

#117896

Meeting 2/22/16 agenda 2/22/16 DC-DE #4

Print Form



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

SPECIAL EVENT AND EXTENSION OF PREMISES INFORMATION SHEET

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 attached 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 attached 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. Personnel will be at each of the beer gardens providing security and alcohol control. Security will check ID at the single entry/exit point.

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

Ultimate Imaginations	74 2532863
Charity's or Organization's Name David Short	Executive Director 501 (C)(3)# 480-890-2613

Name of Contact at Charity/Organization Ultimate Imaginations	Title with Organization	Phone Number
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On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? Beer garden patrons will have ID checked and given a wrist band by contracted security company with ID machine.

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

Alcohol will only be served to those with wristbands.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served street vendors as well as 6 restaurants

Seating capacity of designated area: #

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

APPLICATION FOR SPECIAL EVENT LICENSE

Fee = \$25.00 per day for 1-10 day events only
A service fee of \$25.00 will be charged for all dishonored checks (A.R.S. § 44-6852)

NOTE: THIS DOCUMENT MUST BE FULLY COMPLETED OR IT WILL BE RETURNED.
PLEASE ALLOW 10 BUSINESS DAYS FOR PROCESSING.

****Application must be approved by local government before submission to Department of Liquor Licenses and Control. (Section #20)**

DLIC USE ONLY

LICENSE #

1. Name of Organization: Ultimate Imaginations

2. Non-Profit/I.R.S. Tax Exempt Number: 74 2532863

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

☒ Charitable ☐ Fraternal (must have regular membership and in existence for over 5 years)

☐ Civic ☐ Political Party, Ballot Measure, or Campaign Committee

☐ Religious

4. What is the purpose of this event? To increase tourism in Downtown Mesa.

5. Location of the event: Macdonald from Main to 1st Ave. Mesa Maricopa 85201
Address of physical location (Not P.O. Box) City County Zip

Applicant must be a member of the qualifying organization and authorized by an Officer, Director or Chairperson of the Organization named in Question #1. (Signature required in section #18)

6. Applicant: Short David Warren 1 REDACTED
Last First Middle Date of Birth

7. Applicant's Mailing Address: 100 N Center Street Mesa AZ 85201
Street City State Zip

8. Phone Numbers: (480) 890-2613 (480) 890-2613 (REDACTED)
Site Owner # Applicant's Business # Applicant's Home #

9. Date(s) & Hours of Event: (Remember: you cannot sell alcohol before 10:00 a.m. on Sunday)

	Date	Day of Week	Hours from A.M./P.M.	To A.M./P.M.
Day 1:	<u>March 5, 2016</u>	<u>Saturday</u>	<u>2PM</u>	<u>7PM</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>

10. Has the applicant been convicted of a felony in the past five years, or had a liquor license revoked?
☐ YES ☒ NO (attach explanation if yes)

11. This organization has been issued a special event license for 4 days this year, including this event
(not to exceed 10 days per year).

12. 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.

13. 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.**

Name Ultimate Imaginations Inc. 100%
Percentage

Address 100 N. Center Street, Mesa, AZ 85201

Name _____
Percentage

Address _____
(Attach additional sheet if necessary)

14. Knowledge of Arizona State Liquor Laws Title 4 is important to prevent liquor law violations. If you have
any questions regarding the law or this application, please contact the Arizona State Department of Liquor
Licenses and Control for assistance.

NOTE: ALL ALCOHOLIC BEVERAGE SALES MUST BE FOR CONSUMPTION AT THE EVENT SITE ONLY.
"NO ALCOHOLIC BEVERAGES SHALL LEAVE SPECIAL EVENT PREMISES."

15. What security and control measures will you take to prevent violations of state liquor laws at this event?
(List type and number of security/police personnel and type of fencing or control barriers if applicable)

 # Police ☐ Fencing
3 # Security personnel ☒ Barriers

Personnel will be at point of sale and roaming providing security and alcohol control. Security will check ID at ID check point and give wrist bands
to attendees over 21. Attendees must have a wrist band to obtain alcohol. Contracted Security company will use ID machine to verify age.

16. Is there an existing liquor license at the location where the special event is being held? ☐ YES ☒ NO
If yes, does the existing business agree to suspend their liquor license during the time
period, and in the area in which the special event license will be in use? ☐ YES ☐ NO
(ATTACH COPY OF AGREEMENT)

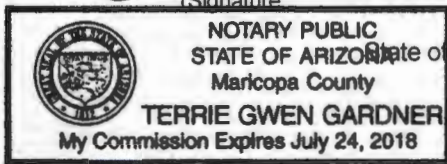
Name of Business () Phone Number

17. Your licensed premises is that area in which you are authorized to sell, dispense, or serve spirituous liquors
under the provisions of your license. The following page 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 positions.

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

18. I, David Short declare that I am an Officer/Director/Chairperson appointing the applicant listed in Question 6, to apply on behalf of the foregoing organization for a Special Event Liquor License.

X [Signature] Executive Director (480) 890-2613
(Signature) (Title/Position) (Date) (Phone #)



Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

22 Jan 2016
Day Month Year

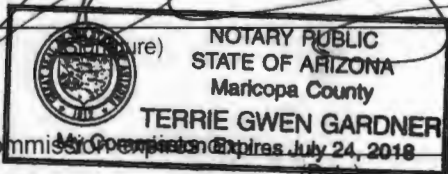
My Commission expires on: _____
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

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

19. I, David Short declare that I am the APPLICANT filing this application as listed in Question 6. I have read the application and the contents and all statements are true, correct and complete.

X [Signature] State of Arizona County of Maricopa
(Signature) The foregoing instrument was acknowledged before me this



22 Jan 2016
Day Month Year

My Commission Expires July 24, 2018
(Date)

[Signature]
(Signature of NOTARY PUBLIC)

You must obtain local government approval. City or County MUST recommend event and complete item #20. The local governing body may require additional applications to be completed and submitted 60 days in advance of the event. Additional licensing fees may also be required before approval may be granted.

LOCAL GOVERNING BODY APPROVAL SECTION

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

MAIN STREET

Barricading with Entry/Exit Point

ID
Check/
Tickets

S6
S5
S4
S3
S2
S1

S9
S8
S7
B7
B6
B5
B4
B3
B2
B1

138-41-020A

138-

138-41-020B

138-41-022

KSLX

F
6

F
5

F
4

F
3

F
2

F
1

138-41-01

138-41-016

138-41-016

138-41-016

138-41-01

MACDONALD STREET

Port-o-lets

Cigar
Lounge

VIP

Stage

Barricading

Search Date and Time:

1/26/2016 11:44:45 AM

File Number:

02122188

Corporation Name:

ULTIMATE IMAGINATIONS, INC.

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry



File Number

02122188

Corporation Name

ULTIMATE IMAGINATIONS, INC.

Standing

Check Corporate Status

Domestic Address



100 N CENTER ST
MESA, AZ 85201-7308

Statutory Agent Information



Agent Name: W RALPH PEW



Name	PAUL MCKEE
Title	OTHER OFFICER
Address	533 W MENDOZA AVE MESA, AZ 85210
Date of Taking Office	07/01/2007
Last Updated	10/28/2015
Name	DAVE WIER
Title	OTHER OFFICER
Address	WELLS FARGO BANK 305 E MAIN ST #305 MESA, AZ 85201
Date of Taking Office	07/01/2007
Last Updated	10/28/2015
Name	DAVID SHORT
Title	SECRETARY
Address	100 N. CENTER ST MESA, AZ 85201
Date of Taking Office	10/25/2010
Last Updated	10/28/2015
Name	THERESA CARMICHAEL
Title	TREASURER
Address	T CARMICHAEL, CPA 421 E UNIVERSITY DR MESA, AZ 85203
Date of Taking Office	07/01/2007
Last Updated	10/28/2015

Director Information



Search Time:

1/26/2016 11:44:57 AM

File Number:

02122188

Corporation Name:

ULTIMATE IMAGINATIONS, INC.

Corporate Status Inquiry

This Corporation is in Good Standing

This information is provided as a courtesy and does not constitute legally binding information regarding the status of the entity listed above. To obtain an official Certificate indicating that the entity is in good standing click on Print Certificate and follow printing instructions. To reprint a previously generated Certificate of Good Standing click Reprint Certificate.

[Print Certificate \(/GoodStanding/PrintInstructions?corpId=%2002122188\)](/GoodStanding/PrintInstructions?corpId=%2002122188)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2002122188\)](/GoodStanding/Reprint?corpId=%2002122188)

[Return to Corporate Details \(/Details/Corp?corpId=%2002122188\)](/Details/Corp?corpId=%2002122188)

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