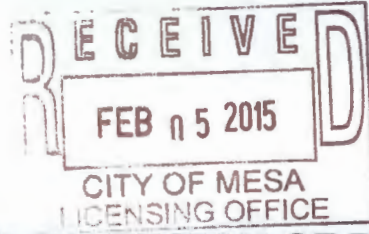


Meeting 3/9/15 Agenda 2/7/15

117295



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

DCDE #4

SPECIAL EVENT AND EXTENSION OF PREMISES INFORMATION SHEET

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 checked="" type="checkbox"/> Beer |
| <input checked="" type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Beer and Wine |
| <input 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 attached 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 attached 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 Personnel will
be at each of the beer gardens providing security and alcohol control. Personnel will check ID at the single entry/exit point.

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

Ultimate Imaginations		74 2532863
Charity's or Organization's Name	Executive Director	501 (C)(3)#
David Short		480-890-2613
Name of Contact at Charity/Organization	Title with Organization	Phone Number
Ultimate Imaginations		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Beer garden patrons will have ID checked at the point of sale and be given a wristband

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 food trucks

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) 542-5140

FOR DLLC USE ONLY

Event date(s):

Event 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)

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: Ultimate Imaginations

SECTION 2 Non-Profit/IRS Tax Exempt Number: 74-2532863

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: Center St. between 1st St and University

Address of Location:

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: Short David Warren REDACTED
Last First Middle Date of Birth
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 phone: (480) 890-2613
4. Applicant's email address: david@downtownmesa.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? 6

(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 Ultimate Imaginations Percentage 100%
Address 100 N. Center St. Mesa AZ 85201
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.)

2 Number of Police _____ Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: _____

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>4/10/15</u>	<u>Friday</u>	<u>10am</u>	<u>10pm</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____



W3RD PL

Marten Luther King Jr. Way

Beer
Garden
One

NCENTERST

Bike Swap

Star
Tent

Stage
Risers

Bike
Valet

Beer
Garden

Vendors

Vendors

Grand Stands

W2ND ST

Port-a-Johns

Beer
Garden
Two

Legend

Venue

- Beer Garden One
- Beer Garden Two

Course Routing and Closures

- Center Barrier
- Criterion Course
- Hard Closure
- Soft Closure

N

THIS SECTION TO BE COMPLETED ONLY BY AN OFFICER, DIRECTOR OR CHAIRPERSON OF THE ORGANIZATION NAMED IN QUESTION #1

18. I, DAVID SHORT declare that I am an Officer/Director/Chairperson appointing the
(Print full name)
applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Exec. Dir 10.9.14 (480) 840.2613
(Signature) (Title/Position) (Date) (Phone #)

Arizona County of Maricopa
The foregoing instrument was acknowledged before me this
9th October 2014
Day Month Year

My Commission expires on: 8/26/18 [Signature]
(Date) (Signature of NOTARY PUBLIC)

THIS SECTION TO BE COMPLETED ONLY BY THE APPLICANT NAMED IN QUESTION #6

19. I, DAVID SHORT declare that I am the APPLICANT filing this application as
(Print full name)
listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of Maricopa
(Signature) The foregoing instrument was acknowledged before me this
9th October 2014
Day Month Year

My commission expires on: 8/26/18 [Signature]
(Date) (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
(Government Official) (Title)
on behalf of _____
(City, Town or County) (Signature of OFFICIAL) (Date)

FOR DLLC DEPARTMENT USE ONLY

Department Comment Section:

(Employee) (Date)

☐ APPROVED ☐ DISAPPROVED BY: _____
(Title) (Date)

02/17/2015

Arizona Corporation Commission
State of Arizona Public Access System

1:31 PM

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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: PERPETUAL

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

02/17/2015

State of Arizona Public Access System

1:31 PM

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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