

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

RS-6
PAD
#5

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:

- ☒ 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 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. Alcohol will be served in our Activity Center ballroom. Only residents who have purchased a ticket to event will be served. Community security & staff will be on site.

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

Fountain of the Sun Community Association

Charity's or Organization's Name

501 (C)(3)#

Name of Contact at Charity/Organization

Title with Organization

Phone Number

On-Site Agent Responsible for Liquor

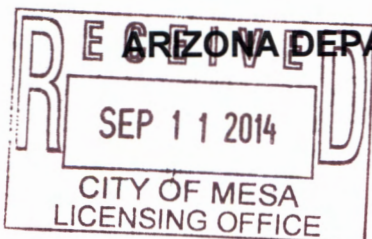
How will attendees over the age of 21 be identified? ID checked at door where tickets are collected by staff member.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? No one under age 21 will be admitted to event.

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

Seating capacity of designated area: # 300

9-17-14
JL



ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

#117023

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: Fountain of the Sun Community Association

2. Non-Profit/I.R.S. Tax Exempt Number: 942923774

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
community event

5. Location of the event: 560 S 80th Street Mesa Maricopa 85208
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: Evavold Gerald REDACTED
Last First Middle Date of Birth

7. Applicant's Mailing Address: 540 S 80th Street Mesa AZ 85208
Street City State Zip

8. Phone Numbers: () REDACTED () REDACTED () REDACTED
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>12/6/14</u>	<u>Saturday</u>	<u>4:00pm</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 Fountain of the Sun Community Association 100
Percentage

Address 540 S 80th Street

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)

_____ # Police ☒ Fencing
_____ # Security personnel ☐ Barriers

Event will be held in a locked, fenced community pool area and in our community center ballroom.

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

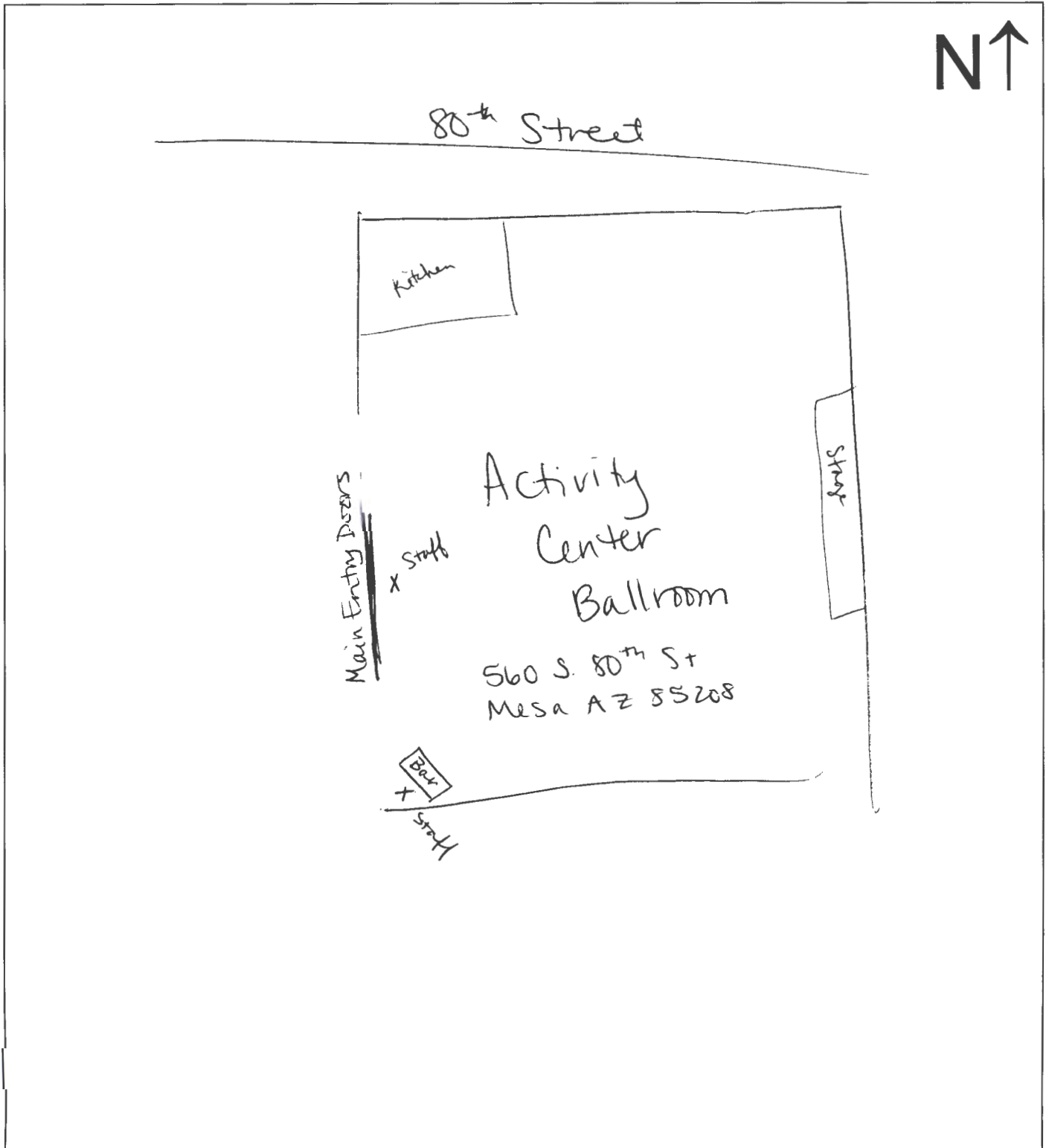
(ATTACH COPY OF AGREEMENT)

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.

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, Gerald Evavold 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 [Signature]
(Signature)

FOSCA Board President
(Title/Position)

9/5/14
(Date)

REDACTED
(Phone #)



HEATHER ROBERTS State of
Notary Public, State of Arizona
Maricopa County
My Commission Expires
February 26, 2017

Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
5 Sept. 2014
Day Month Year

My Commission expires on: 2/26/17
(Date)

Heather Roberts
(Signature of NOTARY PUBLIC)

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

19. I, Gerald Evavold 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 [Signature]
(Signature)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this



HEATHER ROBERTS
Notary Public, State of Arizona
Maricopa County
My Commission Expires
February 26, 2017

5 Sept. 2014
Day Month Year

My Commission expires on: 2/26/17
(Date)

Heather Roberts
(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)

09/16/2014

Arizona Corporation Commission
State of Arizona Public Access System

5:22 PM

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Corporate Inquiry

File Number: -0160563-0

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Corp. Name: FOUNTAIN OF THE SUN COMMUNITY ASSOCIATION

Domestic Address

540 S 80TH ST

MESA, AZ 85208-6401

Statutory Agent Information

Agent Name: CARPENTER HAZLEWOOD DELGADO &

Agent Mailing/Physical Address:

1400 E SOUTHERN AVE #400

TEMPE, AZ 85282

Agent Status: APPOINTED 01/13/2012

Agent Last Updated: 01/31/2012

Additional Corporate Information

Corporation Type: NON-PROFIT

Business Type: HOMEOWNERS ASSOCIATION

Incorporation Date: 11/10/1983

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 11/22/1983

Original Publish Date: 02/02/1984

Officer Information

GERALD EVAVOLD
PRESIDENT540 S 80TH ST
MESA, AZ 85208-6401

Date of Taking Office: 02/12/2014

Last Updated: 04/29/2014

SHELIA BUCHAN
SECRETARY540 S 80TH ST
MESA, AZ 85208

Date of Taking Office: 02/12/2012

Last Updated: 04/29/2014

09/16/2014

Arizona Corporation Commission
State of Arizona Public Access System

5:22 PM

Corporate Status Inquiry**File Number: -0160563-0****Corp. Name: FOUNTAIN OF THE SUN COMMUNITY ASSOCIATION****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.

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