|  | 12/11/14 Agenda 11/18   | RECEIVED                             |
|--|---|--------------------------------------|
| # IMIO<br>Special Event<br>Liquor License<br>Application<br>Attachment B | Licensing Office<br>55 North Center Street<br>PO Box 1466<br>Mesa, Arizona 85211-1466<br>480-644-2316 Telephone<br>480-644-3999 Fax<br>www.mesaaz.gov | LICENSING OFFICE EMPAD<br>mesa-az #2 |

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   |
|-----------|-----------|
|           | Free/Host |

| 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 State of Arizona Special Event Liquor Application and site plan.)

OR

1

**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 This event is held in an enclosed ballroom which will have resident volunteers manning the doors and Venture Out's Own Security on-site.

Activity Director to monitor distribution - This is a private event in a gated community, not open to the public.

| If applying for a Special Event Liquor License t | he following must be prov | ided:                               |  |
|--|---------------------------|-------------------------------------|--|
| Venture Out Social Club                          |                           | 94-2475699 (501C-7)                 |  |
| Charity's or Organization's Name Patricia dust   | Activity Director         | <sup>501 (C)#</sup><br>480-832-9000 |  |
| 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? This is a senior community. Only residents and guests of the residents 55+ or over will attend.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? None

| Will food be served?  Ye | No No | If yes, what type | of food will be served |
|--------------------------|-------|-------------------|------------------------|
|--------------------------|-------|-------------------|------------------------|

Seating capacity of designated area: #576

| 0/28/2014                                    | 15:48   | 4808071952  | VL   | RECREATIN   |   |                            |
|--|---|---|--|---|---|----------------------------|
|  |   |   |  |   | FOR DLLC US   | E ONI,Y                    |
|  |   | 80  | 0 W Washington   |   | Event date(s):  |                            |
|  |   | le la                               | Phoenix AZ 8500  |   | Event time start/en   | d:                         |
|  |   | Statement of Statement of Statement                                     | SCALL  |   |   |                            |
|  |   | Fee= \$25.00 pe   | er day for 1-1   | AL EVENT LICEN<br>O days (consecut<br>dishonored checks (A.F  | i <b>ve)</b><br>R.S. §44-6852)                                    |                            |
| event. If the<br>portion of a<br>local gover | nent of Lic<br>special ev<br>location t<br>nment befo | uor Ucenses and Co<br>ent will be heid at a to<br>hat is not covered by | nfröt must recent<br>callon without a<br>the existing liqu<br>epartment of liq | e this application ten<br>pathanent-liquor licen<br>or license, this applica<br>uor Licenses and Cont | (10) business days<br>se or if the event wi<br>tion must be appro | l be on any<br>ved by the  |
| SECTION 2                                    | Non-Profit/   | RS Tax Exempt Numbe   | r: 94-2475699  | (501C-7)  |   |                            |
| section 3<br>Charitab                        | The organiz<br>le (501.C)                             | zation is a: (check one<br>EFratemal (must have                         | box only)<br>e regu <b>lar</b> membe   | rship and have been ir<br>Party, Ballot Measure o   |   |                            |
| SECTION 4                                    | Will this eve   | •   | , ,  | nise and within the alre  | _   |                            |
| <b></b>                                      | Ň   | ame of Business   | Lice   | anse Number   | Phone (Include Area   | Code)                      |
| Please read                                  | How is this<br>  R-19-318 fe<br>ce license i          | or explanation (look in :   | to conduct all<br>special event pla  | dispensing, serving, ar<br>anning guide) and che  | nd selling of spiritud<br>ck one of the follow                    | ous liquors?<br>ing boxes. |
|  |   | serve all spirituous lique  | vs under retailer'   | s license   |   |                            |
|  |   | serve all spirituous lique  |  |   |   |                            |
|  |   | petween special event   | •  |   |   |                            |
| (If <u>n</u> cer                             | t using reta  | il license, submit a letter<br>le event. If the special ev              | of agreement from  | n the agent/owner of the<br>portion of premise, agen  |   |                            |
|  |   | purpose of this event?  |  |   |   |                            |
| SECTION 7                                    | Location o  | f the Event: Venture C  | Out Ballroom -   | Located within the co   | ommunity  |                            |
| /  | Address of  | Location: 5001 E. Main St.  |  | Mesa  | AZ  | 85205                      |
| SECTION 8                                    | Will this be  | s<br>stacked with a wine fe   | hreet<br>stival/craft distille   | City<br>er festival? 🛛 Yes 🖬  | County/State  | Zip                        |
|  |   |   |  | anization and outhoriz<br>zing signature is require   |   | rector or                  |
| i. Applican                                  | t: Beally   |   | Teresa   | Anne  | REDACTED  |                            |
|  |   | Last  | First  | Middle  | Date of Bi  | th                         |
| 2. Applican                                  | t's mailing   | oddress: <u>5001 E. Ma</u>  | in St.   | Mesa<br>City  | AZ<br>State   | 85205<br>Žip               |
| • •  |   | ell phone: ()   |  | Applicant's business p  | hone: ( <u>480</u> ) <u>832-</u>                                  |                            |
| 4. Applican                                  | t's email a   | ddress: <u>recdir@vent</u>  | ureoutrvresort.  | com   |   |                            |
| 10/17/14                                     |   |   | Page 1 of  | 4   |   |                            |

## SECTION 10

5.

6.

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?  $\frac{0}{2}$ 

(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? (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.

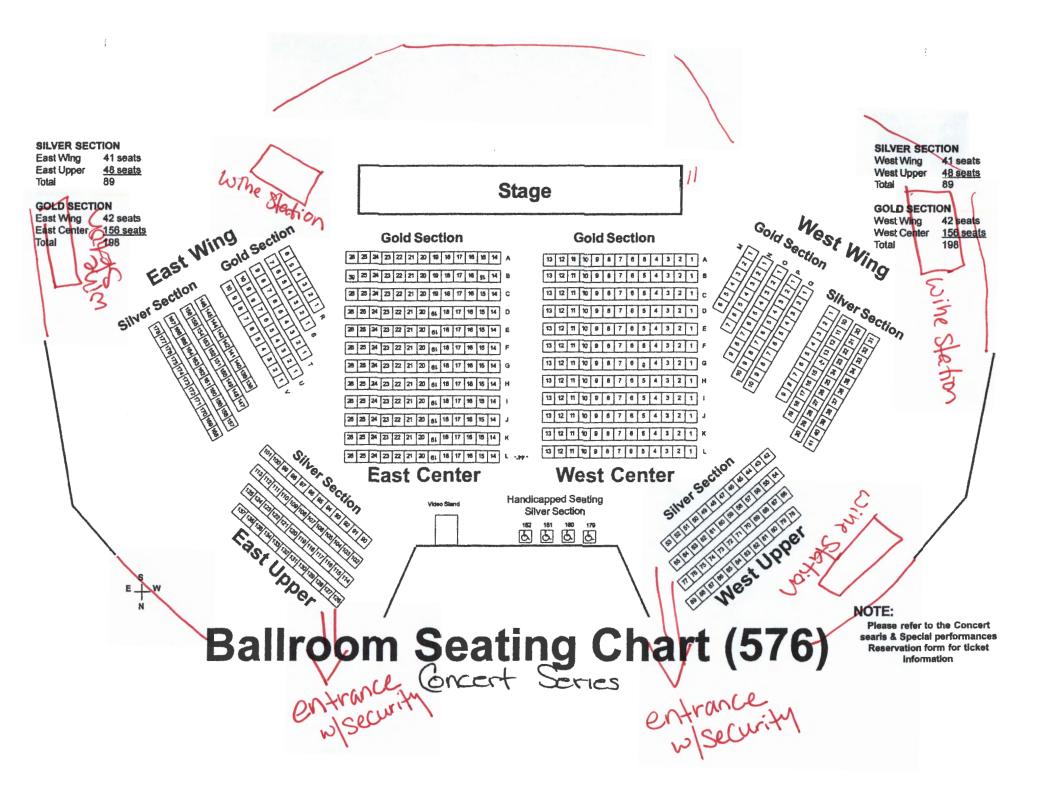
| Name Ventu   | re Out Social Club  | Percentage                  | ,100%            |            |
|--------------|---|-----------------------------|------------------|------------|
| Address 5001 |   | Mesa                        | AZ               | 85205      |
|              | Street  | City                        | State            | Ζip        |
| Name         |   | Percentage                  |                  |            |
| Address      |   |                             |                  |            |
|              | Street  | City                        | State            | Ζiμ        |
| Note: ALL AL | 4-203.02 <u>Special event license; ru</u><br>COHOLIC BEVERAGE SALES MU<br>/ERAGES SHALL LEAVE SPECIAL | ST BE FOR CONSUMPTION AT T  | HE EVENT SITE OF | NLY.       |
| OR THE SPEC  | CIAL EVENT LICENSE IS STACKED   | WITH WINE /CRAFT DISTILLERY | FESTIVAL LICENS  | <u>SE"</u> |
|              | y and control measures will you police/security personnel and type of                                 |                             |                  | is event?  |
|              | 7   |                             |                  |            |

**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<br>Time AM/PM | License End<br>Time AM/PM |
|---------|---------|-------------|---------------------------|---------------------------|
| DAY 1:  | 1/26/15 | Monday      | 6:00 pm                   | 10:00 pm                  |
| DAY 2:  |         |             |                           |                           |
| DAY 3:  |         |             |                           |                           |
| DAY 4:  |         |             |                           |                           |
| DAY 5:  |         |             |                           |                           |
| DAY 6:  |         |             |                           |                           |
| DAY 7:  |         |             |                           |                           |
| DAY 8:  |         |             |                           | ····                      |
| DAY 9:  |         |             |                           |                           |
| DAY 10: |         |             |                           | <u></u>                   |

**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.

Dancing with the Venture Out Stars - 1/26/15 Location: Venture Out at Mesa Inc., 5001 E. Main St. Mesa, AZ 85205 Cross Street: Highly & Main This event is for the residents of the park community. Wine will be served during the intermission of the Dancing with the Venture Out Stars at the locations marked on the following page.



|   | only by an Officer, Director or Chairperson of the organization   |
|---|---|
| named in Section 1.<br>Teresa Anne Beally                                   | declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON  |
| (Print full name)<br>appointing the applicant listed in Section 9,          | to apply on behalf of the foregoing organization for a Special Event  |
| The foregoing instrument was acknowledge                                    | Activity Director $10/23/14$ 480-832-9000<br>Title/Position Date Phone #<br>ad before me this 23rd October 2014             |
| State Arizona County of Marico<br>My Commission Expires on: 3-/3-20<br>Date | PAMELA R BYFIELD<br>NOTARY PUBLIC - ARIZONA<br>(PINAL COUNTY<br>My Commission Event   |
| SECTION 14 This section is to be completed                                  | only by the applicant named in Section 9.   |
| , Teresa Anne Beally<br>(Print full name)                                   | declare that I am the APPLICANT filing this application as cation and the contents and all statements are true, correct and |
| completer dere ha   | Activity Director 10/23/14 480-832-9000   |
| (Signature)<br>The foregoing instrument was acknowledge                     | Title/Position Date Phone #   |
| State $Arizona$ County of $Marico$  | PAMELA R BYFIELD<br>NOTARY PUBLIC - ARIZO<br>PINAL COUNTY<br>My Commission Expired  |
| 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: <u>http://www.azliquor.gov/assets/documents/homepage\_docs/spec\_event\_links.pdf</u>.

| l,(gov       | cal Governing Body  | y Approval S |                     |                  | DISAPPROVAL |
|--------------|---------------------|--------------|---------------------|------------------|-------------|
| on behalf of | (City, Town, County | )            | Signature           | Date             | Phone       |
|              | FOR DEPA            | RTMENT OF L  | LIQUOR LICENSES AND | CONTROL USE ONLY |             |
|              |                     | BY:          |                     | DATE:            |             |

Page 4 of 4 Individuals requiring ADA accommodations call (602)542-9027.

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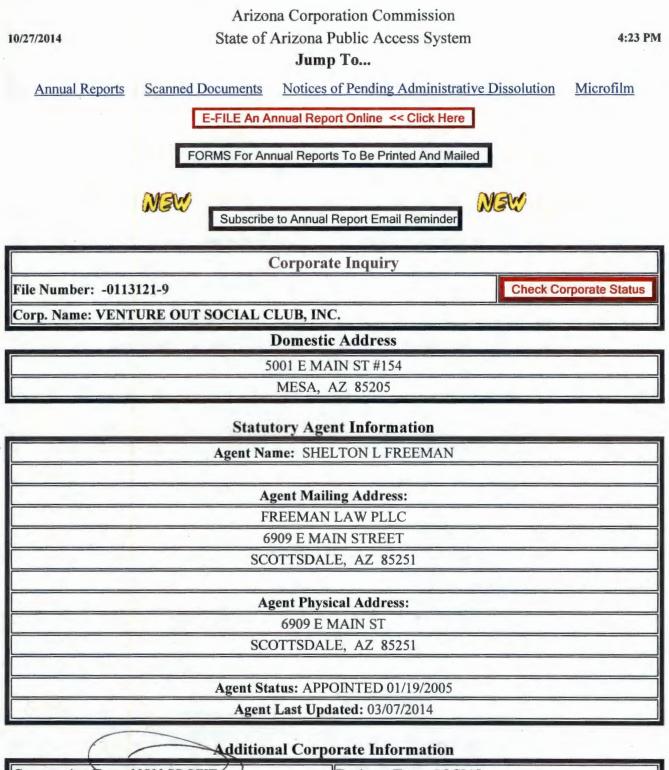
PAGE 05/05

| SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1. |
|--|
| 1. Raticia Keppelly Just declare that I am an OFFICER, DIRECTOR, or CHAIRPERSON  |
| appointing the applicant listed in Section 9, to apply on behalf of the foregoing organization for a Special Event             |
| Liquor License.  |
| Bilierin Kennelly Just Sociel Board Staty 10-28-14 REDACTED<br>(Signature) Title/Position Date Phone #                         |
| The foregoing instrument was acknowledged before me this 28th October 2014   |
| The foregoing instrument was acknowledged before me this   |
| State Crizona County of Maricopa   |
| My Commission Expires on: 3-13-2018 Janela March 13, 2018  |
| Date Signature of Notary Public  |
|  |
| <b>SECTION 14</b> This section is to be completed only by the applicant named in Section 9.                                    |
| I, 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  |
|  |
| X  |

| My Commission Expires on: | 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: <u>http://www.azliguor.gov/assets/documents/homepage\_docs/spec\_event\_links.pdf</u>.

| SECTION 15 Local Governing Body Approval Section |                     |                 |                  |                 |             |
|--|---------------------|-----------------|------------------|-----------------|-------------|
| l,(gov   | vernment official)  | (Title)         | recommend        |                 | DISAPPROVAL |
| on behalf of _                                   | (City, Town, County |                 | Signature        | Date            | Phone       |
|  | FOR DEPA            | RIMENT OF LIQUO | R LICENSES AND C | ONTROL USE ONLY | <u>,</u>    |
|  |                     | BY:             |                  | _ DATE:         |             |



| Corporation Type: NON-PROFIT   | Business Type: SOCIAL             |  |  |
|--------------------------------|-----------------------------------|--|--|
| Incorporation Date: 12/05/1977 | Corporate Life Period: PERPETUAL  |  |  |
| Domicile: ARIZONA              | County: MARICOPA                  |  |  |
| Approval Date: 12/05/1977      | Original Publish Date: 12/14/1977 |  |  |

## **Officer Information**

http://starpas.azcc.gov/scripts/cgiip.exe/WService=wsbroker1/names-detail.p?name-id=011... 10/27/14

Arizona Corporation Commission State of Arizona Public Access System

4:39 PM

10/27/2014

**Corporate Status Inquiry** 

File Number: -0113121-9

Corp. Name: VENTURE OUT SOCIAL CLUB, INC.

## 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.

Print Certificate

Reprint Certificate

Return to Corporate Inquiry