

117022

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

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 type="checkbox"/> Alcohol Sales                    | <input type="checkbox"/> Beer and Wine                               |
| <input checked="" type="checkbox"/> Host and Sale Alcohol | <input checked="" 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 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 ID CHECK  
AT EVENT REGISTRATION AND CHECK IN TABLE

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

|   |                         |                   |
|---|-------------------------|-------------------|
| <u>FOUNTAIN OF THE SUN FOUNDATION</u>   |                         | <u>46-2586489</u> |
| Charity's or Organization's Name        |                         | 501 (CV3) #       |
| <u>KEITH E. HILGENDORF</u>              | <u>PRESIDENT</u>        | REDACTED          |
| 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? OUR TARGETED PARTICIPANTS WILL BE  
RESIDENTS OF OUR AGE 55+ GATED COMMUNITY, ALL TICKET  
HOLDERS MUST CHECK IN AND ID'S WILL BE VERIFIED.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? SINGLE  
CONTROLLED ACCESS ENTRY POINT - UNDERAGE NOT PERMITTED.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served SANDWICHES - SALADS - VEGGIES

Seating capacity of designated area: # 300

**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: FOUNTAIN OF THE SUN FOUNDATION

**SECTION 2** Non-Profit/IRS Tax Exempt Number: AZ #18571273 / 501(c)(3) 46-2586489

**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)  
☐ Religious ☐ 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?

☐ Yes ☒ No

Name of Business

License Number

Phone (include Area Code)

**SECTION 5** 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 not 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) ☐ Both

**SECTION 7** Location of the Event: FOUNTAIN OF THE SUN ACTIVITY CENTER  
Address of Location: 540 S. 80th STREET MESA MARICOPA AZ 85208  
Street City County/State Zip

**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: HILGENDORF KEITH E. REDACTED  
Last First Middle Date of Birth
2. Applicant's mailing address: 8140 E. DUTCHMAN DR. MESA AZ 85208  
Street City State Zip
3. Applicant's home/cell phone: ( ) REDACTED Applicant's business phone: ( )
4. Applicant's email address: kehilge@gmail.com



**SECTION 10**

1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years?

☐ Yes ☒ No (If yes, attach explanation.)

2. How many special event licenses have been issued to this location this year? 2

(The number cannot exceed 12 events per year; exceptions under A.R.S. §4-203.02(D).)

3. 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.)

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.

Name FOUNTAIN OF THE SUN FOUNDATION Percentage 100%  
Address 540 S. 80<sup>th</sup> St ALISA AZ 85208  
Street City State Zip

Name \_\_\_\_\_ Percentage \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

5. Please read A.R.S. §4-203.02 Special event license; rules and R19-1-205 Requirements for a Special Event License.

**Note: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.**

"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT UNLESS THEY ARE IN AUCTION SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE"

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 \_\_\_\_\_ Number of Security Personnel ☐ Fencing ☐ Barriers

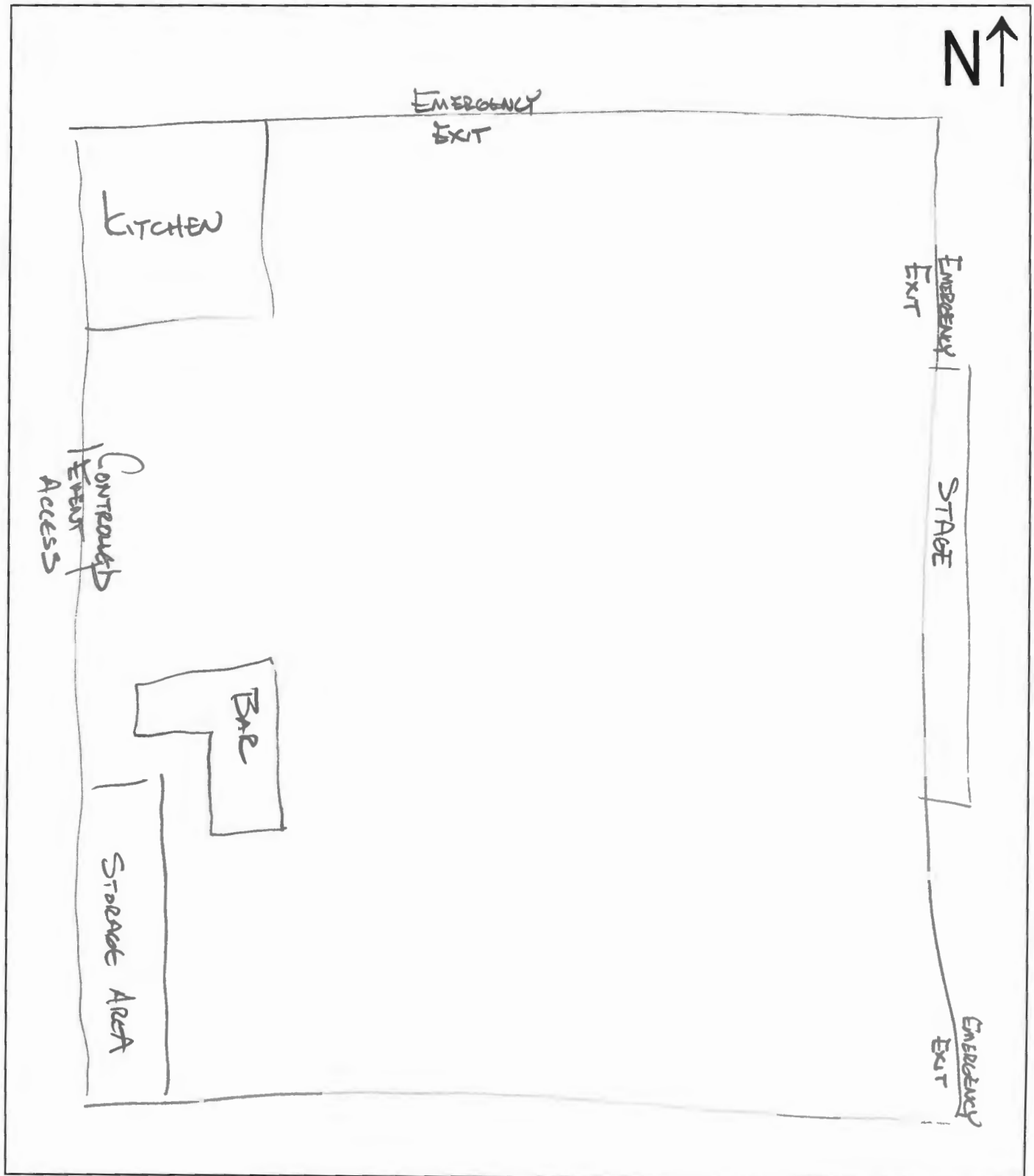
Explanation: EVENT IS WITHIN OUR GATED COMMUNITY - WITH ON SITE SECURITY PATROLS, ALONG WITH 4 FOUNDATION DIRECTORS AT EVENT. CONTROLLED SINGLE ENTRANCE TO EVENT

**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:  | <u>11-15-2014</u> | <u>SATURDAY</u> | <u>4:30</u>            | <u>8:00</u>            |
| 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.



**SECTION 13** This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, KEITH EUGENE HILGENDORF declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON  
(Print full name)  
appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event  
Liquor License.

x Keith E Hilgendorf PRESIDENT 9-10-2014 REDACTED  
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 10 9 2014  
Day  
State Arizona County of Maricopa  
My Commission Expires on: 5/29/16 Teresa M. Judd  
Date Signature of Notary Public



**SECTION 14** This section is to be completed only by the applicant named in Section 9.

I, KEITH EUGENE HILGENDORF declare that I am the APPLICANT filing this application as  
(Print full name)  
listed in Section 9. I have read the application and the contents and all statements are true, correct and  
complete.

x Keith E Hilgendorf PRESIDENT 9-10-2014 REDACTED  
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 10 9 2014  
Day  
State Arizona County of Maricopa  
My Commission Expires on: 5/29/2016 Teresa M. Judd  
Date Signature of Notary Public



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](http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf).

**SECTION 15** Local Governing Body Approval Section

I, \_\_\_\_\_ recommend ☐ APPROVAL ☐ DISAPPROVAL  
(government official) (Title)  
on behalf of \_\_\_\_\_  
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

☐ APPROVAL ☐ DISAPPROVAL BY: \_\_\_\_\_ DATE: \_\_\_\_\_



09/10/2014

Arizona Corporation Commission  
State of Arizona Public Access System

12:55 PM

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## Corporate Inquiry

File Number: -1857927-3

[Check Corporate Status](#)

Corp. Name: FOUNTAIN OF THE SUN FOUNDATION

## Domestic Address

540 S 80TH STREET WEST

MESA, AZ 85208

## Statutory Agent Information

Agent Name: KEITH E HILGENDORF

## Agent Mailing/Physical Address:

8140 E DUTCHMAN DR

MESA, AZ 85208

Agent Status: APPOINTED 08/27/2013

Agent Last Updated: 12/19/2013

## Additional Corporate Information

Corporation Type: NON-PROFIT

Business Type: CHARITABLE

Incorporation Date: 08/27/2013

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 09/25/2013

Original Publish Date: 11/04/2013

## Officer Information

KEITH E HILGENDORF

SHERRY L GIERACH

PRESIDENT

SECRETARY

8140 E DUTCHMAN DR

832 S 78TH STREET

MESA, AZ 85208

MESA, AZ 85208

Date of Taking Office: 08/27/2013

Date of Taking Office: 08/27/2013

Last Updated: 08/06/2014

Last Updated: 08/06/2014



## 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 25 

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| <a href="#">EIN</a> ⌵ | <a href="#">Legal Name (Doing Business As)</a> ⌵ |
|-----------------------|--|
| 46-2586489            | Fountain of the Sun Foundation                   |

| <a href="#">City</a> ⌵ |
|------------------------|
| Mesa                   |

| <a href="#">State</a> ⌵ | <a href="#">Country</a> ⌵ |
|-------------------------|---------------------------|
| AZ                      | United States             |

| <a href="#">Deductibility Status</a> ⌵ |
|--|
| PC                                     |

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