

#118580

Meeting 5/8/17 Agenda 4/18/17

GC PAD
4

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



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:

- | | |
|---|---|
| <input type="checkbox"/> Free/Host Alcohol | <input type="checkbox"/> Beer |
| <input checked="" type="checkbox"/> Alcohol Sales | <input checked="" type="checkbox"/> Beer and Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <input type="checkbox"/> 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 _____

Desert Wind Harley-Davidson Security will be used. TIP certified bartenders

checking for ideas. Enclosed area with limited access - Fenced in area. All product locked in building.

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

American Legion Post 2

Charity's or Organization's Name

Cheryl Salem

Name of Contact at Charity/Organization

Robin Peak

On-Site Agent Responsible for Liquor

CHAIRMAN Board of Trustees

Title with Organization

501 (C)#

86-0082634

602-799-6805

How will attendees over the age of 21 be identified? Colored Wrist bands. TIP certified Bartenders checking ids

Desert Wind Security - Volunteer from the American Legion will be present checking ids as well

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

fencing - controlled blocked area

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

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 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: American Legion Post 2

SECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0082634

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: Desert Wind Harley Davidson

Address of Location: 922 S. Country Club Dr. Mesa Maricopa Arizona 85120
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: Peak Robin REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 562 W La Donna Dr. Tempe Arizona 85283
Street City State Zip
3. Applicant's home/cell phone: (REDACTED) Applicant's business phone: ()
4. Applicant's email address: skeeter562@gmail.com

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? 1
(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 American Legion Post 2 Percentage: 25%

Address 2125 S Industrail Park Ave Tempe Arizona 85282
Street City State Zip

Name Military Assistance Mission Percentage: 75%

Address 17464 N 25th Ave. A-1 Phoenix Arizona 85023
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 4 Number of Security Personnel ☒ Fencing ☒ Barriers

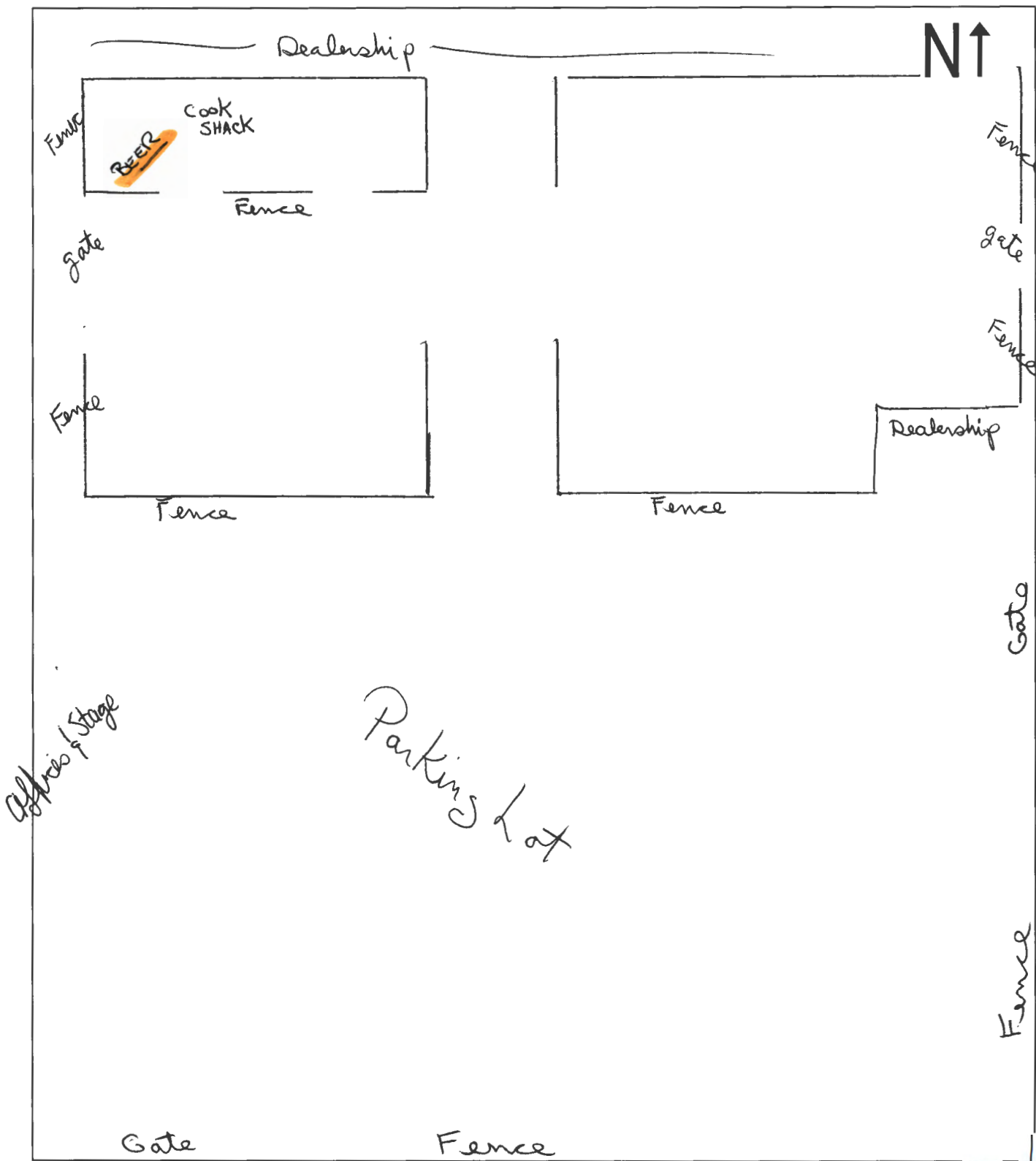
Explanation: Desert Wind Employees. American Legion Volunteers. Fenced in area . locked and controlled area at Desert Wind for any and all storage. barricade between actual bar and service well

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>5-20-2017</u>	<u>Saturday</u>	<u>11 AM</u>	<u>6PM</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>

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 ↑

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


I, (Print Full Name) STACE J MOSEZ 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] SERVICE COMMANDER 12 APRIL 17 402-940-7842
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 12 4 2017
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 8/26/18 Kathryn M Broehm Kathryn M Mayer
Date Signature of Notary Public



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


I, (Print Full Name) Robin Peak-Jones 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] Event Organizer 4-12-17 REDACTED
Signature Title/Position Date

The foregoing instrument was acknowledged before me this 12 4 2017
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 8/26/18 Kathryn M Broehm Kathryn M Mayer
Date 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.

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.

Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: March 22, 2015

AMERICAN LEGION
2 POST WILLIAM BLOYS
% DAVID GREY
2125 S INDUSTRIAL PARK AVE
TEMPE, AZ 85282

Person to Contact: #0196814

Ms. Benjamin

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

86-0082634

Group Exemption Number:

0925

Dear Sir or Madam:

This is in response to your letter of February 9, 2015 regarding your tax-exempt status. Our records indicate that you are affiliated with a group exemption. As a subordinate of a group exemption, you should submit information about changes to your purposes, activities, method of operation, name or address to your parent organization rather than reporting such changes directly to the IRS.

The Internal Revenue Service does not issue determination letters to subordinate organizations. Therefore you should contact your parent directly for written verification of your tax exempt status.

The central organization that holds a group exemption (rather than the IRS) determines which organizations are included as subordinates under its group exemption ruling. Therefore, you can verify that an organization is a subordinate under a group exemption ruling by consulting the official subordinate listing approved by the central organization or by contacting the central organization directly. You may use either method to verify that an organization is a subordinate under a group exemption ruling.

If you have any questions, please call the phone number in the heading of this letter.

Sincerely,



Tamera Ripperda
Director, Exempt Organizations