SEP 1 1 2017 Special Event Liquor License Application SEP 1 1 2017 Licensing Office 55 North Center Street PO Box 1466 Mesa, Arizona 85211-1466 480-644-2316 Telephone 480-644-3999 Fax	
Liquor License	
	20 50 375

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.)

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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_____

Security guards and secure area + wrist bands

If applying for a Special Event Liquor License the	e following I	nust be provide		110046
MANYN ANIMAL RESCUE Charity's or Organization's Name	0		501 (C)#	42246
Becky FOX		Director	REDA	
Name of Contact at Charity/Organization	Title with	Organization	Phone	Number
On-Site Agent Responsible for Liquor				
How will attendees over the age of 21 be identified?	Wrist	Bands,	designate	weg
· · · · · · · · · · · · · · · · · · ·				
What controls will be used to keep attendees under the	e age of 21 fro	om obtaining alco	hol at the event? _	
Security Posted	in var	ious area	as and w	alking arand
Will food be served? 🗌 Yes 🔀 No 🛛 If yes, what typ	e of food will	be served		
Seating capacity of designated area: #				



Arlzona Department of Liquor Li censes and Control 800 W Washington 5th Fioor Phoenix, AZ 85007-2934 www.aziiquor.gov (602) 542-5141

TOK DELC USE ONET
Event Date(s):
Event time start/end:
CSR:

License:

FOR DUC USE ONLY

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 with 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; MAV Yr	Animal G	lescue		
SECTION 2 Non-Profit/IRS Tax Exempt Number: $\underline{\mathcal{U}}_{2}^{\circ}$	5. 404224	6		
SECTION 3 The organization is a: (check one box only) Charitable Fraternal (must have regular memb Religious Civic (Rotary, College Scholarship)				
SECTION 4 Will this event be held on a currently licensed	l premise and within the	already approved pre	×mises?⊡Ye	s 🕅 No
Name of Business	Ucense Number	Phone	e (include Area Co	de)
SECTION 5 How is this special event going to conduct a 318 for explanation (look in special event planning guide Place license in non-use Dispense and serve all spirituous liquors under retain Dispense and serve all spirituous liquors under special Split premise between special event and retail lo) and check one of the ailer's license ecial event		quors? Pleas	e read R-19-
(IF <u>NOT</u> USING RETAIL LICENSE, SUBMIT A LETTER OF AGREEN LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY U 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: MINAS FY-	e			
Address of Location: 43 W. 674	AVE. Mes	A Maricopa	<u>A2</u>	<u>85210</u>
SECTION 8 Will this be stacked with a wine festival/craft (city distiller festival? Yes		Sidle	<i>и</i> р
SECTION 9 Applicant must be a member of the qualifyin of the Organization named in Section 1. (Authorizing sign	ng organization and au ature is required in Sect	thorized by an Officer, [lion 13.)	Director or Cl	hairperson
1. Applicant: Brown Michael	I J		REDACT	ED
2. Applicant's mailing address: 1225 W · Ma	101-221 Middle 4N ST 4 MCC	:A	AZ	8520
3. Applicant's home/cell phone: <u>REDACTED</u>	City Applicant'	s business phone: () Sama	کته 2

4. Applicant's email address:	Nalleywide	Ø	nothail	LOM
4. Applicants entail address.		62		00000

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SECTION 10

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- 1. Has the applicant been convicted of a felony, or had a liquor license revoked within the last five (5) years? Yes XNO (If yes, attach explanation.)
- 3. Is the organization using the services of a promoter or other person to manage the event? Yes KNo (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 Maryn Animal Rescue	Percento	_{ige:} 25%	
Address POBOX S4145	Phx	A7	85078
Name Minds EVE Street	city Percente	age: 25%_	Zip
Address 43 W. GTA AVE.	Mesa	AZ state	35210 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? (Ust type and number of police/security personnel and type of fencing or control barriers, if applicable.)

none	Number of Police	<u> </u>	nber c	of Security Personnel		
Explanation: _	1 security	personel	_1	designated	arca	for /
al	cshol	ł.	•			

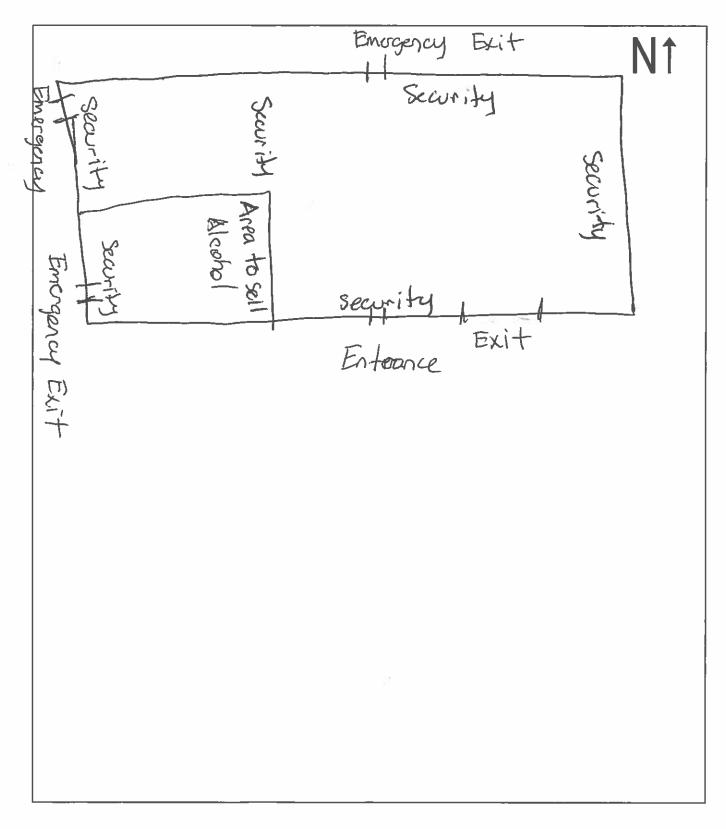
Sec A.R.S. § 4-244(15) and (17) for legal hours of service.

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:	10-21-17	Saturday	3 pm	ZAM
DAY 2:]		
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY 10:		,		

3/1/2016

Page 2 of 4 Individuals requiring ADA accommodations call (602)542-9027. <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.



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ECTION 13 To be completed only by an Officer, Direct	tor or Chairperson of the organizat	ion named in Section 1. (VOL PROFIT
I, (Print Full Name) <u>Becky</u> Fox the organization filing this application as listed in Sec are true, correct and complete.	declare that I am ction 9. I have read the application	an Officer, Director or Ch on and the contents and c	airperson of Ill statements
x Becky 404	Director Title/Position		
The foregoing instrument was acknowledged before State Acitom County of Marca	GORIAL G. YAR Notary Public-State of Art	2008	20(7 Year
My Commission Expires on: 3-21-2020 Date	MARICORA COUNT My Commission Exch March 21, 2000	Y	
ECTION 14 This section is to be completed only by the	applicant named in Section 9.) Applia	ut
I, (Print Full Name) Michael Brown as listed in Section 9. 1 have read the application and			
ECTION 14 This section is to be completed only by the I, (Print Full Name) Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown as listed in Section 9. I have read the application and Michael Brown As listed in Section 9. I have read the application and Michael Brown As listed in Section 9. I have read the application and Michael Brown As listed in Section 9. I have read the application 10. I have read the app		the APPLICANT filing this of s are true, correct and con 9-11-17 RE	
I, (Print Full Name) Michael Brown as listed in Section 9. I have read the application and Michael Brown Signature The foregoing instrument was acknowledged before	declare that I am not the contents and all statement Millinger Title/ Pasition	the APPLICANT filing this of s are true, correct and c	application mplete. EDACTED
I, (Print Full Name) Michael Brown as listed in Section 9. I have read the application and Michael Brown Signature	declare that I am not the contents and all statement Milling Liv Title/ Position Bitle/ Position Marico Pa Country Marico Pa Country My Commission Expire Marit Trazol	the APPLICANT filing this of s are true, correct and c	application mplete. EDACTED

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.

l,(Government Official)	r	recommend CAPPRO	VAL DISAPPROVAL
On behalf of(City, Town, County)	,Signature	,,	Phone

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

BY:	DATE:///

A.R.S. § 41-1030. <u>Invalidity of rules not made according to this chapter: prohibited agency action; prohibited acts by state</u> <u>employees; enforcement; notice</u>

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.

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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.

Results Per Page 25 V OK « Prev | 1-1 | Next » 1-1 of 1 results State =Country = AZ United States EIN = City = Deductib lity Status = Legal Name (Doing Business As) = 45-4042246 Mavyn Phoenix PC

Return to Search

« Prev | 1-1 | Next »

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