

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:

- | | |
|---|---|
| <input type="checkbox"/> Free/Host Alcohol | <input type="checkbox"/> Beer |
| <input checked="" type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Beer and Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <input type="checkbox"/> 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 OFF DUTY / Security
at vendor spot Patrolling 12th ck of proper wristband

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

<u>Colon Cancer Alliance Blue Note Fund</u>		501 (C)#
Charity's or Organization's Name	<u>Sheila Conway</u>	REDACTED
Name of Contact at Charity/Organization	Title with Organization	Phone Number <u>5</u>
<u>Sheila Conway</u>		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Wrist Band ID

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

ID checker Security detector

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

Seating capacity of designated area: # 100

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 #

1. Name of Organization: Colon Cancer Alliance Blue Note Fund
2. Non-Profit/I.R.S. Tax Exempt Number: REDACTED
3. 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
4. What is the purpose of this event? ☒ on-site consumption ☐ off-site consumption (auction) ☐ both

5. Location of the event: 972 S. Country Club 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)

6. Applicant: Conway Sheila J REDACTED
- Last First Middle Date of Birth
7. Applicant's Mailing Address: 4478 E Temecula Ct Gilbert AZ 85297
- Street City State Zip
8. Phone Numbers: () () ()
- Site Owner # Applicant's Business # Applicant's Home #

9. 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>11-1-2014</u>	<u>Saturday</u>	<u>9 AM</u>	<u>6 PM</u>
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
Day 8:				
Day 9:				
Day 10:				

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 0 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 Colon Cancer Alliance Blue Note Fund 100%
Percentage

Address 4478 E. Tempecula ct. Gilbert, AZ 85297

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)

5 # Police ☒ Fencing
9 # Security personnel ☐ Barriers

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)

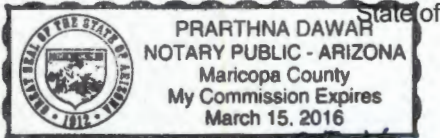
Name of Business () Phone Number

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, Shelia J. Conway declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X Shelia J. Conway Outreach Director 6/25/14 REDACTED 05
(Signature) (Title/Position) (Date) (Phone #)



State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

25 June 2014
Day Month Year

My Commission expires on: 05-15-2016
(Date)

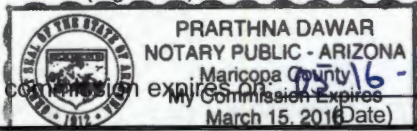
Prarthna Dawar
(Signature of NOTARY PUBLIC)

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

19. I, Shelia J. Conway declare that I am the APPLICANT filing this application as listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X Shelia J. Conway State of Arizona County of Maricopa
(Signature) The foregoing instrument was acknowledged before me this

25 June 2014
Day Month Year



My Commission expires on: 05-15-2016
(Date)

Prarthna Dawar
(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

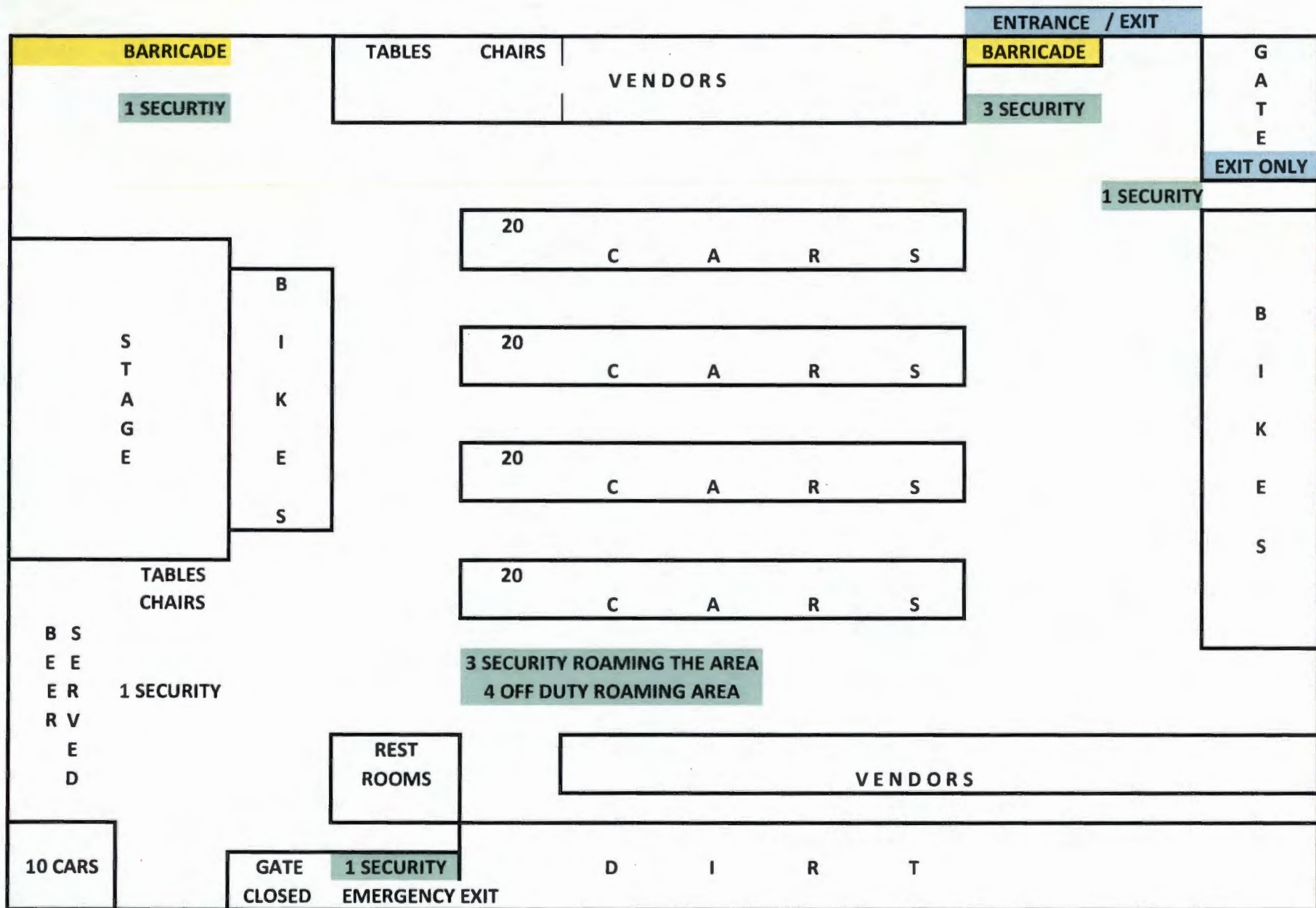
20. I, _____ hereby recommend this special event application
(Government Official) (Title)
on behalf of _____
(City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) (Date)

☐ APPROVED ☐ DISAPPROVED BY: _____
(Title) (Date)





Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page

« Prev | 1-1 | Next »

EIN	Legal Name (Doing Business As)
86-0947831	Colon Cancer Alliance

City
Washington

State	Country
DC	United States

Deductibility Status
PC

« Prev | 1-1 | Next »