

Meeting 4/16/15 Agenda 3/17/15

Special Event Liquor License Application Attachment B

Special Licensing Office
55 North Center Street
PO Box 1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-3999 Fax
www.cityofmesa.org



ALCOHOLIC BEVERAGES

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
☒ 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
☐ Extension of Premises License

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. Gated area with security staff

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

THE CARE FUND FIN 80-0563472
Charity's or Organization's Name 501 (C)(3)#

CATHY SHERWIN Exec. Dir. 480-305-8607
Name of Contact at Charity/Organization Title with Organization Phone Number

HEY BARTENDAL
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified?

Via security staff

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event?
Gated area with security staff

Yes No

☒ ☐ Will food be served? If yes, what type of food will be served Food Trucks

Seating capacity of designated area: # 250

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

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: THE CARE FUND

SECTION 2 Non-Profit/IRS Tax Exempt Number: 80-0563472

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: EASTMARK GREAT PARK

Address of Location: 10100 E. RAY ROAD MEHA AZ 85212
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: SHERWIN CATHY A. REDACTED
Last First Middle Date of Birth

2. Applicant's mailing address: 16427 N. SCOTTSDALE RD. SCOTTSDALE AZ 85254
Street City State Zip

3. Applicant's home/cell phone: REDACTED Applicant's business phone: 480 305-8607

4. Applicant's email address: CATHY@THECAREFUND.ORG

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 CARE FUND Percentage 100%
Address 16427 N. SCOTTSDALE RD. STE 145 SCOTTSDALE, AZ 85254
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.)

0 Number of Police 8 Number of Security Personnel ☒ Fencing ☒ Barriers
Explanation: PRIDE GROUP SECURITY + 15 CHECK BOUNGERS

SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.

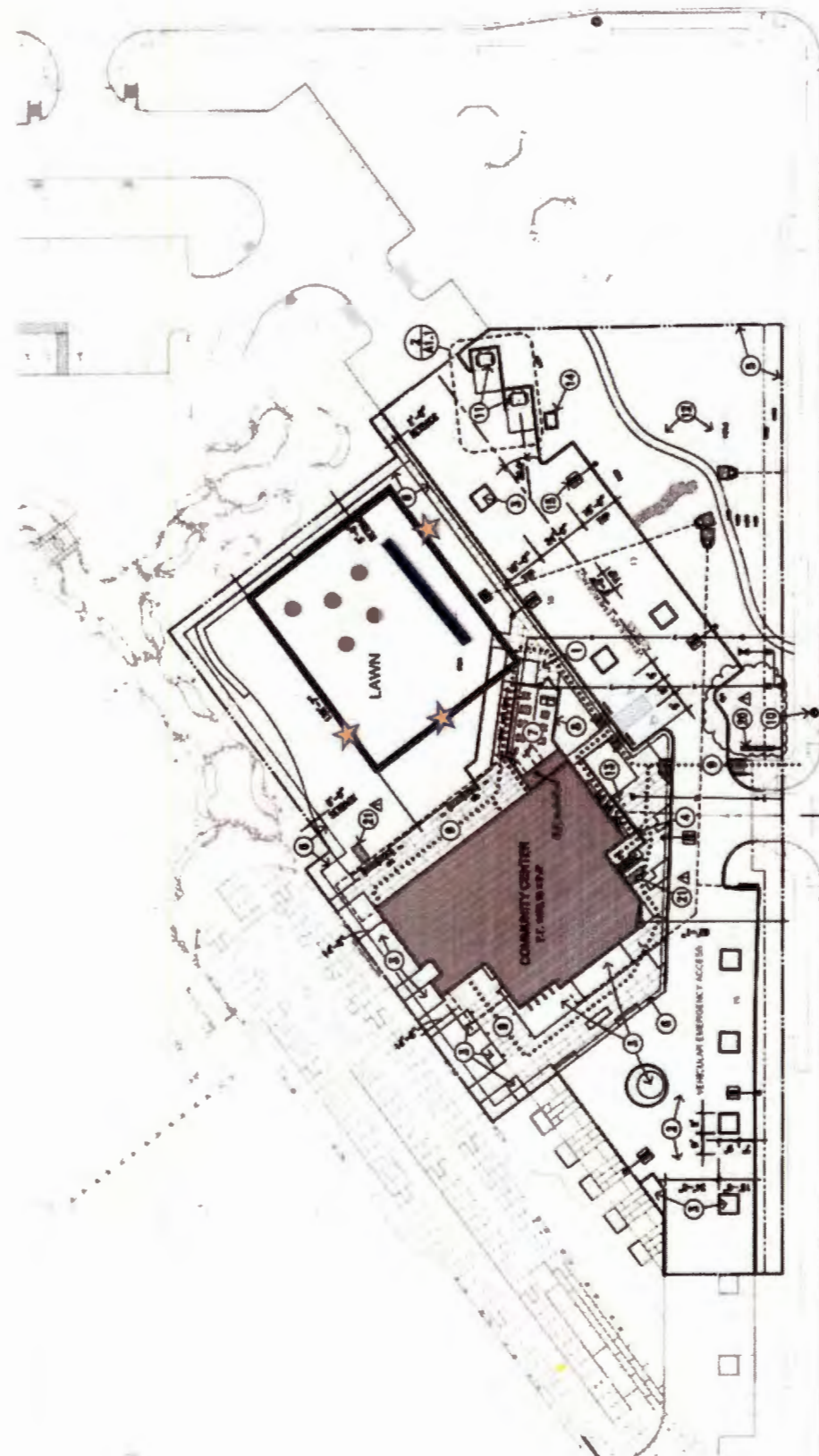
See A.R.S. §4-244(15) and (17) for legal hours of service.

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>4.18.15</u>	<u>SAT</u>	<u>5P</u>	<u>10P</u>
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.

SEE ATTACHMENT

N↑



EASTMARK PARKWAY

Security
High-Boys

Serving Tables

Picket fenced enclosure area

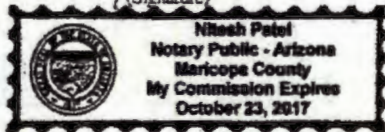
RAY ROAD

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

18. I, CATHY STELWIN, 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. Cathy Stelwin
(Signature)

Executive Director 2/16/15 480 305 8609
(Title/Position) (Date) (Phone #)



ACKNOWLEDGED BEFORE ME

this 16 day of FEBRUARY, 2015
Day of Month Month Year

My Commission expires on: 10/23/2017
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

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

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

X. Cathy Stelwin
(Signature)

ACKNOWLEDGED BEFORE ME

this 16 day of FEBRUARY, 2015
Day of Month Month Year

My commission expires 10/23/2017
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event & complete item #20. The local city or county jurisdiction may require additional applications to be completed and additional licensing fees before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

20. I, _____, hereby recommend this special event application on
(Government Official) (Title)

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)



Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page

« Prev | 1-1 | Next »

EIN	Legal Name (Doing Business As)
80-0563472	Apollo Foundation Inc.

City
Scottsdale

State	Country
AZ	United States

Deductibility Status
PC

« Prev | 1-1 | Next »