

6-6-14 Frent

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

INF	ORMATION SHEET	116730
If you are having alcohol sales you will ned Premises from City of Mesa Licensing Offic license is required with special provision o	e. This must be submitted at least 60 c	lays prior to the event. A
Check all that apply:		
☐ Free/Host Alcohol ☐ Alcohol Sales ☐ Host and Sale Alcohol	☐ Beer☐ Beer and Wine☐ Beer, Wine and Distille	ed Spirits
Oo you plan to secure a:		
Special Event Liquor License - The Spec Council. After city approval, your application m fees involved at the State. A non-profit associa Event Liquor Application and site plan.)	oust be submitted to and approved by the St	rate of Arizona. There are
OR		
Extension of Premises License - There is liquor license is already in affect and you want t Arizona Extension of Premises Application and s		
Please describe your security plan to ensure the OLIDIA AT DOINTOF	sale and given w	event Potrons Will prist bands. ont of sales roaming
whomate Imagin	ations 74	-2532863
Charity's or Organization's Name Name of Contact at Charity/Organization	Title with Organization	Phone Number
On-Site Agent Responsible for Liquor		
How will attendees over the age of 21 be identified	fied? By 1D and w	wistband
		100 100
What controls will be used to keep attendees ur		the event? (D) (1 Y) UT
Will food be served? Thes I No If yes, will		eaunty/volumestaurants
Seating capacity of designated area: #		

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix AZ 85007-2934 CITY O (602) 542-5141



400 W Congress #521 Tucson AZ 85701-1352 (520) 628-6595

116730

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

Application must be an	proved by local of	overnment before subm	nission to	DLLC USE	E ONLY
**Application must be approved by local government before submission to Department of Liquor Licenses and Control. (Section #20)			LICENSE #		
. Name of Organizati	on: Ultimate Imagina	ations			
. Non-Profit/I.R.S. Ta	x Exempt Numb	per: 74-2532863			
. The organization is	a: (check one b	oox only)			
Charitable	☐ Fraternal (r	must have regular mem	nbership and in e	existence for	over 5 years)
☐ Civic	☐ Political Pa	rty, Ballot Measure, or	Campaign Com	mittee	
_	_		, 0		
☐ Religious					
. What is the purpose	e of this event?	To increase tourism in Down	ntown Mesa.		
. Location of the ever	nt: Macdonald St. fr	rom Main to Pepper	Mesa	Maricop	a 85201
	Address of physic	al location (Not P.O. Box)	City	County	Zip
		ying organization and au Signature required in se		fficer, Director	r or Chairpersor
			Warren		REDACTED
Applicant Short		David	wanen	-	
. Applicant: Short	Last	First	Middle		Date of Birth
		First		AZ	
		First	Middle		Date of Birth
. Applicant's Mailing	Address: 100 N (First Center Street Street (480) 8	Middle Mesa City	AZ State (REDA	Date of Birth 85201 Zip CTED
7. Applicant's Mailing 8. Phone Numbers: (Address: 100 N 0 480) 890-2613 Site Owner #	First Center Street Street (480) 8 Applic	Middle Mesa City 190-2613 ant's Business #	AZ State (REDA	Date of Birth 85201 Zip
7. Applicant's Mailing 8. Phone Numbers: (Address: 100 N (480) 890-2613 Site Owner # Event: (Remember	First Center Street Street (480) 8 Applic Applic er: you <u>cannot</u> sell alcohol bef	Middle Mesa City 190-2613 rant's Business # fore 10:00 a.m. on Su	AZ State (REDA App	Date of Birth 85201 Zip C'TED licant's Home #
7. Applicant's Mailing 8. Phone Numbers: (9. Date(s) & Hours of	Address: 100 N 0 480) 890-2613 Site Owner #	First Center Street Street (480) 8 Applicer: you cannot sell alcohol before the self alcohol befo	Middle Mesa City 90-2613 ant's Business # fore 10:00 a.m. on Su Hours from	AZ State (REDA App	Date of Birth 85201 Zip C'TED licant's Home #
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10. Has the applicant been convicted of a felony in the past five years, or had a liquor license re ☐ YES ☑ NO (attach explanation)	
11. This organization has been issued a special event license for 6 days this year, include (not to exceed 10 days)	
12. Is the organization using the services of a promoter or other person to manage the event? If yes, attach a copy of the agreement.	YES 7 NO
13. List all people and organizations who will receive the proceeds. Account for 100% of the proceeds the proceeds of the GROSS REVENUES OF THE GROSS REVENUES OF EVENT LIQUOR SALES.	
Name Ultimate Imaginations	100%
	Percentage
Address 100 N. Center Street, Mesa, AZ 85201	
Name	
	Percentage
(Attach additional sheet if necessary)	
any questions regarding the law or this application, please contact the Arizona State Depa Licenses and Control for assistance. NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVEI "NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMIS" 15. What security and control measures will you take to prevent violations of state liquor laws a	NT SITE ONLY. SES."
(List type and number of security/police personnel and type of fencing or control barriers if	
² # Police	
# Security personnel Barriers	
Attendees will be able to roam area blocked in red. Security personnel will be at the beer point of sale providing security	urity and alcohol control
as well as roaming the area in red. Personnel will check ID at the beer point of sale. Off-Duty PD will be on site roam	ming
the area and providing crowd control. "No Alcohol Beyond this Point" Signs will be posted at entry/exit locations	
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)	<u> </u>
Name of Business	Phone Number
47. Vous licensed premises is that are is which were a the size of the P. P.	

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 WAVID SHORT declare that I am an Officer/Director/Chairperson appointing the
	(Print full name) applicant listed in Adestion 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.
	(A X) I Shahi was and
	(Title/Position) (Date) (Phone #)
	State of Mureopa County of Avizance
	MICHELE L. SHACKELFORD Notary Public - State of Artzona MARIOGE - State of Artzona
	My Commission Evidence
	My Commission expires on: Nov We 2017 My Commission expires on:
	(Date) (Signature of NOTARY PUBLIC)
	THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6
	7 1 - 1 2 1 2 1 2
	19. I, DAVED SHOON declare that I am the APPLICANT filing this application as
	listed in Question 6. There read the application and the contents and all statements are true, correct and complete.
	State of Arizona County of Maricaga
	X The foregoing instrument was acknowledged before me this ,
	Why Commission Expires No. Commission Expires No. Commission Expires No. Commission Expires
	ALNOOD VIODINIVW NOTICE OF THE PROPERTY OF TH
SD	OAYSONASSONASSONASSONASSONASSONASSONASSO
	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.
1	LOCAL GOVERNING BODY APPROVAL SECTION
	LOCAL GOVERNING BODT 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)



Arizona Corporation Commission

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Corporate Inquiry

File Number: -0212218-8

Corp. Name: ULTIMATE IMAGINATIONS, INC.

Check Corporate Status

Domestic Address

100 N CENTER ST MESA, AZ 85201-7308

Statutory Agent Information

Agent Name: W RALPH PEW	
Agent Mailing/Physical Address:	
1744 S VAL VISTA DR #217	
MESA, AZ 85204	
Agent Status: APPOINTED 02/16/1989	
 Agent Last Updated: 01/07/2011	

Additional Corporate Information

Corporation Type: NON-PROFIT	Business Type: CIVIC
Incorporation Date: 02/16/1989	Corporate Life Period: PERPETUAL
Domicile: ARIZONA	County: MARICOPA
Approval Date: 02/23/1989	Original Publish Date: 04/06/1989

Officer Information

VINCE DIBELLA CHAIRMAN

SAEMISCH DIBELLA ARCHITECTS 48 W MAIN ST

MESA, AZ 85201

Date of Taking Office: 07/01/2007

FREDDY CURRY OTHER OFFICER CURRY INSURANCE AGENCY 101 E 1ST AVE #205

MESA, AZ 85201

Date of Taking Office: 07/01/2011