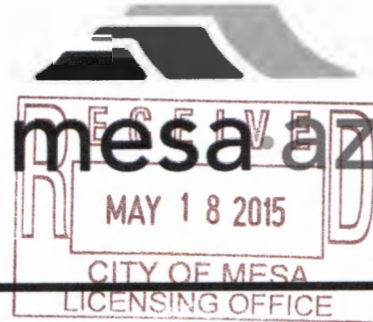


#117489

# 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

LIPAD  
#5

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 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 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 Eight private security staff will check identifications, rove and monitor exits. A wrist band system will be utilized.

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

|   |                           |                   |
|---|---------------------------|-------------------|
| <u>Commemorative Air Force</u>          |                           | <u>74-1484491</u> |
| Charity's or Organization's Name        | FBI #                     |                   |
| <u>Debra McKinnon</u>                   | <u>Executive Director</u> | <u>REDACTED</u>   |
| Name of Contact at Charity/Organization | Title with Organization   | Phone Number      |
| <u>Brad Taylor</u>                      |                           |                   |
| On-Site Agent Responsible for Liquor    |                           |                   |

How will attendees over the age of 21 be identified? Wrist bands will be provided to those 21 and over and who have presented identification.

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

Bartenders will not provide drinks to anyone without a wrist band.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served full dinner at multiple buffet locations

Seating capacity of designated area: # 1,440

Arizona Department of Liquor Licenses and Control  
800 W. Washington 5th Floor  
Phoenix AZ 85007-2934  
www.aziquo.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: Commemorative Air Force

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 74-1484491

**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: Commemorative Air Force Museum

Address of Location: 2017 N. Greenfield Rd Mesa Maricopa 85215  
Street City County/State Zip

**SECTION 8** Will this be stocked 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: McKINION, Debra J  
Last First Middle Date of Birth

2. Applicant's mailing address: 2017 N. Greenfield Rd, Mesa AZ 85215  
Street City State Zip

3. Applicant's home/cell phone: 22 REDACTED Applicant's business phone: 480 924-1940

4. Applicant's email address: DMCKINION.CAF@GMAIL.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? 2  
(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 Commemorative Air Force Percentage 100%  
Address 2017 N. Greenfield Road Mesa AZ 85215  
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.)

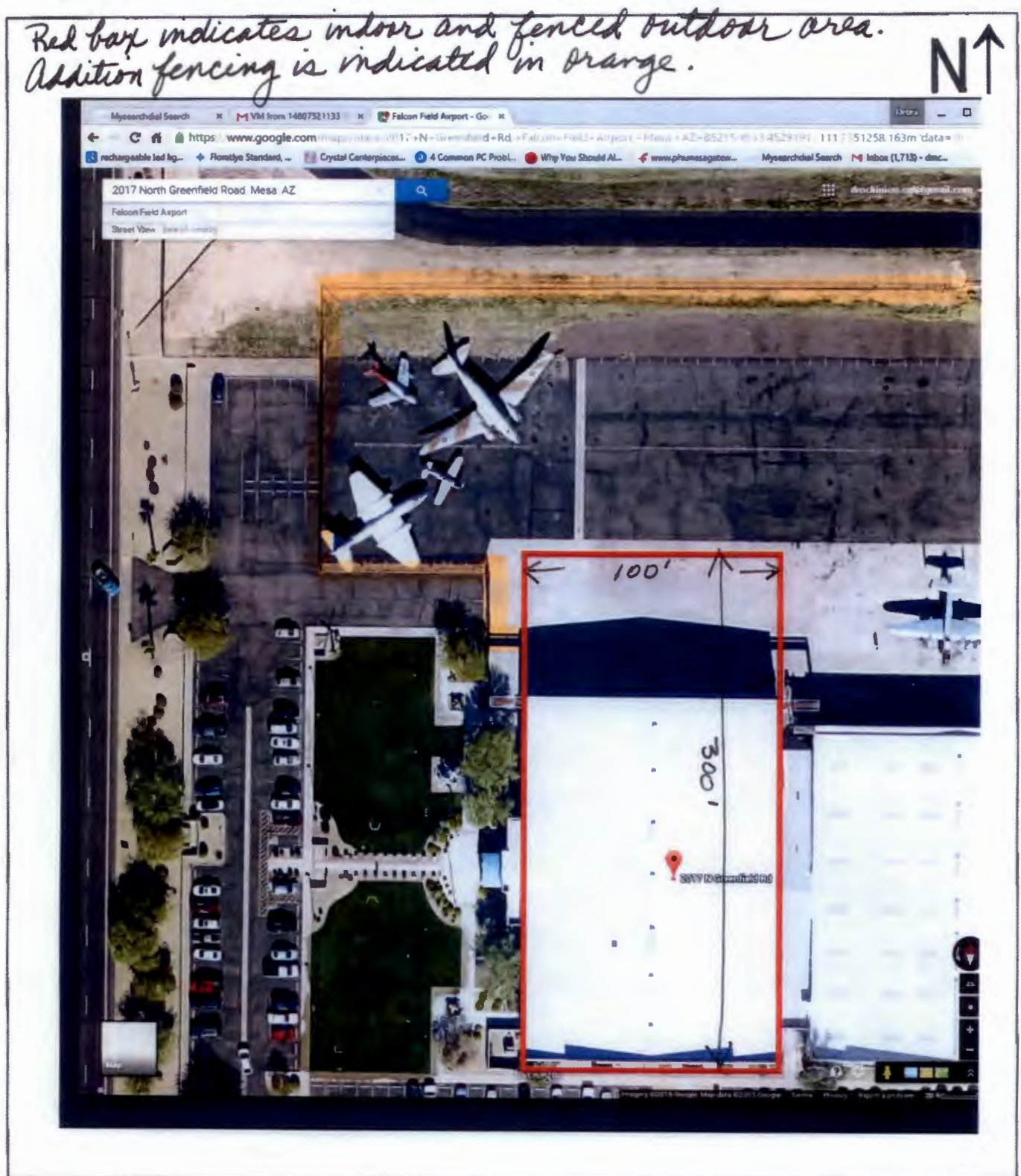
☒ Number of Police 8 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: Private security staff will check identifications and issue wrist bands to those 21 and over. They will monitor the drinking guests and exits.

**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>6-6-2015</u> | <u>Saturday</u> | <u>5</u>               | <u>9</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.





**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.

*Red box indicates indoor and fenced outdoor area.  
Additional fencing is indicated in orange.*



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

I, Debra McKinion 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 Debra McKinion Executive Director 5/16/15 REDACTED  
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledged before me this 16 May 2015  
Day Month Year  
State Arizona County of Maricopa

My Commission Expires on: 1-25-2019  
Date

Jessica Petersen  
Signature of Notary Public



Jessica Petersen  
Notary Public  
Maricopa County, Arizona  
My Comm. Expires 01-25-19

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

I, Debra McKinion 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 Debra McKinion Executive Director 5/16/15 REDACTED  
(Signature) Title/Position Date Phone #

The foregoing instrument was acknowledged before me this 16 May 2015  
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 01-25-2019  
Date

Jessica Petersen  
Signature of Notary Public



Jessica Petersen  
Notary Public  
Maricopa County, Arizona  
My Comm. Expires 01-25-19

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](http://www.azliquor.gov/assets/documents/homepage_docs/spec_event)



Jessica Petersen  
Notary Public  
Maricopa County, Arizona  
My Comm. Expires 01-25-19

**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: \_\_\_\_\_



**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date: April 10, 2002**

**Person to Contact:**  
Jeremy L. Vogelpohl 31-03888  
Customer Service Representative  
**Toll Free Telephone Number:**  
8:00 a.m. to 6:30 p.m. EST  
877-829-5500  
**Fax Number:**  
513-263-3756  
**Federal Identification Number:**  
74-1484491

**Commemorative Air Force  
P.O. Box 62000  
Midland, TX 79711-2000**

**Dear Sir or Madam:**

**This is in response to the amendment to your organization's Articles of Incorporation filed with the state on December 7, 2001. We have updated our records to reflect the name change as indicated above.**

**Our records indicate that a determination letter issued in April 1964 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.**

**Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).**

**This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.**

**Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.**

**All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).**

**Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.**

**Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.**

Commemorative Air Force  
74-1484491

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

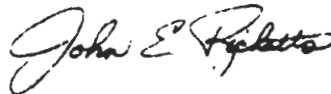
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services