#117165

Meeting 12/8/14 Agada 11/20/14



Print Form

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 in Premises from City of Mesa Licensing Of license is required with special provision	need to obtain a Special Event Liquor Li ffice. This must be submitted at least 60 n outlined. Plan a minimum of 60 days	0 days prior to the event. A
Check all that apply:		
☐ Free/Host Alcohol ☐ Alcohol Sales ☐ Host and Sale Alcohol	<ul><li>☑ Beer</li><li>☐ Beer and Wine</li><li>☑ Beer, Wine and Dist</li></ul>	illed Spirits
Do you plan to secure a:		
Special Event Liquor License - The Sp. Council. After city approval, your application fees involved at the State. A non-profit associated Event Liquor Application and site plan.)	must be submitted to and approved by the	State of Arizona. There are
OR '		
Extension of Premises License - Ther liquor license is already in affect and you war Arizona Extension of Premises Application and	nt to extend the area where liquor is sold. (C	
Please describe your security plan to ensure	the safe sale or distribution of alcohol at you	r event Personnel will
be at each of the beer gardens providing sec	urity and alcohol control. Personnel will chec	k ID at the single entry/exit point.
If applying for a Special Event Liquor Liquo	cense the following must be provided:	74 2532863
Charity's or Organization's Name David Short	Executive Director	501 (C)(3)# 480-890-2613
Name of Contact at Charity/Organization Ultimate imaginations	Title with Organization	Phone Number
On-Site Agent Responsible for Liquor  How will attendees over the age of 21 be ide	ntified? Beer garden patrons will have ID che	ecked at the point of sale
What controls will be used to keep attendees	under the age of 21 from obtaining alcohol	at the event? I.D. Will be
checked and attendees over 21 will be given	a wrist band or stamp	
Will food be served? ☑ Yes ☐ No If yes,	what type of food will be served street vend	dors as well as 8 restaurants
Seating capacity of designated area: #		

#### Arizona Department of Liquor Licenses and Control 800 W Washington 5th Floor Phoenix AZ 85007-2934 www.azliquor.gov (602) 542-5141

	FOR DLLC USE ONLY
Even	t date(s):
Even	t time start/end;

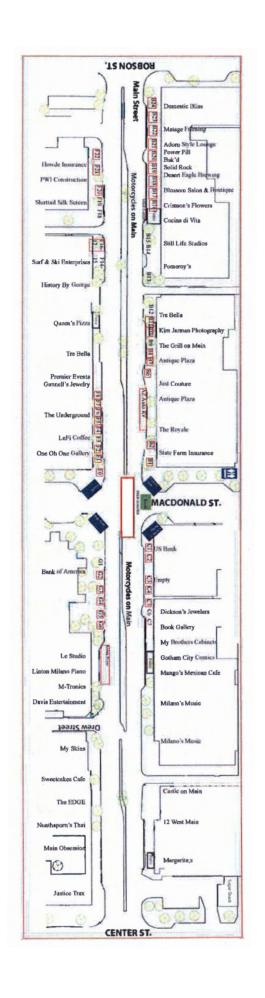
#### APPLICATION FOR SPECIAL EVENT LICENSE

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)

The Department of Liquor Licenses of event. If the special event will be held portion of a location that is not cover local government before submission to	and Control must re t at a location without red by the existing to the Department of	rt a permanent liquor licen liquor license, this applica i Liquor Licenses and Con	(10) business days use or if the event will ution must be appro	be on any ved by the
SECTION 1 Name of Organization: U	Itimate Imagination	S		
SECTION 2 Non-Profit/IRS Tax Exempt	Number: 253-2863			
SECTION 3 The organization is a: (che Charitable (501.C)	eck one box only) ust have regular men	mbership and have been in		
SECTION 4 Will this event be held on a Pres No	a currently licensed p	oremise and within the alre	ady approved pren	nises?
Name of Business		License Number	Phone (include Area	Code)
Please read R-19-318 for explanation  Place license in non-use  Dispense and serve all spiritue  Split premise between special license, submit license during the event. If the sportion of the premise.)  SECTION 6 What is the purpose of this Address of Location:	(look in special even bus liquors under retabus liquors under special event and retail look a letter of agreement becial event is only using event?	t planning guide) and che siler's license cial event cation from the agent/owner of the ng a portion of premise, agen consumption Ger and Robson & Macdon	e licensed premise to nt/owner will need to sale (auction) Both ald between Main a	suspend the suspend that
	Street	City	County/State	Zîp
SECTION 8 Will this be stacked with a SECTION 9 Applicant must be a mem Chairperson of the Organization name	nber of the qualifying	organization and authoriz	ed by an Officer, Di	rector or
1. Applicant: Short	David	Warren	REDACTED	
Last	First	Middle	Date of Bir	th
2. Applicant's mailing address: 100	N. Center St.	Mesa	AZ	85201
	Street	City	State	Zip
3. Applicant's home/cell phone: (	REDACTED	Applicant's business p	ohone: (480) 890-2	613
4. Applicant's email address: david	@downtownmesa.c	com		

SECTION 10					
□Yes ■	No (If yes, attach e	explanation.)	a liquor license revoke	4	5) years?
2. How many speci	al event licenses (The number co	have been issued to annot exceed 12 events p	this location this year? er year; exceptions under A.	7 R.S. §4-203.02(D).)	
3. Is the organizatio	on using the servi	ces of a promoter or o	other person to manag (If yes, attach a	ge the event? Tes copy of the agreement.)	□No
organization app additional page	ol <mark>yi</mark> ng must rece if necessary.	ive 25% of the gross	e proceeds. Account revenues of the speci	al event liquor sales.	ceeds. The Attach an
Name Dov	wntown Mesa	Association	Percent	age <u>100%</u>	
Address			01	61-1	
Name	Stree		City Percent	State	Zip
				uge	
Address	Stre	et	City	State	Zip
6. What type of sec (List type and number 2 Number Explanation:	curity and contro er of police/security p of Police	l measures will you ta	10 consecutive days. of service.	s of liquor laws at this licable.}	
	Date	Day of Week	Event Start Time AM/PM	Time AM/PM	
DAY 1:	1-2-15	Friday	6pm	10pm	
DAY 2:					
DAY 3:					
DAY 4:					
DAY 5:					
DAY 6:					
DAY 7:					
DAY 8:				Address to the second	
DAY 9:				4.480	
DAY 10:					

THIS SECTION TO BE COMPLETED ONLY BY A	N OFFICER, DIRECTOR OR CHAIRPERSON OF THE AMED IN QUESTION #1	
18. I. (Print full name) applicant listed in Question 6, to apply on behalf of the foregoi	declare that I am an Officer/Director/Chairperson appointing the	
KATHRYN M. BROEHM State of	(Title/Position) (Date) (Phone #)  The foregoing instrument was acknowledged before me this  October 2014	
My Commission expires on: 8/26/18 (Date)	Signature of NOTARY PUBLIC)	
THIS SECTION TO BE COMPLETED ONLY	BY THE APPLICANT NAMED IN QUESTION #6	
19. L DAVID SHORT	declare that I am the APPLICANT filing this application as contents and all statements are true, correct and complete.	
X  RIGITIPITY M. BROEFING  AND ANY Public - State of Artzona  BANICOPA COUNTY  Bey Commission Express Aug. 28, 2018	Λ '	
My commission expires on: 8/26/18	(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	
	(Title)	
on behalf of(City, Town or County)	(Signature of OFFICIAL) (Date)	
	ARTMENT USE ONLY	
Department Comment Section:		
(Employee)	(Date)	
☐ APPROVED ☐ DISAPPROVED BY:		
	(Title) (Date)	





Arizona Corporation Commission

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NEW

**Corporate Inquiry** 

File Number: -0212218-8

**Check Corporate Status** 

Corp. Name: ULTIMATE IMAGINATIONS, INC.

**Domestic Address** 

100 N CENTER ST

MESA, AZ 85201-7308

Statutory Agent Information

Agent Name: W RALPH PEW

Agent Mailing/Physical Address:

1744 S VAL VISTA DR #217

MESA, AZ 85204

Agent Status: APPOINTED 02/16/1989

Agent Last Updated: 01/07/2011

Additional Corporate Information

Corporation Type: NON-PROFIT	Business Type: CIVIC
Incorporation Date: 02/16/1989	Corporate Life Period: PE

ERPETUAL Domicile: ARIZONA County: MARICOPA

Approval Date: 02/23/1989 Original Publish Date: 04/06/1989

Officer Information

VINCE DIBELLA CHAIRMAN

SAEMISCH DIBELLA ARCHITECTS

48 W MAIN ST MESA, AZ 85201

FREDDY CURRY OTHER OFFICER

CURRY INSURANCE AGENCY

101 E 1ST AVE #205

MESA, AZ 85201

Arizona Corporation Commission State of Arizona Public Access System

12/02/2014

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### **Corporate Status Inquiry**

File Number: -0212218-8

Corp. Name: ULTIMATE IMAGINATIONS, 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.

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