

#117041  
TPT  
241302

# 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:

Fountain of the Sun Community Association

Charity's or Organization's Name

Gerald Evavold

501 (C)#

REDACTED

Name of Contact at Charity/Organization

Gerald Evavold

President

Title with Organization

Phone Number

On-Site Agent Responsible for Liquor

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 80<sup>th</sup> 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

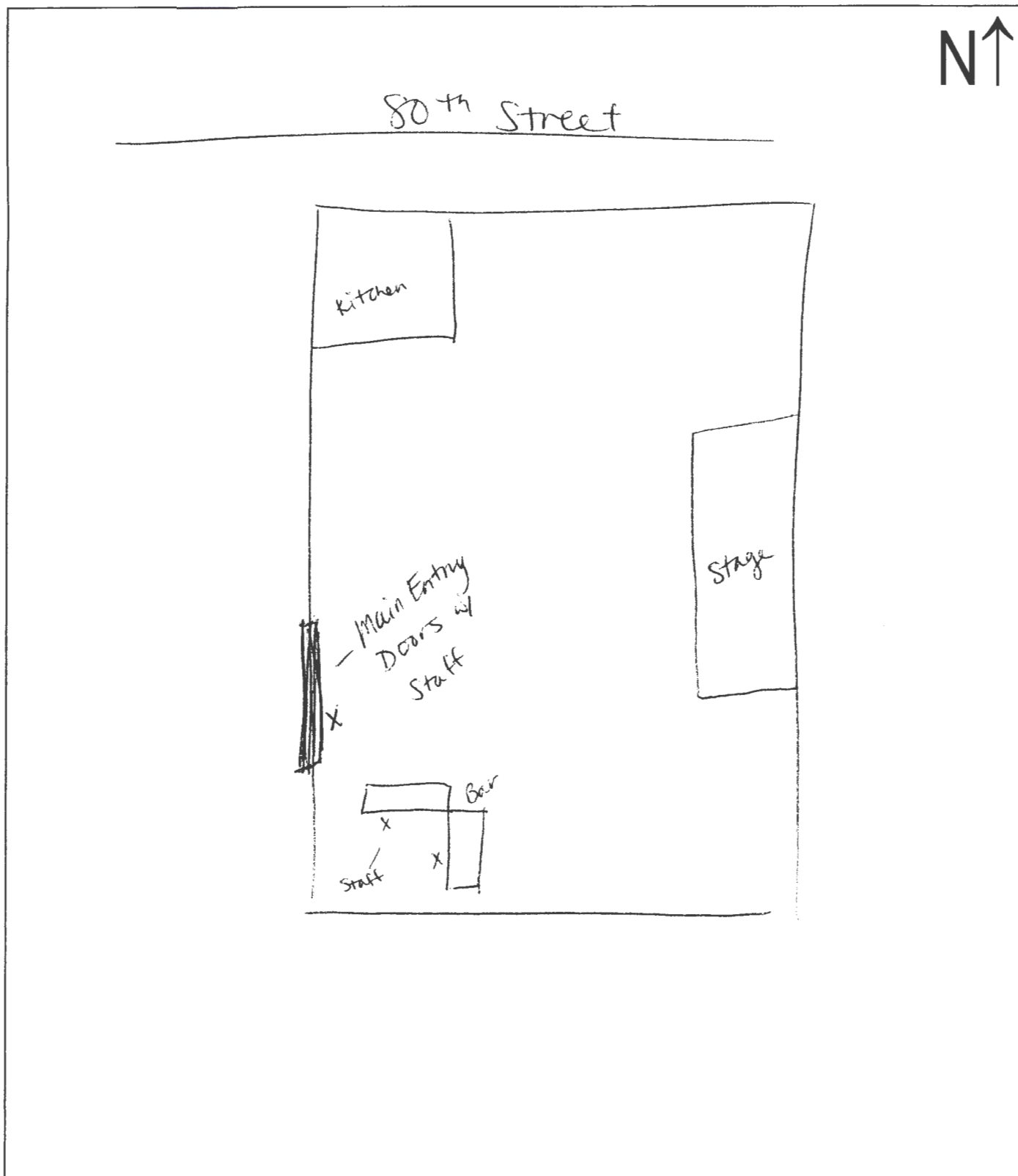
Explanation: There will be community security on-site in addition to community association staff members.

**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>2/26/15</u>	<u>Thursday</u>	<u>4:00p</u>	<u>10:30pm</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] Board President 9-22-14 REDACTED  
(Signature) Title/ Position Date 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] Board President 9-22-14 REDACTED  
(Signature) Title/ Position Date 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](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  
State of Arizona Public Access System

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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 &amp;

## 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

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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