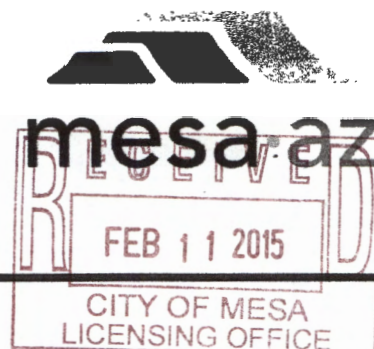


117307

Meeting 3/23/15 Agenda 3/3/15

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 checked="" type="checkbox"/> Beer |
| <input type="checkbox"/> Alcohol Sales | <input checked="" type="checkbox"/> Beer and Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <input 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 Approximately 20
Mesa police officers will present throughout the event. In addition, ProEm Event Management, the
Cubs' subcontractor for security, will have about 40 individuals in the park.

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

Sun Sounds Foundation

86-0906022

Charity's or Organization's Name
James McMahon

Treasurer/Event Co-Chair

501 (C) (3) #
REDACTED

Name of Contact at Charity/Organization
Rick Scott and Dave Noble

Title with Organization

Phone Number

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? All attendees must be over 21 years of age. All will have
IDs checked at gate and be wrist-banded before entering the festival.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Security with
ViAge age-verification machines will be used to verify the attendees' ages.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served VIP - catered Italian; GA - ballpark.

Seating capacity of designated area: # 10,000

2/25/15
qk

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

FOR DLIC 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: Sun Sounds Foundation

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0906022

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: Sloan Park (Cubs Spring Training Facilities)

Address of Location: 2330 W. Rio Salado Parkway, Mesa, AZ 85201

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: McMahon James Michael REDACTED
Last First Middle Date of Birth

2. Applicant's mailing address: 1324 E. Ludlow Drive, Phoenix, AZ 85022
Street City State Zip

3. Applicant's home/cell phone: (REDACTED) Applicant's business phone: (REDACTED)

4. Applicant's email address: jimmcpma@aol.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? 0

(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 Sun Sounds Foundation Percentage 100%

Address 2323 W. 14th Street, Tempe, AZ 85281

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.)

~20 Number of Police ~40 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>4-18-2015</u>	<u>Saturday</u>	<u>4:00 PM</u>	<u>9:00 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, JAMES Mc MAHON 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.

x James Mc Mahon TREASURER 1-29-15 REDACTED
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 29 January 2015
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 11-30-18
Date

Tamara Cato
Notary Public
Maricopa County, Arizona
My Comm. Expires 11-30-2018

SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, James McMahon 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 James Mc Mahon Treasurer 1-30-15 REDACTED
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 29 January 2015
Day Month Year
State Arizona County of Maricopa

My Commission Expires on: 11-30-18
Date

Tamara Cato
Notary Public
Maricopa County, Arizona
My Comm. Expires 11-30-2018

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

I, _____ recommend ☐ APPROVAL ☐ DISAPPROVAL
(government official) (Title)

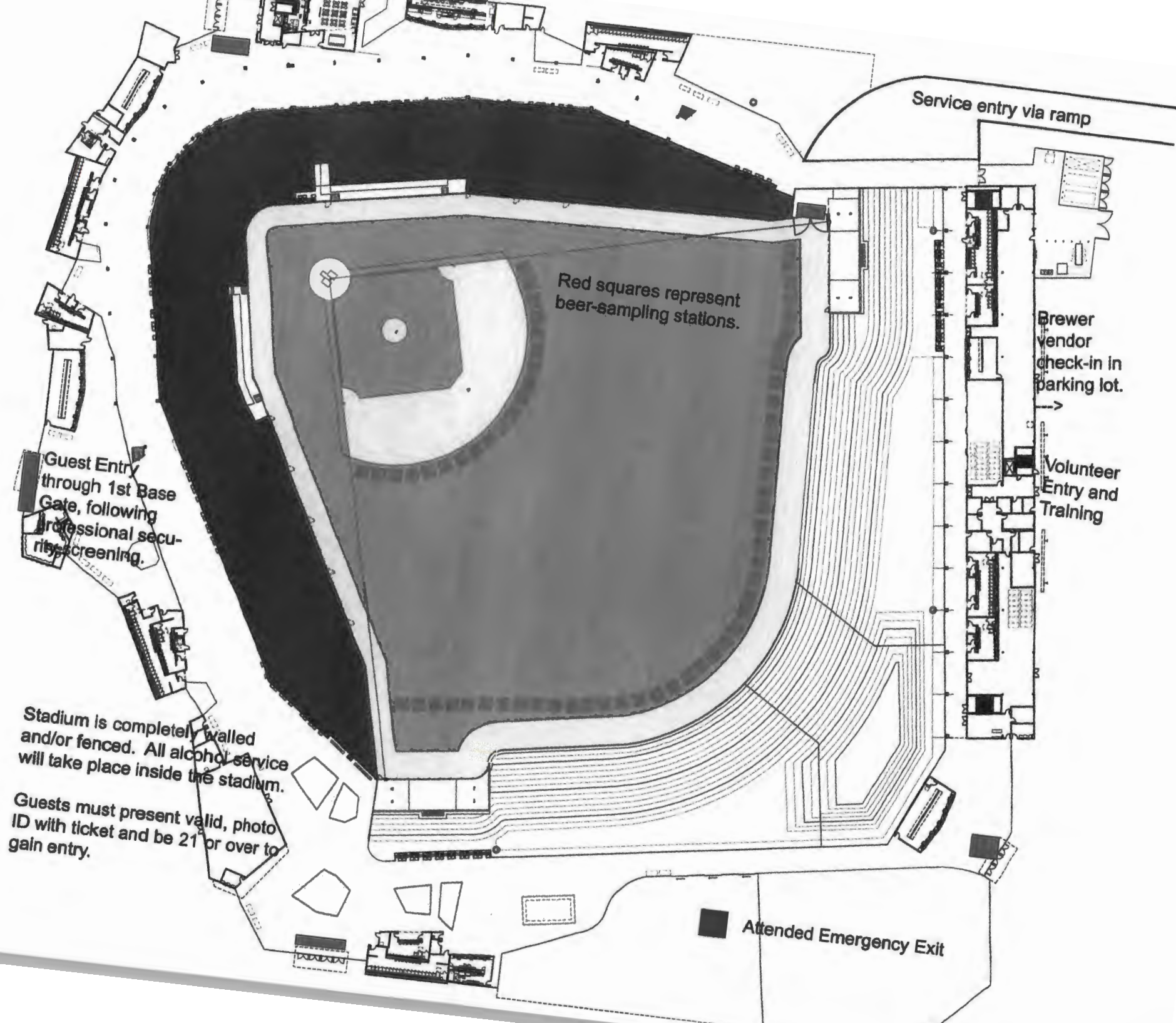
on behalf of _____
(City, Town, County) Signature Date Phone

FOR DEPARTMENT OF LIQUOR LICENSES AND CONTROL USE ONLY

☐ APPROVAL ☐ DISAPPROVAL BY: _____ DATE: _____

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.





Service entry via ramp

Red squares represent
beer-sampling stations.

Brewer
vendor
check-in in
parking lot.

Volunteer
Entry and
Training

Guest Entry
through 1st Base
Gate, following
professional secu-
rity screening.

Stadium is completely walled
and/or fenced. All alcohol service
will take place inside the stadium.

Guests must present valid, photo
ID with ticket and be 21 or over to
gain entry.

Attended Emergency Exit



Department of the Treasury
Internal Revenue Service

P.O. Box 2508

Cincinnati OH 45201

In reply refer to: 0248206070

Jan. 13, 2010 LTR 4168C E0

86-0906022 000000 00

00006647

BODC: TE

SUN SOUNDS FOUNDATION

% BILL PASCO

2323 W 14TH STREET

TEMPE AZ 85281

007158

Employer Identification Number: 86-0906022

Person to Contact: Mrs. Turner

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 04, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 2000.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

02/11/2015

Arizona Corporation Commission
State of Arizona Public Access System

2:28 PM

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Corporate Inquiry

File Number: -0833026-8

[Check Corporate Status](#)

Corp. Name: SUN SOUNDS FOUNDATION, INC.

Domestic Address

2323 W 14TH ST

TEMPE, AZ 85281-6950

Statutory Agent Information

Agent Name: BILL PASCO

Agent Mailing/Physical Address:

2323 W 14TH ST

TEMPE, AZ 85281-6950

Agent Status: APPOINTED 07/26/2005

Agent Last Updated: 07/27/2005

Additional Corporate Information

Corporation Type: NON-PROFIT

Business Type: CHARITABLE

Incorporation Date: 02/23/1998

Corporate Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 02/23/1998

Original Publish Date: 07/24/1998

Officer Information

KIM DEL BARTO
CHAIRMAN
3527 W. JESSICA LN
GLENDALE, AZ 85310ERIC ADAMS
OTHER OFFICER
2607 S. CANTON
MESA, AZ 85202

02/11/2015

Arizona Corporation Commission
State of Arizona Public Access System

2:29 PM

Corporate Status Inquiry**File Number: -0833026-8****Corp. Name: SUN SOUNDS FOUNDATION, 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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