

#117550

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



GC PAD #4

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 -Will provide off duty police officer and security patrolling venue -> ID check at the door and at point of sale

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

<u>Colon Cancer Alliance *Blue Note Fund</u>		501 (C) #
Charity's or Organization's Name	Rep.	REDACTED
Name of Contact at Charity/Organization	Title with Organization	Phone Number
<u>Sheila Conway</u>		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Wrist band / ID check

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? Security ID scanner

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served Wings / hamburger / Tacos

Seating capacity of designated area: # 100

7-27-15  
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:

CSR:

**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: Colon Cancer Alliance Blue Note Fund

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 86 0947831

**SECTION 3** The organization is a: (check one box only)

- ☒ Charitable ☐ 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: 922 S. Country Club Dr. Mesa AZ 85210 Chesters Harley Davidson  
Address of Location: \_\_\_\_\_  
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: Conway Sheila J REDACTED  
Last First Middle Date of Birth

2. Applicant's mailing address: 4478 E Temecula Ct Gilbert AZ 85297  
Street City State Zip

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

4. Applicant's email address: \_\_\_\_\_

**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 Colon Cancer Alliance Blue Note Percentage 100%  
Address 4478 E Temecula Ct. Gilbert AZ 85297  
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.)

3 Number of Police 9 Number of Security Personnel ☒ Fencing ☐ Barriers

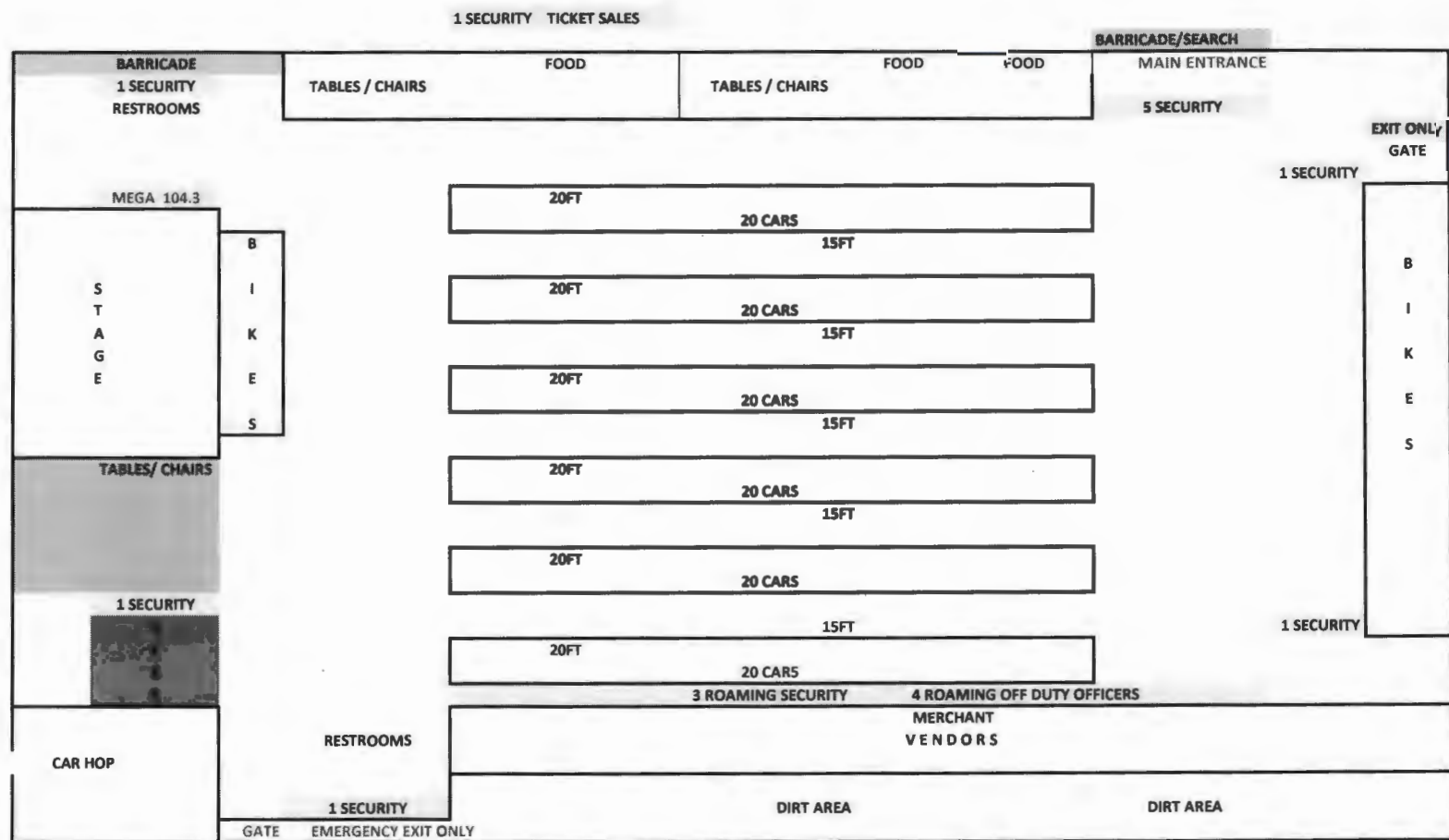
Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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>12-5-15</u>	<u>Saturday</u>	<u>11 AM</u>	<u>5 PM</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.

N↑



The venue is gated all around



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

I, Shelia J. Conway 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 Shelia J. Conway Chair Person 7/15/15 REDACTED  
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this

15<sup>th</sup> July 2015  
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 06-14-2017  
Date

[Signature]  
Signature of Notary Public



**CABRINA LE**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires  
April 14, 2017

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

I, Shelia J. Conway 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 Shelia J. Conway Chair Person 7/15/15 REDACTED  
(Signature) Title/ Position Date Phone #

The foregoing instrument was acknowledged before me this

15<sup>th</sup> July 2015  
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 06-14-2017  
Date

[Signature]  
Signature of Notary Public



**CABRINA LE**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires  
April 14, 2017

Please contact the local governing board for additional application requirements and submission deadlines. 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](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: \_\_\_\_\_

**A.R.S. § 41-1030. Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice**

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

E. A STATE EMPLOYEE MAY NOT INTENTIONALLY OR KNOWINGLY VIOLATE THIS SECTION. A VIOLATION OF THIS SECTION IS CAUSE FOR DISCIPLINARY ACTION OR DISMISSAL PURSUANT TO THE AGENCY'S ADOPTED PERSONNEL POLICY.

F. THIS SECTION DOES NOT ABROGATE THE IMMUNITY PROVIDED BY SECTION 12-820.01 OR 12-820.02.



## 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  

&lt; Prev | 1-1 | Next &gt;

EIN	Legal Name (Doing Business As)
86-0947831	Colon Cancer Alliance

City
Washington

State	Country
DC	United States

Deductibility Status
PC

&lt; Prev | 1-1 | Next &gt;