

# Special Event Liquor License Application Attachment B

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



corrected page

lawd  
7/30/14

UD

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 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 effect and you want to extend the area where liquor is sold. (Complete 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

Participants will have wristbands for 21+. only those w/ wrist bands will have access to the mimosa or wine

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

Chances for Children of Arizona	REDACTED
Charity's or Organization's Name	501 (C) #
Janell Bolen	REDACTED
Name of Contact at Charity/Organization	Title with Organization
TBD by charity	Phone Number
On-Site Agent Responsible for Liquor	

How will attendees over the age of 21 be identified? They will be issued wrist bands upon ID approval

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? We will

have pride group security monitoring the liquor distribution area

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served ~~Healthy Food~~ TBD

Seating capacity of designated area: # N/A

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SEL 116892  
SE 116825

#1

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

Seating capacity of designated area: # N/A



# ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

RECEIVED

JUN 16 2014

CITY OF MESA  
LICENSING OFFICE

## 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: Chances for Children of Arizona
- Non-Profit/I.R.S. Tax Exempt Number: 82-0778257
- 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  
To host a 5k/10k running event with a mimosa garden. All Liq proceeds benefit Chances for Children of Arizona

- Location of the event: 901-979 N. Riverview Dr. Mesa Maricopa 85201  
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: Bolen Mary Janell REDACTED  
Last First Middle Date of Birth

- Applicant's Mailing Address: 9399 S. Priest Dr. Tempe AZ 85284  
Street City State Zip

- Phone Numbers: ( 480 ) 350-5859 ( 602 ) 708-2740 (        ) REDACTED  
Site Owner # Applicant's Business # Applicant's Home #

- 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:	<u>October 2nd, 2014</u>	<u>Thursday</u>	<u>7:00pm</u>	<u>11:00pm</u>
Day 2:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 3:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 4:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 5:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 6:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 7:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 8:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 9:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Day 10:	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

\*Disabled individuals requiring special accommodations, please call (602) 542-9027

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 2 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 Chances for Children of Arizona 100  
Percentage

Address 9399 S. Priest Dr. Tempe, AZ 85284

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)

1 # Police ☒ Fencing  
2 # Security personnel ☒ Barriers

We will have security on site to monitor the Mimosa Garden. The Garden will be barricaded with 4ft tall french barricades and participants  
will be required to show a wristband upon getting their drink and will need to keep it on all day. ID must be shown in order to obtain a  
wristband.

16. Is there an existing liquor license at the location where the special event is being held?  
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  
☐ YES ☐ NO

**(ATTACH COPY OF AGREEMENT)**

\_\_\_\_\_  
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.



**SPECIAL EVENT LICENSED PREMISES DIAGRAM**  
(This diagram must be completed with this application)

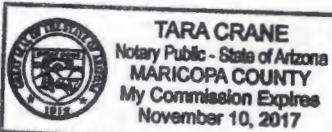
Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)  
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



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

18. I, Janell B Bolen 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 Janell B Bolen Executive Director 6-4-14 REDACTED  
(Signature) (Title/Position) (Date) (Phone #)



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

4 June 2014  
Day Month Year

My Commission expires on: 11/10/17  
(Date)

Tara Crane  
(Signature of NOTARY PUBLIC)

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

19. I, Janell B Bolen 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 Janell B Bolen State of Arizona County of Maricopa  
(Signature) The foregoing instrument was acknowledged before me this

My commission expires on: 11/10/17  
(Date)



4 June 2014  
Day Month Year  
Tara Crane  
(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)





Friday, May 23, 2014

Chances for Children, Arizona  
9399 S. Priest Dr.  
Tempe, AZ 85284

To Whom It May Concern:

I, Andrew Bellino Operations Manager of Life Time Fitness Triathlon Series LLC formally note that Life Time Fitness has entered into an agreement with Chances for Children of Arizona Foundation to provide/promote services for them during the Esprit De She 5k/10k running event on Thursday October 2nd , 2014 in which 100% of Liquor/ Alcohol proceeds will benefit Chances for Children of Arizona .

Sincerely,

A handwritten signature in black ink that reads "Andrew Bellino". The signature is written in a cursive, flowing style.

Andrew Bellino  
Operations Manager

06/16/2014

Arizona Corporation Commission  
State of Arizona Public Access System

4:29 PM

**Corporate Status Inquiry****File Number: -0735049-6****Corp. Name: CHANCES FOR CHILDREN-ARIZONA****This Corporation is in Good Standing**

This information is provided as a courtesy and does not constitute legally binding information regarding the status of the entity listed above. To obtain an official Certificate indicating that the entity is in good standing click on **Print Certificate** and follow printing instructions. To re-print a previously generated Certificate of Good Standing click **Reprint Certificate**.

[Print Certificate](#)[Reprint Certificate](#)[Return to Corporate Inquiry](#)



06/16/2014

Arizona Corporation Commission  
State of Arizona Public Access System

4:29 PM

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## Corporate Inquiry

File Number: -0735049-6

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Corp. Name: CHANCES FOR CHILDREN-ARIZONA

## Domestic Address

9399 S PRIEST DR

TEMPE, AZ 85282

## Statutory Agent Information

Agent Name: JANELL BOLEN

Agent Mailing/Physical Address:

9399 S PRIEST DR

TEMPE, AZ 85282

Agent Status: APPOINTED 11/19/2003

Agent Last Updated: 04/24/2007

## Additional Corporate Information

Corporation Type: NON-PROFIT

Business Type: CHARITABLE

Incorporation Date: 11/23/1994

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 11/23/1994

Original Publish Date: 12/08/1994

## Officer Information

JANELL BOLEN

CHIEF EXECUTIVE OFFICER

4040 E SAN GABRIEL AVENUE

PHOENIX, AZ 85044

Date of Taking Office: 07/01/2003

Last Updated: 12/05/2013

KIMO SEYMOUR

PRESIDENT

9599 S PRIEST DR

TEMPE, AZ 85284

Date of Taking Office: 07/01/2003

Last Updated: 12/05/2013