118335

Special Event Liquor License Application Attachment B

Meeting 12/12/16 Agenda 11/22/16

Licensing Office
55 North Center Street Mailing Address:
PO Box 1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-3999 Fax
www.mesaaz.gov/business/licensing

2/22/17

mesa·az

PS-L #5

RECEIVED NOV 02 2016 CITY OF MESA

If you intend to serve alcohol at your special event, 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 provisions outlined. Plan a minimum of 60 days to complete this process.

Check all that apply:

- ☐ Free/Host Alcohol
- ☐ Beer
- ☐ Alcohol Sales
- ☐ Beer and Wine
- ☒ Host and Sale Alcohol
- ☒ 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. This license can only be obtained by a non-profit organization, 501(C). (Complete the State of Arizona Special Event Liquor Application and site plan.)

☐ **Extension of Premises License** - There is no fee involved with the Extension of Premises. This is allowed when a liquor license is already in effect and you want to extend the area where liquor is sold. (Complete the State of Arizona Extension of Premises Application and site plan.)

If this is an Extension of Premises, are there any other activities taking place except for the sale of liquor in the extended area? No ☐ Yes ☐ Type of activities taking place: _____

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event Alcohol to be served only within our ballroom to residents age 55+. Community security on site.

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

Fountain of the Sun Community Association — Charity's or Organization's Name
942923774 — 501 (C)# / TAX ID #

Heather Roberts — Name of Contact at Charity/Organization
Activities Director — Title with Organization
480-380-4000 — Phone Number

Heather Roberts, Activities Director — On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? ID checked at entry door by staff or volunteers. No one under age 21 permitted.

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? No one under age 21 will be admitted to the event.

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

Seating capacity of designated area: # 300

FOR DLLC USE ONLY
Event Date(s):
Event time start/end:
CSR:
License:

Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

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: Fountain of the Sun Community Association

SECTION 2 Non-Profit/IRS Tax Exempt Number: 942923774

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: Fountain of the Sun Activity Center

Address of Location: 560 S. 80th St (Street) Mesa (City) Maricopa (COUNTY) AZ (State) 85208 (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: Roberts (Last) Heather (First) Nicole (Middle) REDACTED (Date of Birth)
2. Applicant's mailing address: 540 S. 80th St (Street) Mesa (City) AZ (State) 85208 (Zip)
3. Applicant's home/cell phone: (___) _____ Applicant's business phone: (480) 380-4000
4. Applicant's email address: heather@fos-az.com

Individuals requiring ADA accommodations call (602)542-9027.

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? 4
(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 Fountain of the Sun Community Association Percentage: 100

Address 540 S. 80th St (Street) Mesa (City) AZ (State) 85208 (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 _____ Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: Event will be held within our community ballroom and IDs will be checked at entry doors by staff or volunteers. Security is on site within the community. No one under age 21 will be admitted to event.

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:	Feb 22, 2017	Wednesday	6:00 pm	9:00 pm
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:				

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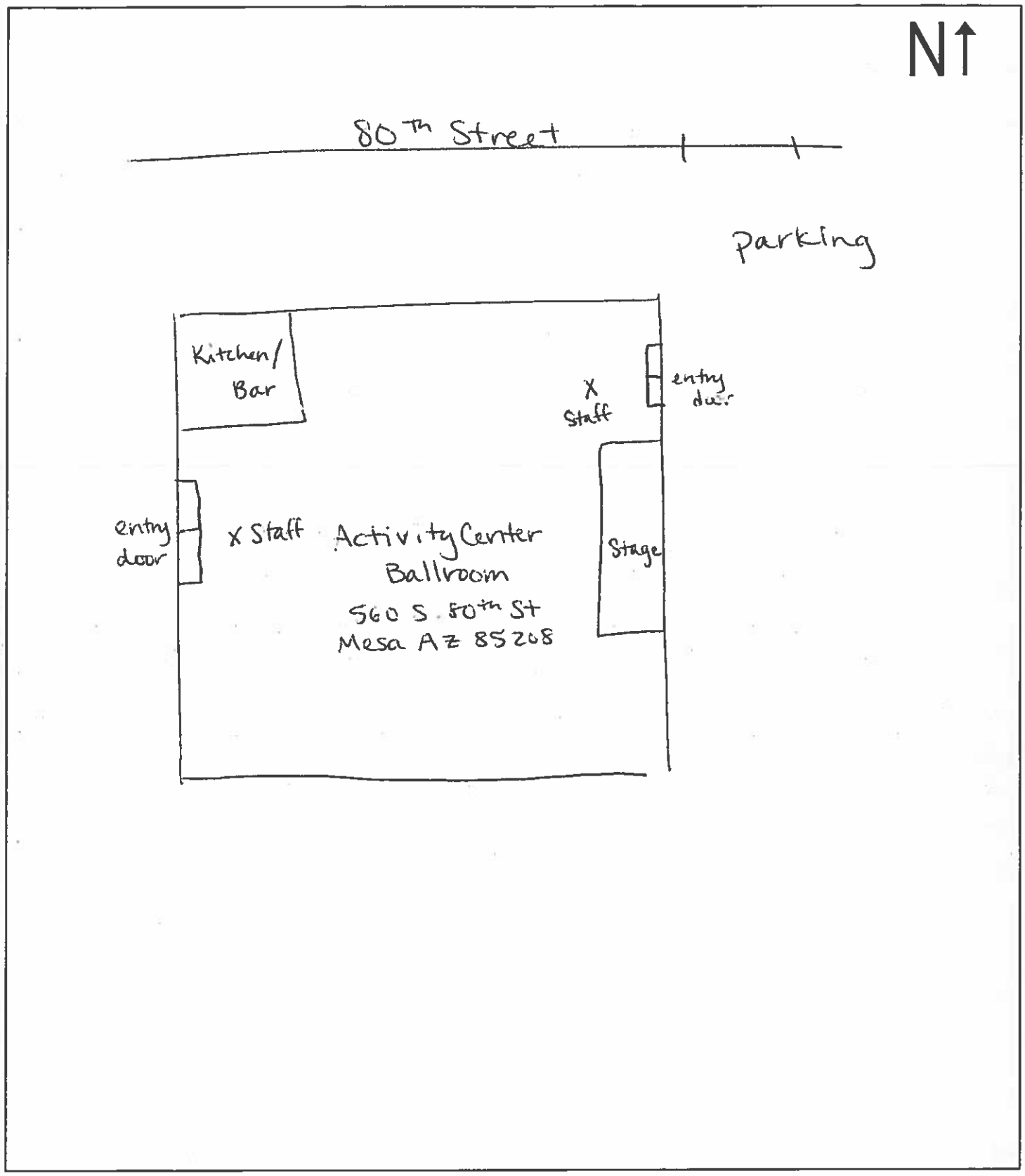
SECTION 12 License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. The following space is to be used to prepare a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.



Individuals requiring ADA accommodations call (602)542-9027.

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

I, (Print Full Name) Larry J. Shima 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 Signature	Title/ Position	Date	Phone Number
Larry J. Shima	President	11/1/2016	480-205-8025

The foregoing instrument was acknowledged before me this 1 (Day) November (Month) 2016 (Year)

State Arizona County of Maricopa

My Commission Expires on: June 20, 2020 (Date)

Signature of Notary Public

TERESA M. JUDD
Notary Public
My Commission Expires
June 20, 2020
Maricopa County

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

I, (Print Full Name) Heather Roberts 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 Signature	Title/ Position	Date	Phone Number
HRoberts	Activities Director	11.1.16	480.380.4000

The foregoing instrument was acknowledged before me this 1 (Day) November (Month) 2016 (Year)

State Arizona County of Maricopa

My Commission Expires on: June 20, 2020 (Date)

Signature of Notary Public

TERESA M. JUDD
Notary Public
My Commission Expires
June 20, 2020
Maricopa County

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.

SECTION 15 **Local Governing Body Approval Section.**

I, _____ (Government Official) _____ (Title) recommend ☐APPROVAL ☐ DISAPPROVAL

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.

Individuals requiring ADA accommodations call (602)542-9027.

Search Date and Time:
11/3/2016 1:29:53 PM

File Number:
01605630

Corporation Name:
FOUNTAIN OF THE SUN COMMUNITY ASSOCIATION

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry

File Number	01605630
Corporation Name	FOUNTAIN OF THE SUN COMMUNITY ASSOCIATION
Standing	Check Corporate Status

Domestic Address

540 S 80TH ST
MESA, AZ 85208-6401

Statutory Agent Information

Agent Name: CARPENTER HAZLEWOOD DELGADO &

Agent Mailing/Physical Address:
1400 E SOUTHERN AVE #400
TEMPE, AZ 85282

Agent Status: APPOINTED 01/13/2012

Agent Last Updated: 01/31/2012

Additional Entity Information

Entity Type: NON-PROFIT	Business Type: HOMEOWNERS ASSOCIATION
Incorporation Date: 11/10/1983	Corporation Life Period: PERPETUAL
Domicile: ARIZONA	County: MARICOPA
Approval Date: 11/22/1983	Original Publish Date: 2/2/1984

Officer Information

Name	LARRY SHIMA
Title	PRESIDENT
Address	540 S 80TH ST MESA, AZ 85208-6401
Date of Taking Office	02/11/2015
Last Updated	07/16/2015
Name	SHELIA BUCHAN
Title	SECRETARY
Address	540 S 80TH ST MESA, AZ 85208
Date of Taking Office	02/12/2012
Last Updated	07/16/2015

Name	MICHAEL POWELL
Title	TREASURER
Address	540 S 80TH ST MESA, AZ 85208
Date of Taking Office	02/11/2015
Last Updated	07/16/2015
Name	GERALD FAVERO
Title	VICE-PRESIDENT
Address	540 SOUTH 80TH STREET MESA, AZ 85208
Date of Taking Office	02/01/2012
Last Updated	03/22/2016

Director Information

Name	FRANCINE MILLER
Title	DIRECTOR
Address	540 S 80TH ST MESA, AZ 85208
Date of Taking Office	03/28/2014
Last Updated	03/22/2016
Name	HARRY GIBBONS
Title	DIRECTOR
Address	540 S 80TH ST MESA, AZ 85208
Date of Taking Office	03/28/2014
Last Updated	07/16/2015

Name	MICHAEL ROYSE
Title	DIRECTOR
Address	540 S 80TH ST MESA, AZ 85208
Date of Taking Office	02/01/2012
Last Updated	03/22/2016

Annual Reports

Next Annual Report Due: 6/10/2017

File Year	2016
File Month	6
Date Received	4/11/2016
Reason Returned	
Date Returned	
Extension	
File Year	2015
File Month	6
Date Received	6/15/2015
Reason Returned	
Date Returned	
Extension	
File Year	2014
File Month	6
Date Received	4/7/2014
Reason Returned	
Date Returned	
Extension	

Search Time:
11/3/2016 1:43:02 PM

File Number:
01605630

Corporation Name:
FOUNTAIN OF THE SUN COMMUNITY ASSOCIATION

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=%2001605630)

Reprint Certificate (/GoodStanding/Reprint?corpId=%2001605630)

Return to Corporate Details (/Details/Corp?corpId=%2001605630)

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