#118472

Special Event Liquor License Application Attachment B

Meeting 3/10/17 Arda 2/14/17

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



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.

| complete tina process. | | | |
|--|---|--------------------------------------|--|
| Check all that apply: | | | |
| Free/Host Alcohol Beer | ☐ Alcohol Sales ☐ Beer and Wine | ☐ Host and Sale Ald ☐ Beer, Wine and | |
| Do you plan to secure a: | | | |
| Special Event Liquor License Council. After city approval, your ap fees Involved at the State. This licen Arizona Special Event Liquor Applicati | plication must be submitt use can only be obtained i | ed to, and approved by | , the State of Arizona. There are |
| Extension of Premises License liquor license is already in effect and Extension of Premises Application and | you want to extend the a | | |
| If this is an Extension of Premises, an area? No Yes Type of activit | | | or the sale of Ilquor in the extended |
| Please describe your security plan to | ensure the safe sale or di | stribution of alcohol at | your event |
| If applying for a Special Event Lic | uor License the follov | ing must be provide | d: |
| Stardust Non-Profit Building Su | | | 5-0868376 |
| Charity's or Organization's Name Karen L Jayne | | xecutive Officer | 501 (C)# 480-668-0566 x 26 |
| Name of Contact at Charity/Organization Karen L Jayne | | e with Organization | Phone Number |
| On-Site Agent Responsible for Liquor | | | |
| How will attendees over the age of 2: | | be checked at the en | trance and wristbands issued |
| to individuals 21 years old and old | jer. | | |
| What controls will be used to keep at Licensed bartenders will be used | | | |
| | | | |
| Will food be served? | If yes, what type of fo | od will be served Appet | zers, small plates of food and deserts |
| Seating capacity of designated area: | #_300 | | |



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 ON | LY |
|-----------------------|-------------|
| 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: Stardust Non-Profit Building Supplies, Inc. SECTION 2 Non-Profit/IRS Tax Exempt Number: EIN 86-0868376 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 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: Stardust Non-Profit Building Supplies Address of Location: 1720 W Broadway Rd #101, Mesa, Maricopa, Arizona, 85202 **SECTION 8** Will this be stacked with a wine festival/craft distiller festival? Yes 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: Jayne, Karen, Lenthe REDACTED Mlddle Date of Birth 2. Applicant's mailing address: 1 E Lexington Ave #506, Phoenix, AZ 85012 State Applicant's business phone: (480) 668-0566 x 26 3. Applicant's home/cell phone: <u>REDACTED</u> 4. Applicant's email address: kjayne@stardustbuilding.org

| SECTION 10 | | | | | |
|-------------------------------|--|---|---|-----------------------------|--------------|
| | t been convicted of a fe yes, attach explanation.) | lony, or had a liquor lic | ense revoked within the | last five (5) years? | |
| 2. How many specie | al event licenses have be exceed 12 events per year; e | een issued to this location succeptions under A.R.S. §4-2 | on this year? 0 | | |
| 3. Is the organizatio | | promoter or other perso | on to manage the event | ?∏Yes √No | |
| applying must red | ceive 25% of the gross re- | venues of the special e | ds. Account for 100% of event liquor sales. Attach | an additional page | |
| _{Name} Stardust | Non-Profit Building | Supplies, Inc. | Percentage: 10 | 0% | |
| | / Broadway Rd #101 | | | | |
| | Street | | City | State | Zlp |
| Name | | | Percentage: | | |
| Address | | | | | |
| | Street | | City | State | Zip |
| 5. Please read A.R.S | . § 4-203.02 <u>Special ever</u> | <u>nt license; rules</u> and R19 | 2-1-205 <u>Requirements for </u> | <u>a Special Event Lice</u> | <u>nse</u> . |
| | VERAGES SHALL LEAVE S | PECIAL EVENT UNLESS TH | R CONSUMPTION AT THE | LED CONTAINERS OR | THE SPECIAL |
| | EVENT LICENSE IS ST | ACKED WITH WINE /CR | <u>AFT DISTILLERY FESTIVAL LI</u> | CENSE" | |
| (list type and number | r of police/security personne | I and type of fencing or co | | vs at this event? | |
| | Number of Police $\frac{2}{2}$ | | | Fencing | Barriers |
| Explanation: The | e event is being held | l indoors. We will l | have 2 off-duty Mesa | a Police statione | d at |
| | | | olunteers checking | | |
| | - | | | | |
| then once re | gistration is closed | tney will provide | e roaming security | • | |
| SECTION 11 Dates of See A.R.: | and Hours of Event. Days r 5. § 4-244(15) and (17) for leg a | nust be consecutive bu I hours of service. | t may not exceed 10 con | secutive days. | |
| | PLEASE FILL OUT A SEPA | RATE APPLICATION FO | R EACH "NON-CONSECU | JTIVE" DAY | |
| | Date | Day of Week | Event Start Time AM/PM | License End Time AM/PM | |
| DAY 1: | 04/28/17 | Friday | 5:30 PM | 8:30 PM | |
| DAY 2: | | | | | |

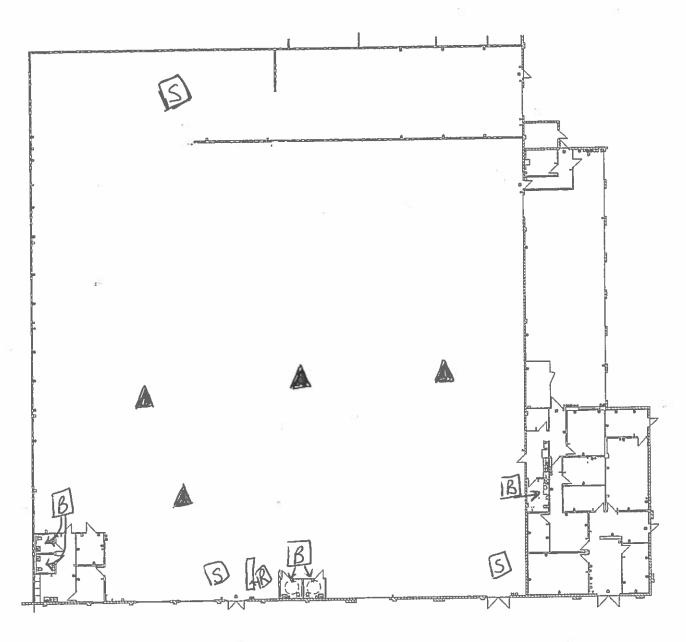
| | Date | Day of Week | Event Start Time AM/PM | License End Time AM/PM |
|---------|----------|-------------|---------------------------|---------------------------|
| DAY 1: | 04/28/17 | Friday | 5:30 PM | 8:30 PM |
| DAY 2: | | | | |
| DAY 3: | | | | |
| DAY 4: | | | | |
| DAY 5: | | | | |
| DAY 6: | | | | |
| DAY 7: | | | | - |
| DAY 8: | | | | |
| DAY 9: | | | | |
| DAY 10: | | | | |
| | | | | |

<u>SECTION 12</u> 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.

| SEE ATTACHED | N↑ |
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SECTION 12 -SITE PLAN





5 = SECENITY

B = BATHROOM

R = REGISTERTION

A = SEEVING AREAS

| SECTION 13 To be completed only by an Officer, Director or Chairperson of the organization named in Section 1. |
|--|
| I, (Print Full Name) Karen L Jayne 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 Kau Saye Chief Executive Officer 3/1/17 480-668-0566 x 26 Signalure Title/Position Date Phone Number |
| The foregoing instrument was acknowledged before me this / Feb. 2017 |
| State Arizona County of Maricofa Jonathan BEDDE |
| My Cornmission Expires on: 19, 70/3 Maricopa Gounty My Cornmission Expires on: 19, 70/3 Signature of No any Public My Comm. Expires Aug 29, |
| SECTION 14 This section is to be completed only by the applicant named in Section 9. |
| I, (Print Full Name) Karen L Jayne 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 Kong Signature Chief Executive Officer 2/1/17 480-668-0566 x 26 Title/Position Date Phone Number |
| The foregoing instrument was acknowledged before me this |
| State Writone County of Maniengs My Commission Expires on: A 29.70/8 Signature of Notary Public - Aria Maricopa County My Comm. Expires Aug |
| 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.aziiauor.gov/assets/documents/homepage docs/spec event links.pdf. |
| SECTION 15 Local Governing Body Approval Section. |
| I, recommend □APPROVAL □ DISAPPROVAL (Tille) |
| On behalf of,,,,,, |
| SECTION 16 For Department of Liquor Licenses and Control use only. |
| 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 |

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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.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

MAY 2 2 2002

Date:

STARDUST NON-PROFIT BUILDING SUPPLIES INC C/O ALAN GOODYKE 1720 W BROADWAY RD #101A MESA, AZ 85202

Employer Identification Number: 86-0868376 DLN: 502057026 Contact Person: ID# 31053 CHRISTINE PRATNICKI Contact Telephone Number:

Our Letter Dated: May 11, 1998 Addendum Applies:

(877) 829-5500

Dear Applicant: /

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)