

Meeting 10/5/15 Agenda 9/15/15

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 type="checkbox"/> Beer |
| <input 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 We will be placing colored wrist bands at entry, We will be checking ID's , We will have security inside event and at entries

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

BACA- Bikers Against Child Abuse		87-0568264
Charity's or Organization's Name	Treasurer	501 (C) #
Greg Bednek		REDACTED
Name of Contact at Charity/Organization	Title with Organization	Phone Number
Pamela J Musler - PR Events Coordinator for BACA - 602-722-3547		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Colored Wrist Bands. Checking Ids.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Security presence , colored wrist bands, checking id's , fencing, TIP certified bartenders and servers

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served By FOOD trucks and vendors

Seating capacity of designated area: # 3000

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

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: Bikers Against Child Abuse

SECTION 2 Non-Profit/IRS Tax Exempt Number: 87-0568264

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: Chester's Harley-Davidson

Address of Location: 922 S. Country Club Dr Mesa Arizona 85210

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: Bedenk Greg A

Last

First

Middle

REDACTED

Date of Birth

2. Applicant's mailing address: PO BOX 12936 Scottsdale AZ 85267

Street

City

State

Zip

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

4. Applicant's email address: baca.grumpy@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? 3

(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 BACA- Bikers Against Child Abuse Percentage 75%

Address PO BOX 2864 Mesa AZ 85214
Street City State Zip

Name Chester's Harley- Davidson Percentage 25%

Address 922 S. Country Club Mesa AZ 85210
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 16 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: There is fencing already established at the venue. It is in enclosed with fencing
2 At Emerald Gate. 2 at side Building 4 on Patio 2 at gate Then 4 inside event and 2 Supervisors

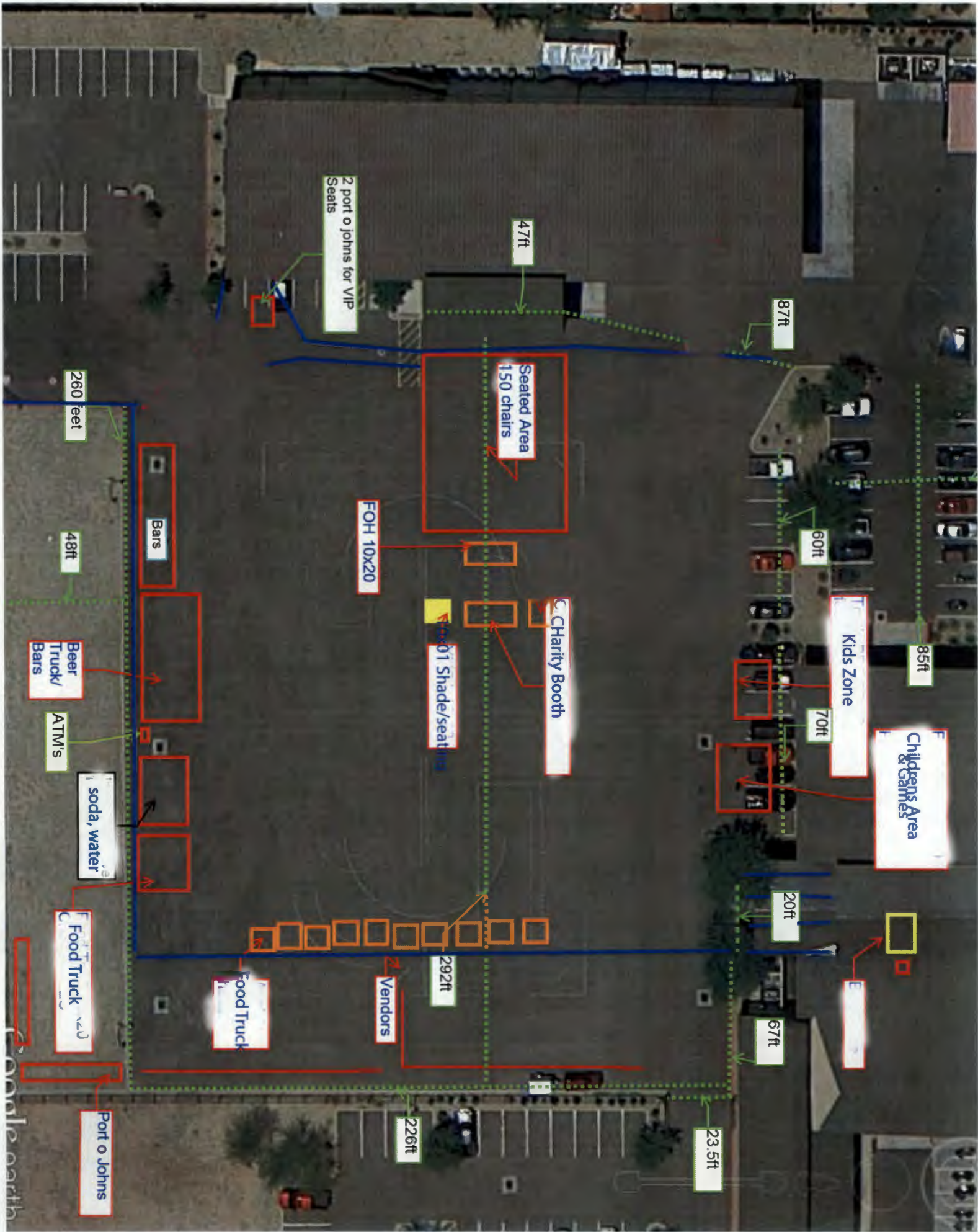
SECTION 11 Date(s) and Hours of Event. May not exceed 10 consecutive days.

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>10/17/15</u>	<u>Saturday</u>	<u>6pm</u>	<u>10pm</u>
DAY 2:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 3:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 4:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 5:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 6:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 7:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 8:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 9:	<u></u>	<u></u>	<u></u>	<u></u>
DAY 10:	<u></u>	<u></u>	<u></u>	<u></u>

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

I, Gregory A. Bedark 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 Gregory A. Bedark Treasurer 8/19/15 REDACTED
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 18th August 2015
Day Month Year

State AZ County of Maricopa

My Commission Expires on: 5-4-2014
Date


Signature of Notary Public Katherine S. McKenzie

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

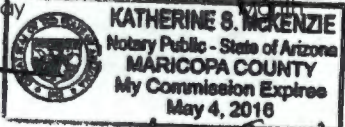
I, Gregory A. Bedark declare that I am the APPLICANT filing this application as
(Print full name)
listed in Section 9. I have read the application and the contents and all statements are true, correct and
complete.

X Gregory A. Bedark Treasurer 8/18/15 REDACTED
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this 18th August 2015
Day Month Year

State AZ County of Maricopa

My Commission Expires on: 5-4-2014
Date


Signature of Notary Public Katherine S. McKenzie

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: _____

Internal Revenue Service

Date: April 4, 2005

BIKERS AGAINST CHILD ABUSE
% JOHN PAUL LILLY
458 WESTFIELD RD
ALPINE UT 84004-1501

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Stephanie Broach-Camp 31-04022
Customer Service Specialist

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

87-0568264

Dear Sir or Madam:

This is in response to your request of April 4, 2005, regarding your organization's tax-exempt status.

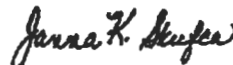
In June 1998 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

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

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services