application and site plan.)

OR

☐ **Extension of Premises License** - There is no fee involved with the Extension of Premises. This is allowed when a liquor license is already in affect and you want to extend the area where liquor is sold. (Complete attached State of Arizona Extension of Premises Application and site plan.)

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event we will have 12 security personnel and two of which will be checking IDs for 21 and over only
See map for security locations.

If applying for a Special Event Liquor License the following must be provided:

Charity's or Organization's Name <u>Every Kid Counts Inc.</u>	Chairman <u>George James</u>	501 (C)(3)# <u>86 075 8076</u>
Name of Contact at Charity/Organization <u>ROBERT PEROLKA</u>	Title with Organization	Phone Number <u>REDACTED</u>
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? They will be ID'd at the main door by security personnel. 21 and older event.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? They will not be allowed in. Must be 21 or older

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served Concession style.

Seating capacity of designated area: # 2500

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?
☐ YES ☒ NO (attach explanation if yes)

11. This organization has been issued a special event license for ⁵_____ days this year, including this event
(not to exceed 10 days per year).

12. Is the organization using the services of a promoter or other person to manage the event? ☐ YES ☒ NO
If yes, attach a copy of the agreement.

13. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds.
THE ORGANIZATION APPLYING MUST RECEIVE 25% OF THE GROSS REVENUES OF THE SPECIAL EVENT LIQUOR SALES.

Name EVERY KID COUNTS, INC 100%
Percentage

Address 6900 E. Camelback Road, #210, Scottsdale, AZ 85251

Name _____ Percentage

Address _____
(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have any questions regarding the law or this application, please contact the Arizona State Department of Liquor Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

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

⁰ _____ # Police ☐ Fencing
⁸ _____ # Security personnel ☐ Barriers

FACILITY IS fully enclosed WITH CONTROL ACCESS POINTS AND REGULAR AND ADDED SECURITY

16. Is there an existing liquor license at the location where the special event is being held? ☒ YES ☐ NO
If yes, does the existing business agree to suspend their liquor license during the time period, and in the area in which the special event license will be in use? ☒ YES ☐ NO

(ATTACH COPY OF AGREEMENT)

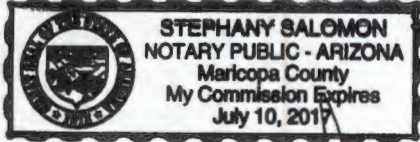
RAWHIDE WESTERN TOWN (480) 502-5600
Name of Business Phone Number

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

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1

18. I, ROBERT JOHN PERELKA declare that I am an Officer/Director/Chairperson appointing the
(Print full name)
applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] PRESIDENT 03/03/2014 (480) 248-6753
(Signature) (Title/Position) (Date) (Phone #)



State of

Maricopa County of Arizona
The foregoing instrument was acknowledged before me this
03 March 2014
Day Month Year

My Commission expires on: July 10, 2017
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

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

19. I, George H. James declare that I am the APPLICANT filing this application as
(Print full name)
listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of ARIZONA County of MARICOPA
(Signature) The foregoing instrument was acknowledged before me this

4 March 2014
Day Month Year

BARBARA BACKUS-SMITH
Notary Public - State of Arizona
MARICOPA COUNTY
My commission expires on: October 18, 2015
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____ hereby recommend this special event application
(Government Official) (Title)
on behalf of _____
(City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) (Date)

☐ APPROVED

☐ DISAPPROVED

BY:

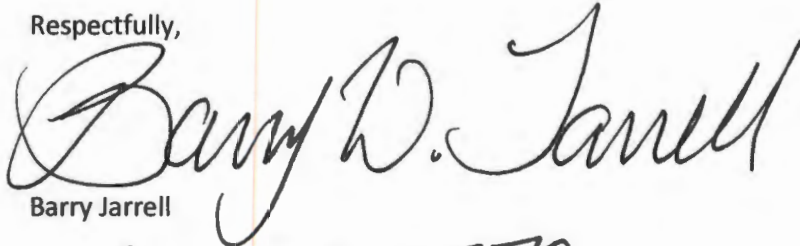
(Title)

(Date)

To whom it may concern,

The Arizona Event Center LLC. Agrees to suspend our Liquor License for the dates of 26 April 2014, 27 April 2014 and 03 May 2014 to host special events with Every Kid Counts a 501 c3 origination. Every Kid counts will host at The Arizona Event Center a two day beer festival on 26 – 27 April 2014 and a one day Event on 03 May 2013.

Respectfully,

A handwritten signature in cursive script that reads "Barry D. Jarrell". The signature is written in black ink and is positioned above the printed name "Barry Jarrell".

Barry Jarrell

480-772-2570.

Special Event Letter of Approval

Licensing Office:
55 North Center Street
Mailing Address:
PO Box 1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-3999 Fax
www.mesaaz.gov/salestax



Date: 4/26 / 4/27 2014

Property Manager or Owner Name: WAYNE CRAIG

Contact Phone Number: 602 418 1134

Special Event Name and Location: BEERS OF THE WORLD FESTIVAL

ARIZONA EVENT CENTER, 1300 S. COUNTRY CLUB DR, mesa az 85210

Requested Closure Date(s) and Time: 4/26 - 4/27 10am - 12am

As property manager/owner for the commercial property address listed above, I acknowledge I have been informed by the promoter of the Special Event that a request to close off the area during the special event has been submitted to the City of Mesa. Possible conflicts or impacts on the surrounding businesses have been addressed.

Signature of Property Manager/Owner

03/07/2014

Arizona Corporation Commission
State of Arizona Public Access System

9:04 AM

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Corporate Inquiry

File Number: -0776845-6

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Corp. Name: EVERY KID COUNTS, INCORPORATED

Domestic Address

8220 E. APPALOOSA TRAIL

SCOTTSDALE, AZ 85258

Statutory Agent Information

Agent Name: JEFF GOE

Agent Mailing/Physical Address:

8220 E. APPALOOSA TRAIL

SCOTTSDALE, AZ 85258

Agent Status: APPOINTED 11/26/2002

Agent Last Updated: 12/12/2005

Additional Corporate Information

Corporation Type: NON-PROFIT

Business Type: CHARITABLE

Incorporation Date: 05/02/1996

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 06/11/1996

Original Publish Date: 11/05/1996

Officer Information

GEORGE H JAMES
CHAIRMAN

4423 MCLELLAN #114

MESA, AZ 85205

Date of Taking Office: 02/19/2014

MICHELLE PREBLE

OTHER OFFICER

2533 N. SILVERADO

MESA, AZ 85215

Date of Taking Office: 01/01/2013