

#117373

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



mesa.az

PS PAD
#6

MAR 11 2015

CITY OF MESA
LICENSING OFFICE

Meeting 4/6/15 Agenda 3/7/15

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:

- ☒ 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** - 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 A SPECIAL ENCLOSED AREA AND WINE WILL BE AT EACH TABLE POURED BY WAITERS ONLY

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

Charity's MAG - WEST AQUATICS 501 (C) # 86-0881027
Name of Contact at Charity/Organization MICHAEL CHASSON Title with Organization DIRECTOR
WILLIAM J. PASSEY Phone Number 602-820-4354
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? ID WILL BE REQUIRED AND REVIEWED BY MR PASSEY

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? WINE WILL BE POURED BY STAFF ONLY TO PEOPLE SEATED

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served 4 COURSE CATERED DINNER

Seating capacity of designated area: # 80

3-12-15
JK

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

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: MAC - WEST AQUATICS INC

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0881027

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: 845 CRISMAN RD. MESA AZ 85208

Address of Location: SKYLINE HIGH SCHOOL

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: PASSEY WILLIAM J. REDACTED
Last First Middle Date of Birth

2. Applicant's mailing address: 28 N CENTER ST MESA AZ 85201
Street City State Zip

3. Applicant's home/cell phone: (REDACTED) Applicant's business phone: (480) 393-2300

4. Applicant's email address: billp@passaybond.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? 10

(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 MAG-WEST AQUATICS INC. 1ge 100%
Address 2800 N CENTRAL AVE SKIDZOO PHX AZ 85004
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.)

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

Explanation: BARRIER TO ENTRY WITH 1 SECURITY PERSON
CHECKING ID'S FROM PATRON TO MAKE SURE THEY
ARE ON GUEST LIST. INVENTORY TO BE CONTROLLED BY MR.
PASSEY

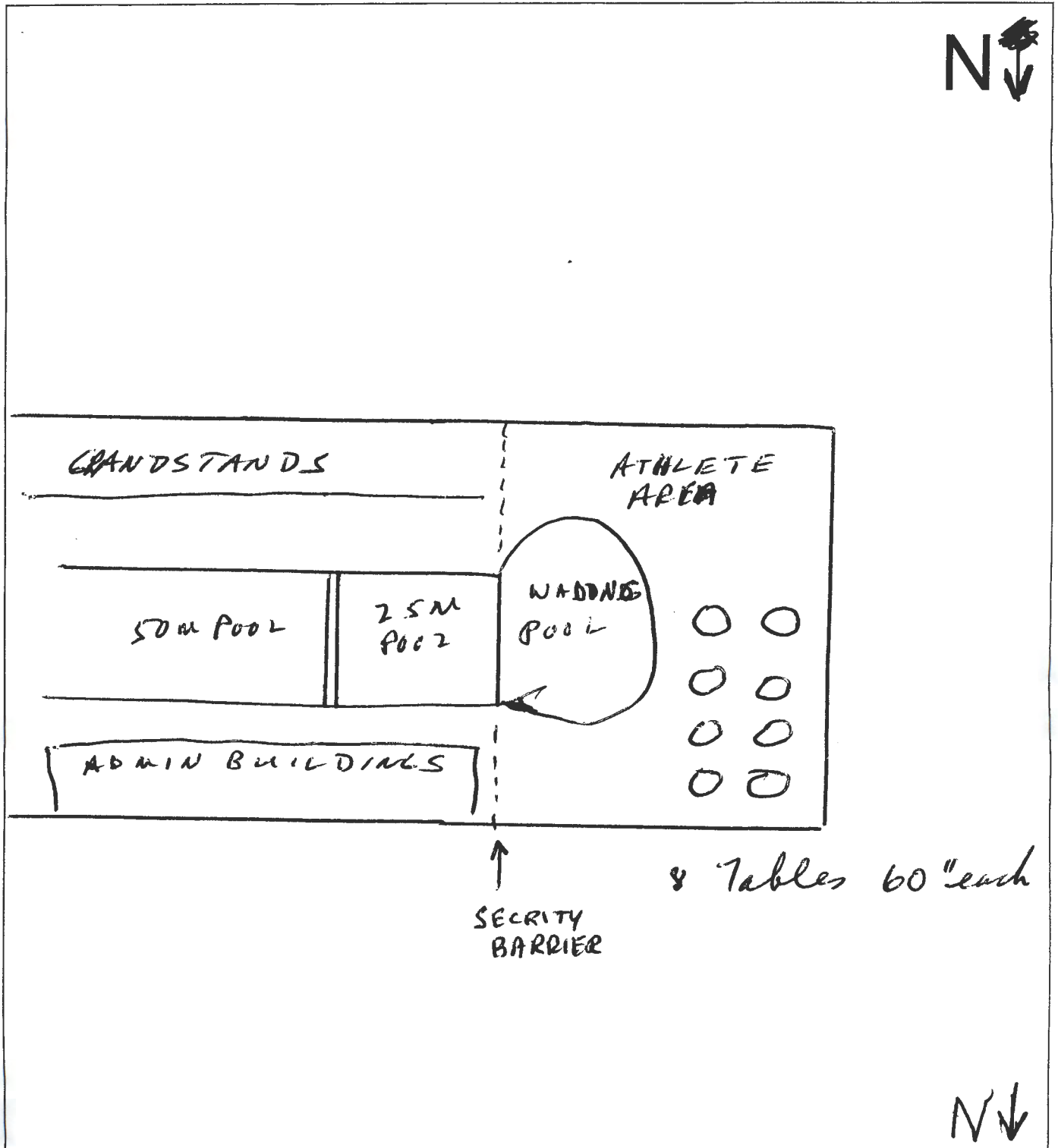
SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.

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>4-17-15</u>	<u>FRIDAY</u>	<u>6:00 PM</u>	<u>9:30 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

SPECIAL EVENT LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



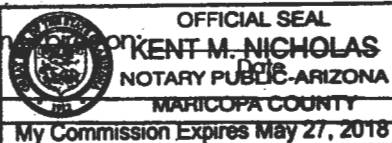
SECTION 13 This section is to be completed only by an Officer, Director or Chairperson of the organization named in Section 1

I, MICHAEL CHASSON 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 Mike Chason Director 3-10-15 602-820-4354
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledged before me this 10th MARCH 2015
Day Month Year
State Arizona County of Maricopa

My Commission Expires on:



Kent M. Nicholas
Signature of Notary Public

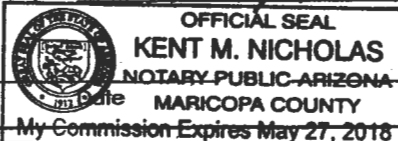
SECTION 14 This section is to be completed only by the applicant named in Section 9.

I, WILLIAM T. PASSEY 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 [Signature] Title/Position 3-10-15 480 3932300
(Signature) Date Phone #

The foregoing instrument was acknowledged before me this 10th MARCH 2015
Day Month Year
State Arizona County of Maricopa

My Commission Expires on:



Kent M. Nicholas
Signature of Notary Public

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: _____

**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)
86-0881027	Mac-Weat Aquatics

City
Phoenix

State	Country
AZ	United States

Deductibility Status
PC

« Prev | 1-1 | Next »