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TPT 241302

125-6 PAD
#5

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 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 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. Alcohol will be served in our community center ballroom. Only residents who have purchased a ticket to the event will be served. Community security will be on site.

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

<u>Fountain of the Sun Community Association</u>		501 (C)#
Charity's or Organization's Name	<u>Gerald Evavold</u>	<u>President</u>
Name of Contact at Charity/Organization	<u>Gerald Evavold</u>	REDACTED
On-Site Agent Responsible for Liquor		Phone Number

How will attendees over the age of 21 be identified? ID will be checked at the door with tickets & no one under 21 will be permitted. Staff member will be stationed at the door collecting tickets.

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 permitted to attend.

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

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 Community Association

SECTION 2 Non-Profit/IRS Tax Exempt Number: 942923774

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: 560 S. 80th Street Mesa 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: Evavold Gerald
Last First Middle Date of Birth

2. Applicant's mailing address: 540 S. 80th Street Mesa AZ 85208
Street City State Zip

3. Applicant's home/cell phone: REDACTED Applicant's business phone: ()

4. Applicant's email address: heather@fos-az.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 Community Assoc. Percentage 100

Address 540 S. 80th Street Mesa 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 1 Number of Security Personnel ☐ Fencing ☐ Barriers

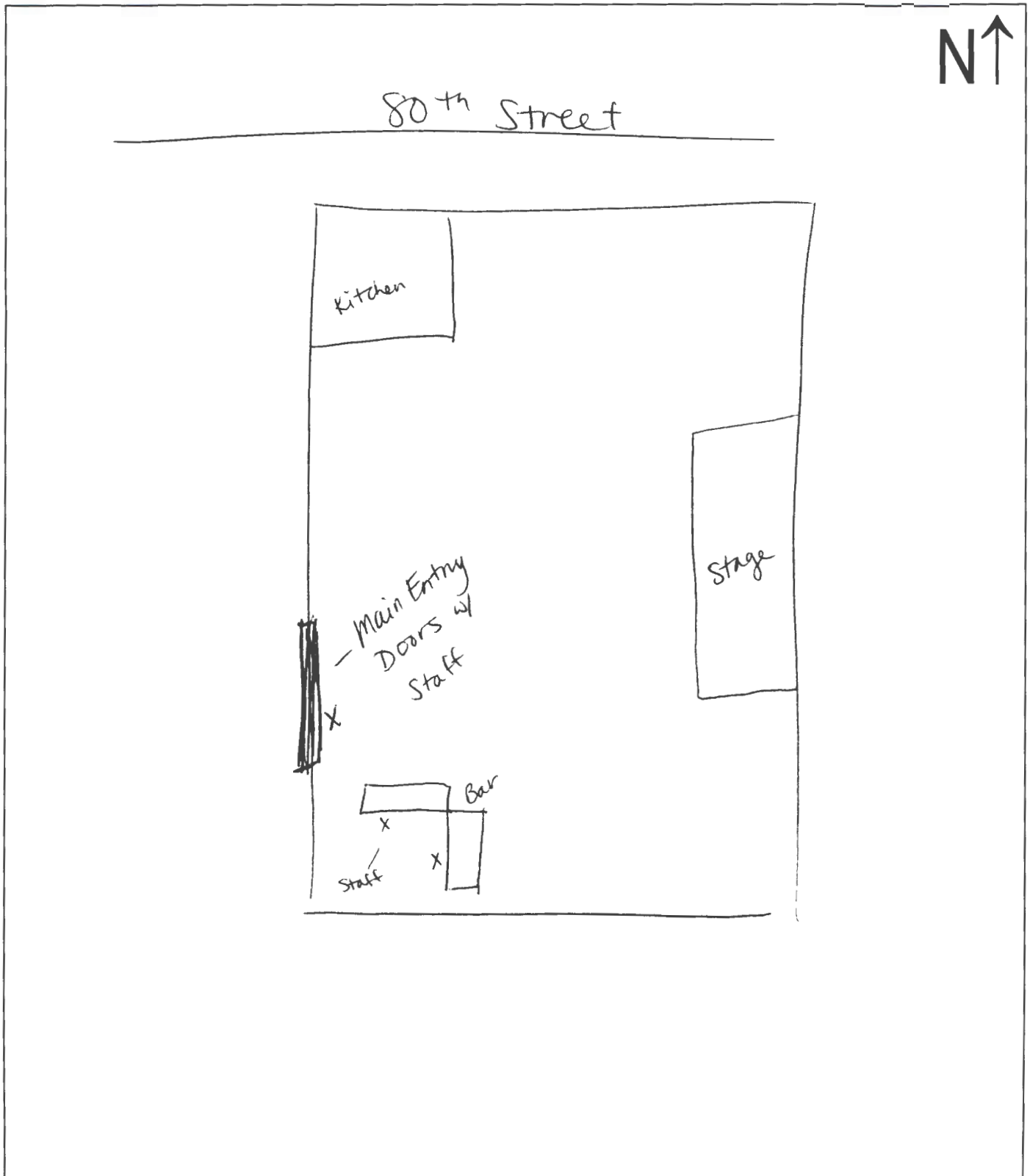
Explanation: There will be community security on-site in addition to community association staff members.

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>2/14/15</u>	<u>Saturday</u>	<u>5:00p</u>	<u>8:30pm</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, Gerald Evavold 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.

[Signature]
(Signature)

Board President 9.22.14
Title/ Position Date

REDACTED
Phone #

The foregoing instrument was acknowledged before me this 22 September 2014
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 2.26.17
Date

Heather Roberts
Signature of Notary Public



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

I, Gerald Evavold 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.

[Signature]
(Signature)

Board President 9.22.14
Title/ Position Date

REDACTED
Phone #

The foregoing instrument was acknowledged before me this 22 September 2014
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 2.26.17
Date

Heather Roberts
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.

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: _____

09/16/2014

Arizona Corporation Commission
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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
PRESIDENT

540 S 80TH ST

MESA, AZ 85208-6401

Date of Taking Office: 02/12/2014

Last Updated: 04/29/2014

SHELIA BUCHAN
SECRETARY

540 S 80TH ST

MESA, AZ 85208

Date of Taking Office: 02/12/2012

Last Updated: 04/29/2014

Arizona Corporation Commission
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09/16/2014

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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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