Mesa, Arizona 85211-1466 480-644-2316 Telephone 480-644-3999 Fax www.mesaaz.gov
JAN 1 5 2015 CASA
LICENSING OFFICE
d to obtain a Special Event Liquor License or an Extension o e. This must be submitted at least 60 days prior to the event atlined. Plan a minimum of 60 days to complete this proces
Beer Beer and Wine
Beer, Wine and Distilled Spirits
al Event Liquor License fee is \$25 and must be approved by the City ust be submitted to and approved by the State of Arizona. There are ion must obtain this license. (Complete State of Arizona Special Eve
no fee involved with the Extension of Premises. This is allowed who extend the area where liquor is sold. (Complete State of Arizona
safe sale or distribution of alcohol at your event WINE
1933 DER REESON

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be i	dentified? See	RITY AT DOOR	- TICKETS FOR
DINNER DANCE SOLD	TO ADULTS	.,	

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? ____

Will food be served?	f yes, what type of food will be served	STEAK	dINNER	
Seating capacity of designated area: #_	215			

Arizona Department of Liquor Licenses and Control	FOR DLLC USE ONLY Event date(s):
800 W Washington 5th Floor Phoenix AZ 85007-2934 www.aztiquor.gov 1802: 542-544	Event time start/end:
Contraction of the second	
APPLICATION FOR SPECIAL EVENT LICEN Fee= \$25.00 per day for 1-10 days (consecutive A service fee of \$25.00 will be charged for all distonored checks (A.R.	ve)
IMPORTANT INFORMATION: This document must be tully completed or it The Department of Liquor Licenses and Control must receive this application ten (event. If the special event will be held at a location without a permanent liquor license portion of a location that is not covered by the existing liquor license, this application local government before submission to the Department of Liquor Licenses and Contro SECTION 1 Name of Organization:	10) business days prior to the e or if the event will be on any ion must be approved by the ol (see Section 15).
SECTION 2 Non-Profit/IRS Tax Exempt Number: 80-03/1476	
SECTION 3 The organization is a: (check one box only) Charitable (501.C) Fratemal (must have regular membership and have been in 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 and the second s	ay approved premises?
Name of Business License Number	Phone (include Area Code)
SECTION 5 How is this special event going to conduct all dispensing, serving, and Please read R-19-318 for explanation (look in special event planning guide) and check 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 <u>not</u> using retail license, submit a letter of agreement from the agent/owner of the license during the event. If the special event is only using a portion of premise, agent portion of the premise.)	
SECTION 6 What is the purpose of this event? Son-site consumption Off-site (consumption) SECTION 7 Location of the Event: Address of Location: Address of Location: Address of Location: Street City	AZ 85705 County/State Zip
SECTION 8 Will this be stacked with a wine festival/craft distiller festival? The the stacked with a wine festival and the	40
SECTION 9 Applicant must be a member of the qualifying organization and authorized in Section 1. (Authorizing signatore is required in Section 1. (Authorizing signatore is required by the section 1.	
2. Applicant's mailing address: 5822 E. EVERGREEN ST Mes	A Ar 85205 State Zip
3. Applicant's home/ceil phone: REDACTEDApplicant's business pl	

4. Applicant's email address:

10/17/14

Page 1 of 4 Individuals requiring ADA accommodations call (602)542-9027.

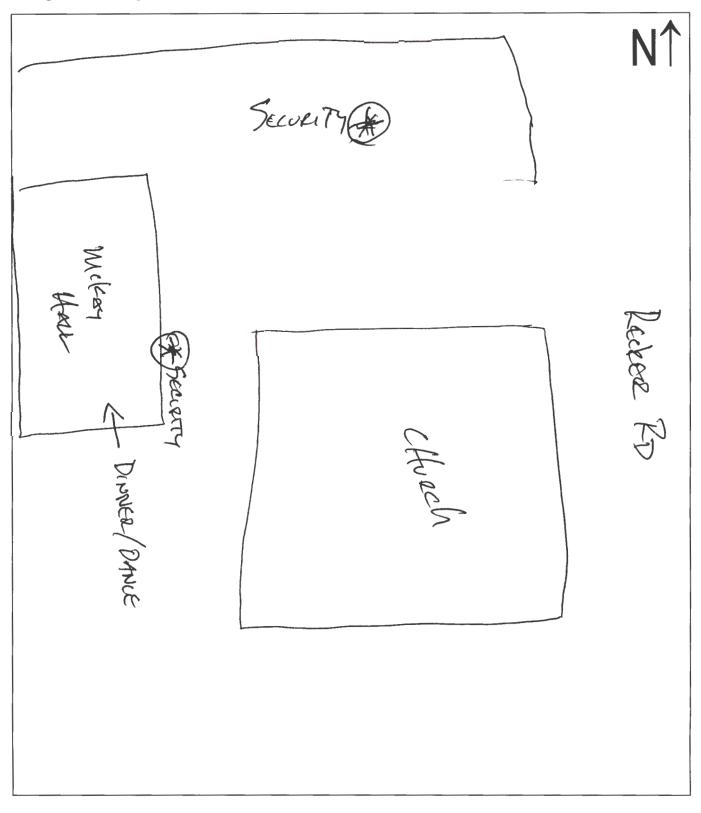
CASMAROZ @ COX.NET

SECTION 10

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	nt been convicted of INO (If yes, attach explai		liquor license revoked	within the last five	(5) years?
2. How many spec	ial event licenses hav (The number canno	ve been issued to th t exceed 12 events per	his location this year? _ year; exceptions under A.R.S	5. §4-203.02(D).)	
3. Is the organization	on using the services o	of a promoter or ot	her person to manage (If yes, attach a co	the event? D Yes py of the agreement.)	No
organization ap additional page	plying must receive 2	25% of the gross re	proceeds. Account fe evenues of the special	event liquor sales	
Name _ A	15211 H Day	In la	Percentag	$p_{\rm pe} = \frac{7070}{1.8}$	\$705
Address	1534 N. Rec Street	er PD	City	State	Zip
Name			Percentag	ge	
Address					
	Street		City nd R19-1-205 <u>Requiremer</u>	State	Zip
(List type and numb	er of police/security persor	umber of Security F	e to prevent violations of g or control barriers, if applic Personnel Fencing	able.)	s event?
) and Hours of Event. R.S. §4-244(15) and (1 Date			License End Time AM/PM	
DAY 1:	2/13/15	FFI	6:30 pm	11:30 p	en
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.



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SECTION 13 This section is to be completed only be named in Section 1.	by an Officer, Director or Ch	airperson of the	organization	
1. DANIE D. CASTILO	declare that I am an Ol	FFICER, DIRECTO	R, or CHAIRPERSON	
appointing the applicant listed in Section 9, to ap	oply on behalf of the forego	ing organization	for a Special Event	
Liquor License.		, ,		
x	MINISTRY Leto	1/15/14	REDACTED	
(Signature)	Title/Position	Date	Phone #	
The foregoing instrument was acknowledged be	fore me this 15^{-74}	Jan	2015	
State Anizona County of Maria	Day	Mon	VALENTINA LE	EON
	n/ CH		Maricopa Cou My Commission E	
My Commission Expires on: <u>4/01/14</u>	Valisius	in No	April 01, 20	016
	Signature	of Notary Public		
SECTION 14 This section is to be completed only b	ov the applicant named in S	Section 9.		
SECTION 14 This section is to be completed only b				
1 DONIEL D. CASTILLO	by the applicant named in s		this application as	
	declare that I am the ,	APPLICANT filing		
1, DONIEC D-CASTILLO (Print full name)	declare that I am the ,	APPLICANT filing		
I, <u>Daniec</u> D-CASTILL (Print full name) listed in Section 9. I have read the application complete.	declare that I am the and the contents and al	APPLICANT filing		
I, <u>Daniec</u> D-CASTILL (Print full name) listed in Section 9. I have read the application complete.	declare that I am the and the contents and al	APPLICANT filing	true, correct and	
I, <u>Daniec</u> D-CASTILL (Print full name) listed in Section 9. I have read the application complete.	declare that I am the and the contents and al	APPLICANT filing	true, correct and	
I, <u>Daniec D. Castilla</u> (Print full name) listed in Section 9. Lhave read the application complete. X (Signature) The foregoing instrument was acknowledged bet	declare that I am the i and the contents and al $M_{inistry}$ logo Title/Position fore me this $\frac{15-76}{Day}$	APPLICANT filing	true, correct and	
I, <u>Daniec</u> D-CASTILL (Print full name) listed in Section 9. I have read the application complete.	declare that I am the i and the contents and al $M_{inistry}$ logo Title/Position fore me this $\frac{15-76}{Day}$	APPLICANT filing Il statements are $\frac{1}{15}/14$ Date	REDACTED Phone # 2015 Year	
I. Denice D-CAST(b) (Print full name) listed in Section 9. I have read the application complete. X	declare that I am the i and the contents and al $M_{inistry}$ logo Title/Position fore me this $\frac{15-76}{Day}$	APPLICANT filing Il statements are $\frac{1}{15}/14$ Date	REDACTED Phone # 2015 Year VALENTINA LEO Notary Public, State of A Maricopa County	Arizona y
I, <u>Daniec D. Castilla</u> (Print full name) listed in Section 9. Lhave read the application complete. X (Signature) The foregoing instrument was acknowledged bet	declare that I am the i and the contents and al $M_{inistry}$ logo Title/Position fore me this $\frac{15-76}{Day}$	APPLICANT filing Il statements are	REDACTED Phone # 2015 Year VALENTINA LEO	Arizona y pires

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	1		
l,(government official)	(Title)	recommend	d 🗖 approval 🗖 i	DISAPPROVAL
on behalf of (City, Town, C		Signature	,, Date	Phone
FORD	EPARTMENT OF LIQUOR	R LICENSES AND C	ONTROL USE ONLY	
Dapproval Disapprov	AL BY:		DATE:	

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Ariz. Corp. Comm. -- Corporations Division

MEV

Arizona Corporation Commission
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Check Corporate Status

Corporate Inquiry

File Number: -1458849-8

Corp. Name: ALL SAINTS ROMAN CATHOLIC PARISH MESA

Domestic Address

1534 N RECKER RD

MESA, AZ 85205

Statutory Agent Information

	Agent Name: DENNIS M NAUGHTON	
	Agent Mailing/Physical Address:	
	400 E MONROE ST	
	PHOENIX, AZ 85004	
an 10 An An Ar	Agent Status: APPOINTED 07/25/2012	8 6 A 4 8
	Agent Last Updated: 08/06/2008	

Additional Corporate Information

Corporation Type: NON-PROFIT	Business Type: RELIGIOUS
Incorporation Date: 07/01/2008	Corporate Life Period: PERPETUAL
Domicile: ARIZONA	County: MARICOPA
Approval Date: 07/15/2008	Original Publish Date: 08/04/2008

Officer Information

ROBERT J CARUSO	JOAN MCKINLEY
PRESIDENT	SECRETARY
1534 N RECKER RD	7405 E. OASIS ST.
MESA, AZ 85205	MESA, AZ 85207
Date of Taking Office: 07/01/2008	Date of Taking Office: 07/01/2012
Last Updated: 07/21/2014	Last Updated: 07/21/2014

Arizona Corporation Commission State of Arizona Public Access System

8:23 AM

01/20/2015

Corporate Status Inquiry

File Number: -1458849-8

Corp. Name: ALL SAINTS ROMAN CATHOLIC PARISH MESA

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

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