

118864

Meeting 10/2/17

**Special Event
Liquor License
Application
Attachment B**

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



LI PAD
#2
Paid \$27

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
- ☒ 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. 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 _____

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

A.t. Still University of Health Sciences		43-0356250
Charity's or Organization's Name		501 (C)#
Dr. Ted Wendel	Senior Vice President	480.219.6011
Name of Contact at Charity/Organization	Title with Organization	Phone Number
Couple of Bartenders		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Attendees will be identified via a contracted licensed and insured bartending company

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? This will be identified via a contracted licensed and insured bartending company

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served Food will be served by a contracted catering company

Seating capacity of designated area: # 175



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: A.T. Still University of Health Sciences/ Dr. Ted Wendel

SECTION 2 Non-Profit/IRS Tax Exempt Number: 43-0356250

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: A.T. Still University of Health Sciences campus

Address of Location: 5850 E. Still Circle Mesa Maricopa AZ 85206
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: Wendel Ted REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 5850 E. Still Circle Mesa AZ 85206
Street City State Zip
3. Applicant's home/cell phone: [REDACTED] Applicant's business phone: [480] 219.6011
4. Applicant's email address: twendel@atsu.edu

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? 0
(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 Couple of Bartenders Percentage: 100% 75% 25%

Address 110 E. Chandler Blvd. Phoenix AZ 85045
Street City State Zip

Name A.T. Still University Percentage: 25%

Address 5850 E. Still Circle Mesa AZ 85204
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.)

0 Number of Police 2 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: Violations will be prevented by having a contracted licensed and insured bartending company on site as well as 2 Securitas security officers and our safety and security manager on site. All alcohol will remain in designated grass and common outside areas on campus.

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>10.27.2017</u>	<u>Friday</u>	<u>4:00pm</u>	<u>8:00pm</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.

see attached

N↑


-  Inflatables
-  Security/Check-in
-  Beverage Area

Ross Farnsworth -
East Valley YMCA


AT Still University
School of Osteopathic...

Google

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

I, (Print Full Name) <u>Ted Wendel</u>				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	<u>[Signature]</u>	<u>Senior Vice President</u>		<u>480.219.6011</u>				
Signature		Title/ Position		Date	Phone Number			
The foregoing instrument was acknowledged before me this				<u>1</u>	<u>June</u>	<u>2017</u>		
				Day	Month	Year		
State <u>ARIZONA</u> County of <u>Maricopa</u>								
My Commission Expires on: <u>October 1, 2018</u>				<u>[Signature]</u>				
				Signature of Notary Public				
								

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

I, (Print Full Name) <u>Ted Wendel</u>				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	<u>[Signature]</u>	<u>Senior Vice President</u>		<u>480.219.6011</u>				
Signature		Title/ Position		Date	Phone Number			
The foregoing instrument was acknowledged before me this				<u>1</u>	<u>June</u>	<u>2017</u>		
				Day	Month	Year		
State <u>ARIZONA</u> County of <u>Maricopa</u>								
My Commission Expires on: <u>October 1, 2018</u>				<u>[Signature]</u>				
				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		<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISAPPROVAL
(Government Official)		(Title)			
On behalf of _____		Signature		Date	Phone
(City, Town, County)					

SECTION 16 For Department of Liquor Licenses and Control use only.

<input type="checkbox"/> APPROVAL <input type="checkbox"/> 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.

**Exempt Organizations Select Check**[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page

« Prev | 1-1 | Next »

EIN ⌵	Legal Name (Doing Business As) ⌵	City ⌵	State ⌵	Country ⌵	Deductibility Status ⌵
43-0356250	A T Still University of Health Sciences	Kirkville	MO	United States	PC

« Prev | 1-1 | Next »