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



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:

	Ereck	Hast	Alcohol
-	riee/	ποει	AICOHOI

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 affect 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 security for the event will be provided by E Staff and off duty personnel as the size of the event prescribes the events center is served w/

welded bar fencing around the perimeter w/ security positioned at the entrance and exits.

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

United Food Bank	Chief Development Officer	
Charity's or Organization's Name Jayson Matthews		
Name of Contact at Charity/Organization Kerry Dunne	Title with Organization	Phone Number

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? private E Staff security will be required to check ID's and handle wristbands at entrance/exit points.

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

off duty personel will be stationed at ID Checks and monitoring wrist bands through the event

Will food be served? Wes No If yes, what type of food will be served BBQ

Seating capacity of designated area: # 100

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

APPLICATION FOR SPECIAL EVENT LICENSE

Fee= \$25.00 per day for 1-10 days (consecutive)

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: UNITED FODD BANK

SECTION 2 Non-Profit/IRS Tax Exempt Number: _____ REDACTED

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

Charitable (501.C) Fraternal (must have regular membership and have been in existence for over five (5) years) Reliaious 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?

Name of Business

License Number

Phone (include Area Code)

<u>SECTION 5</u> 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 <u>not</u> 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)

SECTION 7 Location of the Event: <u>Chester's Harley - Davidson</u> Address of Location: <u>972 S County Club and mesn Az</u> 8521 Street City County/State Zio

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

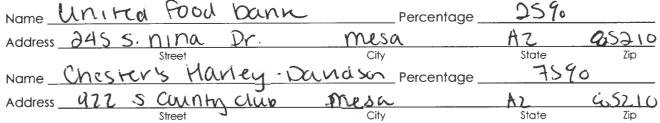
SECTION 9 Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Section 1. (Authorizing signature is required in Section 13.)

1. Applicant: Mathews	Saynan	6.	REDACTED	
Last	First	Middle	Date of	Birth
2. Applicant's mailing address:	ZUS S. NinA Dr.	Mens	AZ	87210
	Street	City	State	Zip
3. Applicant's home/cell phone:	REDACTED	_ Applicant's busines	s phone: (480) 344	3-4442
4. Applicant's email address:	matthewa Panito	1food bach. org		
8/5/14	Page 1 c	of 4		

Individuals requiring ADA accommodations call (602)542-9027.

SECTION 10

- 1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?
 - Yes MNO (If yes, attach explanation.)
- 3. Is the organization using the services of a promoter or other person to manage the event? Wes [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.



- 5. Please read A.R.S. §4-203.02 <u>Special event license; rules</u> and R19-1-205 <u>Requirements for a Special Event License</u>. **Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY**. <u>"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS</u> <u>OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"</u>
- 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	14 Number of Security Personnel 🖾 Fencing 🗖 Barriers
Explanation: retail	event to symulaic motorcycle sales.
This is the	7m annual event that benefity Chanty
This wears be	in etcian is the united bud bank

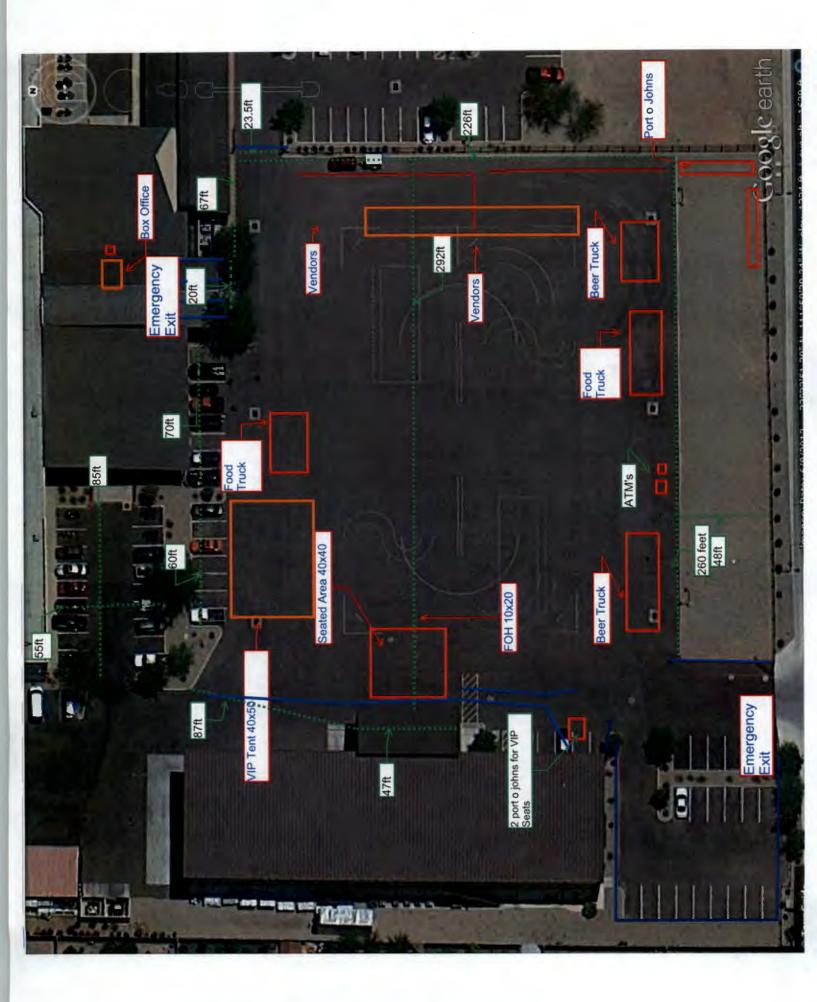
SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days. See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	10/ 4/ 3014	Saturday		llpm
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.

Sel attached

Page 3 of 4



SECTION 13 This section is to be completed only named in Section 1.	by an Officer, Director or	Chairperson of the	e organization
1. Deanna Villanue A-Sauce	declare that I am an	OFFICER, DIRECTO	DR, or CHAIRPERSON
appointing the applicant listed in Section 9, to a	pply on behalf of the fore	egoing organization	n for a Special Event
Liquor License.			
x DChALLINUL - CIV	<u>Sec Netary</u> Title/ Position	9-3-14 Date	400926.4897 Phone #
The foregoing instrument was acknowled ged the	efore me this	09	2014
State And CONTARY PUBLIC - ARIZONA	(OPA	Month	Year
My Commission Expires May 9, 2017	01	DADA TE	
My Commission Expires on: <u>+aug 1. 301-1</u>	Signat	ture of Notary Public)
SECTION 14 This section is to be completed only	by the applicant named	in Section 9.	
	by the applicant named		g this application as
1. Saynon Malliens	declare that I am th	ne APPLICANT filing	
I, <u>Saynon Milligers</u> (Print full name) listed in Section 9. I have read the applicatio complete.	declare that I am the n and the contents and	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Saynon Milligers</u> (Print full name) listed in Section 9. I have read the applicatio complete.	declare that I am the n and the contents and	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Say for Milliners</u> (Print full name) listed in Section 9. I have read the application complete. X <u>Signature</u>	declare that I am th n and the contents and <i>Chief Desiglepment</i> (A) Title/ Position	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Say from Multice 55</u> (Print full name) listed in Section 9. I have read the application complete. X <u>Signature</u> The foregoing instrument was acknowledged by CHELSEA FOX	declare that I am th n and the contents and <i>Chief Desiglepment</i> (A) Title/ Position	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Say for Mullicense</u> (Print full name) listed in Section 9. I have read the applicatio complete. X <u>Signature</u> The foregoing instrument was acknowledged by CHELSEA FOX NOTABY PUBLIC & ARIZONA	declare that I am th n and the contents and <i>(hit Vestlopment O</i>) Title/ Position efore me this7	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Say fron Multipers</u> (Print full name) listed in Section 9. I have read the application complete. X <u>Signature</u>) The foregoing instrument was acknowledged by CHELSEA FOX NOTARY PUBLIC _ ARIZONA	declare that I am th n and the contents and <i>(hit Vestlopment O</i>) Title/ Position efore me this7	ne APPLICANT filing d all statements ar	e true, correct and
I, <u>Say for Mullivers</u> (Print full name) listed in Section 9. I have read the applicatio complete. X <u>Signature</u> The foregoing instrument was acknowledged be CHELSEA FOX NOTARY PUBLIC - ARIZONA OWNIGON 2940174 000 My Commission Expires	declare that I am the n and the contents and <i>Char Westelspread</i> Title/Position efore me this <u>07</u> Day	ne APPLICANT filing d all statements ar	e true, correct and

The local governing body may require additional applications to be completed and submitted. Please check with local government as to how far in advance they require these applications to be submitted. Additional licensing fees may also be required before approval may be granted. 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						
l,(gov	ernment official)	(Title)	recommend		DISAPPROVAL	
on behalf of _	(City, Tcown, County)		Signature	Date	Phone	
FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY						
	DISAPPROVAL	BY:		DATE:		

		Arizo	na Corporation Comm	ission	
09/04/2014		State of	Arizona Public Access	System	9:29 AM
			Jump To		
Annual Reports	Scanned Documents	Amendments	Notices of Pending Administrative	Administrative Dissolutions and	Microfilm
Reports	Documents		Dissolution	Reinstatements	
		E-FILE An A	Annual Report Online << C	lick Here	
		FORMS For Ar	nnual Reports To Be Printed	And Mailed	
	NS	W		NEW	
		Subscrib	e to Annual Report Email Re	eminder	
			C		
			Corporate Inquiry		
File Num	ber: -0173041-7			Check Co	orporate Status
Corp. Na	me: THE UNITE	ED FOOD BAN	K		
			Domestic Address		
		24	5 SOUTH NINA DRIVE		
			MESA, AZ 85210		
		Statu	tory Agent Informati	ion	
		Ag	ent Name: OTTO SHILI		
		Agent	t Mailing/Physical Addro	ess:	
				0	
		40 N	I CENTER STREET, #20		
		40 N	N CENTER STREET, #20 MESA, AZ 85210		
		40 N			

Additional Corporate Information

Corporation Type: NON-PROFIT	Business Type: CHARITABLE		
Incorporation Date: 02/22/1985	Corporate Life Period: PERPETUAL		
Domicile: ARIZONA	County: MARICOPA		
Approval Date: 02/28/1985	Original Publish Date: 03/26/1985		

Officer Information

BILL WARREN	ROBERT F EVANS JR
CHAIRMAN	PRESIDENT/CEO
5000 EAST MCDOWELL ROAD	245 SOUTH NINA DRIVE
MESA,AZ 85215-9797	MESA,AZ 85210
Date of Taking Office: 07/01/2013	Date of Taking Office: 10/01/2003
Last Updated: 08/28/2013	Last Updated: 08/28/2013

Ariz. Corp. Comm. -- Corporations Division

1620 W. FOUNTAINHEAD PARKWAY, #219

Date of Taking Office: 03/22/2013

Date of Taking Office: 08/24/2012

Date of Taking Office: 08/26/2011

Date of Taking Office: 12/03/2010

Last Updated: 08/28/2013

Last Updated: 08/28/2013

Last Updated: 08/28/2013

Last Updated: 08/28/2013

9545 E. KENWOOD CIRCLE

MESA, AZ 85207

651 E. PINECREST DR.

567 WEST 10TH STREET

PINETOP, AZ 85935

CYNTHIA DUNHAM

MESA, AZ 85201

SHAUNA STATEN

500 S. 99TH AVE.

TOLLESON, AZ 85353

TERRY HORNE

DAVID PLUMB

DIRECTOR

DIRECTOR

DIRECTOR

TEMPE, AZ 85282

DIRECTOR

DANIELLE BROWN JENNIFER LINDLEY DIRECTOR DIRECTOR 5000 W. CHANDLER BLVD. 260 S. ARIZONA AVENUE CHANDLER, AZ 85226-3601 CHANDLER, AZ 85225 Date of Taking Office: 10/29/2010 Date of Taking Office: 06/25/2010 Last Updated: 08/28/2013 Last Updated: 08/28/2013 JILL BENZA CHARLES ERTL DIRECTOR DIRECTOR

Date of Taking Office: 09/25/2009 Date of Taking Office: 02/27/2009 Last Updated: 08/28/2013 Last Updated: 08/28/2013 ROBERT KAMMERLE PETER DURAN DIRECTOR DIRECTOR

SECRETARY 63 EAST MAIN ST. MESA, AZ 85201 Date of Taking Office: 07/01/2013	JO MARTIN TREASURER 7458 E. LOMPOC AVE. MESA,AZ 85209 Date of Taking Office: 07/01/2013 Last Updated: 08/28/2013
JOHN SELI VICE-PRESIDENT 2810 SOUTH ROOSEVELT STREET TEMPE,AZ 85282 Date of Taking Office: 07/01/2013 Last Updated: 08/28/2013	

Director Information

T MAIN ST. Z 85201 f Taking Office: 07/01/2013	JO MARTIN TREASURER 7458 E. LOMPOC AVE. MESA,AZ 85209 Date of Taking Office: 07/01/2013 Last Updated: 08/28/2013
ELI RESIDENT OUTH ROOSEVELT STREET AZ 85282 f Taking Office: 07/01/2013 pdated: 08/28/2013	

DAVID ROBERTS

SHOW LOW, AZ 85901

BARBARA REARDON

GILBERT, AZ 85234

SONYA PEARSON

MESA, AZ 85202

MELISSA BUXTON

MESA, AZ 85206

3191 S. WHITE MOUNTAIN ROAD

2983 EASST WASHINGTON AVENUE

Last Updated: 08/28/2013

Last Updated: 08/28/2013

1833 WEST SOUTHERN AVENUE

Last Updated: 08/28/2013

6555 EAST SOUTHERN AVE.

Last Updated: 08/28/2013

40 N. CENTRAL AVE., #2800

PHOENIX, AZ 85004

Date of Taking Office: 02/22/2013

Date of Taking Office: 08/26/2011

Date of Taking Office: 06/03/2011

Date of Taking Office: 10/29/2010

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

Arizona Corporation Commission State of Arizona Public Access System

9:30 AM

Corporate Status Inquiry

File Number: -0173041-7

09/04/2014

Corp. Name: THE UNITED FOOD BANK

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

INTERNAL REVENUE SERVICE

DEPARTMENT OF THE TREASURY 1100 Commerce St., Dallas, TX 75242

United Food Banx 358 E. Javelina Mess, AZ 85210-5207 Person to Contact: Deporah Thomas

Telephone Number: (214) 787-2023

Refer Reply to: EP/EC:MC:4940 DAL

Date: DEC | 4 1994

EIN: -- -----

Dear Sir or Madam:

Our records show that <u>United Food Book</u> is exampt from Faderal Income Tax under section <u>501(c)(3)</u> of the Internal Revenue Code. This examption was granted <u>October 1989</u> and remains in full force and effect. Contributions to your organization are seductible in the manner and to the extent provided by section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of section 505(a) of the Internal Revenue Code because you are an organization described in section 170(b)(1)(A)(vt).

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely,

1 Il news

Deporah Thomas El Tecnnical Assistor