

# 118247

Meeting 10/17/16

# 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

11/5/16

RS-7  
#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:

- ☐ 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 K of C ladies Aux. will distribute one (1) 5 oz. cup of wine to each adult patron on request after the person has gotten their meal and is seated.

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

Knights of Columbus All Saints Council #9485 86-0572739  
Charity's or Organization's Name 501 (C)#  
Knights of Columbus All Saints Council #9485 Catholic Men's Fraternal Org.  
Name of Contact at Charity/Organization Title with Organization Phone Number 480-985-7655  
Lavern J. Lusk Recorder redacted  
On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? Majority of all purchases of dinner tickets are parishoners of All Saints Church. Will check I.D's at the door.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? K of C ladies Aux. will insure age is as prescribed.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served Spaghetti Dinner

Seating capacity of designated area: # 356



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:
License:

APPLICATION FOR SPECIAL EVENT LICENSE  
Fee= \$25.00 per day for 1-10 days (consecutive)  
Cash Checks or Money Orders Only

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: All Saints Knights of Columbus #9485

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 86-0572739

**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

All Saints Knights of Columbus 86-0572739 480-985-7655  
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: All Saints Catholic Church

Address of Location: 1534 N. Recker Mesa Maricopa AZ 85205  
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: Link Lavern J. redacted  
Last First Middle Date of Birth

2. Applicant's mailing address: 2329 N. Recker Mesa AZ 85215  
Street City State Zip

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

4. Applicant's email address: cyclered@cox.net

**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? None  
(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 All Saints Catholic Church - K of C Percentage: 100%

Address 1534 N. Recker Mesa AZ 85205  
Street City State Zip

Name NA 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 10 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: Officers of Knights of Columbus  
Officers of Ladies Auxilliary

**SECTION 11** Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.

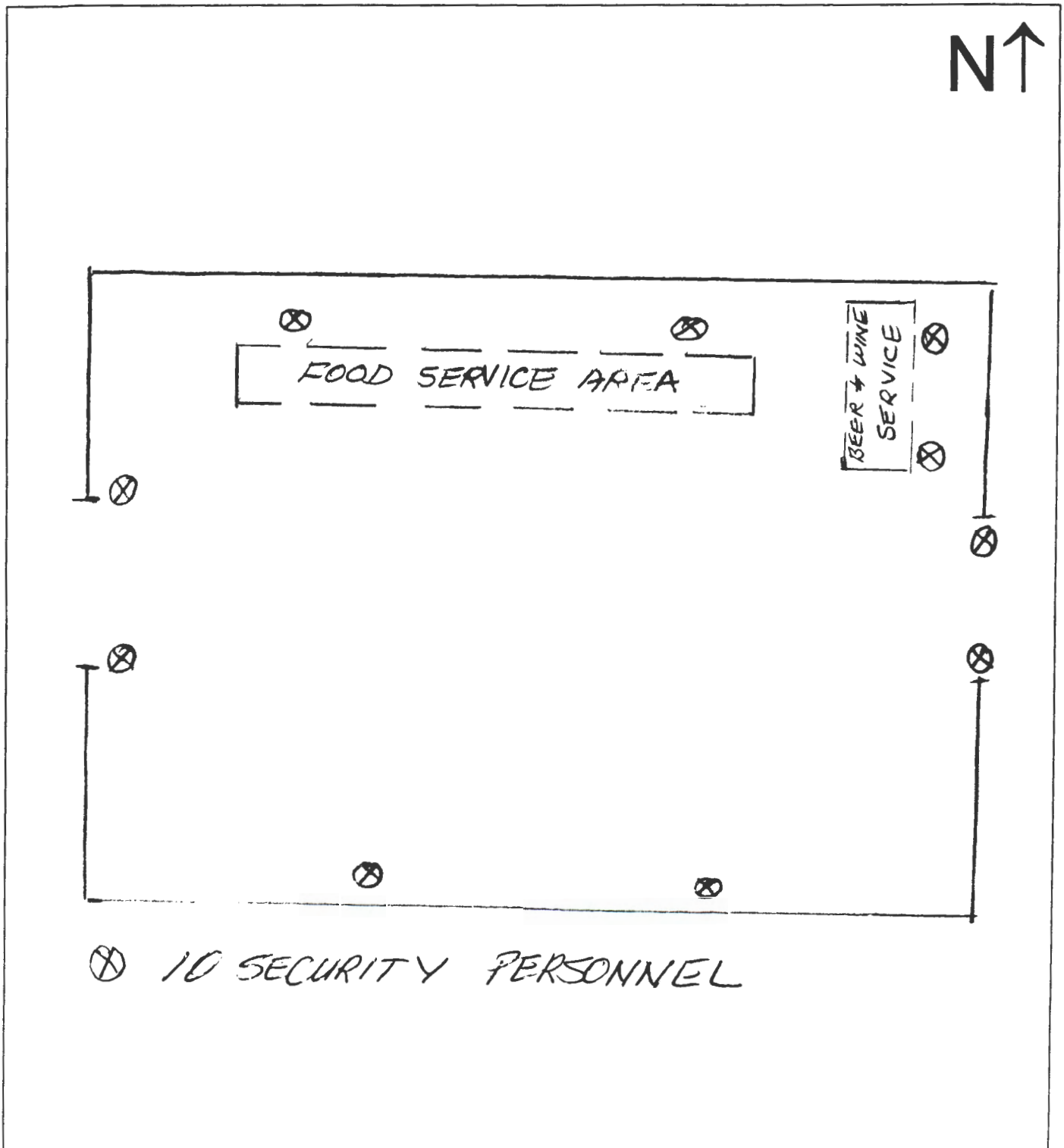
See A.R.S. § 4-244(15) and (17) for legal hours of service.

**PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY**

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>11-05-2016</u>	<u>Saturday</u>	<u>3 PM to 7 PM</u>	<u>7 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** To be completed only by an Officer, Director or Chairperson of the organization named in Section 1.

I, (Print Full Name) LAVERN J. LINK declare that I am an Officer, Director or Chairperson of the organization filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X Lavern J. Link Signature Records Title/ Position 09-21-16 Date redacted phone number

The foregoing instrument was acknowledged before me this 21 Day September Month 2016 Year

State AZ County of Maricopa

My Commission Expires on: 8/26/18 Date



KATHRYN M. BROEHM  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires Aug. 28, 2018

Signature of Notary Public

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

I, (Print Full Name) LAVERN J. LINK declare that I am the APPLICANT filing this application as listed in Section 9. I have read the application and the contents and all statements are true, correct and complete.

X Lavern J. Link Signature Records Title/ Position 09-21-16 Date redacted

The foregoing instrument was acknowledged before me this 21 Day September Month 2016 Year

State AZ County of Maricopa

My Commission Expires on: 8/26/18 Date



KATHRYN M. BROEHM  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires Aug. 28, 2018

Signature of Notary Public

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

**SECTION 16** 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.

Search Date and Time:

9/27/2016 3:46:31 PM

File Number:

14588498

Corporation Name:

ALL SAINTS ROMAN CATHOLIC PARISH MESA

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry 

File Number

14588498

Corporation Name

ALL SAINTS ROMAN CATHOLIC PARISH MESA

Standing

[Check Corporate Status](#)

Domestic Address 

1534 N RECKER RD  
MESA, AZ 85205

Statutory Agent Information 

Agent Name: DENNIS M NAUGHTON



Name	BERNEDA WOLFE
Title	TREASURER
Address	9239 E CAROL AVE MESA, AZ 85208
Date of Taking Office	07/01/2012
Last Updated	08/11/2016

Director Information 

Name	THOMAS J OLMSTED
Title	DIRECTOR
Address	400 E MONROE ST PHOENIX, AZ 85004
Date of Taking Office	07/01/2008
Last Updated	08/11/2016
Name	FREDRICK J ADAMSON
Title	DIRECTOR
Address	400 E MONROE ST PHOENIX, AZ 85004
Date of Taking Office	07/01/2008
Last Updated	08/11/2016
Name	ROBERT J CARUSO
Title	DIRECTOR
Address	1534 N RECKER RD MESA, AZ 85205
Date of Taking Office	07/01/2008
Last Updated	08/11/2016

Annual Reports 

Search Time:

9/27/2016 3:46:53 PM

File Number:

14588498

Corporation Name:

ALL SAINTS ROMAN CATHOLIC PARISH MESA

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 re-print a previously generated Certificate of Good Standing click Reprint Certificate.

[Print Certificate \(/GoodStanding/PrintInstructions?corpId=%2014588498\)](/GoodStanding/PrintInstructions?corpId=%2014588498)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2014588498\)](/GoodStanding/Reprint?corpId=%2014588498)

[Return to Corporate Details \(/Details/Corp?corpId=%2014588498\)](/Details/Corp?corpId=%2014588498)

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