

# 118875

Meeting 10/2/17 Agenda 9/12/17

LC PAD  
#1

# 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



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 4 PRO-EM  
Hired Security Guards including 1 IDV Security - Liquor Control &

If applying for a Special Event Liquor License the following must be provided: 1 OFF DUTY POLICE OFFICER

THE LEUKEMIA + LYMPHOMA SOCIETY 13-50449110

Charity's or Organization's Name

SARA MAJER/LLS

501 (C)#

DIRECTOR OF FIN + OPERATIONS 602.509.7600

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? IDV SECURITY WITH AGE  
VERIFICATION DEVICE W/ DATA CAPTURE (HANDHELD)

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? SEPARATE  
BEER GARDEN BLOCK W/ FENCING + SECURITY @ ENTRANCE OF GARDEN

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

Seating capacity of designated area: # \_\_\_\_\_



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

FOR DLIC 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 12).

**SECTION 1** Name of Organization: The Leukemia & Lymphoma Society

Name of Licensed Contractor (if any): \_\_\_\_\_  
(Please complete if anyone other than the organization is receiving profits or assisting in the managing of the event)

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 13-5644916

**SECTION 3** Event Location: SKI PRO

Event Address: 1924 W BLOSBADO ALWY MESA AZ 85201

**SECTION 4** Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.

1. Applicant: Mayer Sara Christine REDACTED  
Last First Middle Date of Birth
2. Applicant's mailing address: 3877 N 7th St Suite 300 Phoenix AZ 85014  
Street City State Zip
3. Applicant's home/cell phone: ( ) Applicant's business phone: (602) 567-7582  
Area Code Phone Number
4. Applicant's email address: Sara.Mayer@lls.org

I, (Print Full Name) Sara Christine Mayer declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

x [Signature] Director of Operations 9/12/17 (602) 567-7582  
Signature Title/Position Date Phone Number

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

State AZ County of Maricopa

My Commission Expires on: 6/24/2021  
Date

Stacy Spetter  
Notary Public

STACY SPETTER  
COMMISSION EXPIRES  
06-24-2021  
NOTARY PUBLIC - STATE OF ARIZONA

8/3/2017

**SECTION 5** Regarding the Applicant's application for a special event permit, I hereby certify that the Organization meets the criteria in A.R.S. § 4-203.02(E) for the issuance of the permit as indicated by checking one of the boxes below.

- (1) ☐ The Applicant is a political party or a campaign committee supporting a candidate for public office. Please indicate the name of the candidate that the Applicant supports, the office that the candidate seeks, and the month and year that the applicant would first fill the office if successful.

Candidate: \_\_\_\_\_

Name

Office

Month/Year

- (2) ☒ The Applicant is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation as a nonprofit entity under Section 501(C) of the Internal Revenue Code of the United States. If the Applicant is applying under option (2) as a nonprofit entity, please also INITIAL in the space provided next to all following statements to indicate that, to the best of the applicant's knowledge, they are true and correct.

SS The Applicant has received a determination letter from the Internal Revenue Service ("IRS") indicating that it is eligible for designation as a nonprofit entity under Section 501(C), eligibility or will be eligible on all days that the special event will occur, or has a pending application with the IRS for such treatment that has not been resolved but that will retroactively cover all days that the special event will occur. (Please provide a copy of either the IRS determination letter or the application [without attachments] with this application).

SS The Applicant is not aware of any action by the IRS to revoke, suspend, or otherwise eliminate the Applicant's eligibility under 501(C), or if there is a pending application, the Applicant has not received any indication that the IRS will deny its application and has a good faith basis formed upon a reasonable inquiry into IRS regulations, guidelines, and forms that it is eligible under 501(C).

SS The Applicant understands that if there is a change in circumstances after completing this form that may cause or has caused it to lose its eligibility under 501(C), whether before or after receiving an IRS determination letter, that it has an affirmative duty to notify the Department of Liquor, which may then take appropriate action with regard to the loss of eligibility.

To be completed only by an Officer, Director, or Chairperson of the organization.

I, (Print Full Name) <u>Sara Christine Mayer</u>		declare that I am an Officer, Director, or Chairperson of the organization filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.	
<u>Sara C. Mayer</u>	<u>Director of Operations</u>	<u>9/6/17</u>	<u>(602) 967-7600</u>
Signature	Title / Position	Date	Phone Number
The foregoing instrument was acknowledged before me this <u>9</u> <u>Sept</u>			
State <u>Arizona</u>	County of <u>Maricopa</u>	Day	Month
My Commission Expires on: <u>6/24/2021</u>		<u>Stacy Spitzer</u>	
Date		Signature of Notary Public	

**SECTION 6** Will this event be held on a currently licensed premise and within the already approved premises? ☐ Yes ☒ No  
(If yes, Local Governing Body Signature not required)

Name of Business

License Number

Phone (include Area Code)

8/3/2017

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Individuals requiring ADA accommodations call (602) 542-2999

**SECTION 7** How is this special event going to conduct all dispensing, serving, and selling of spirituous liquors? Please read R-19-318 for explanation 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 USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AGREEMENT FROM THE AGENT/OWNER OF THE LICENSED PREMISES TO SUSPEND OR RUN CONCURRENT WITH THE PERMANENT LICENSE DURING THE EVENT. IF THE SPECIAL EVENT IS ONLY USING A PORTION OF THE PREMISES, AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF THE PREMISES.)

**SECTION 8**

What is the purpose of this event? ☒ On-site consumption ☐ Off-site (auction/wine/distilled spirits pull) ☐ Both

**SECTION 9**

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 days have been issued to this organization during the calendar year? 7  
(The number cannot exceed 10 days per year, exceptions under A.A.C. §19-1-205)

3. Is the organization using the services of a promoter or other person to manage the event? ☐ Yes ☒ No  
(If yes, must be a licensed contractor or licensee of series 6, 7, 11, or 12)

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 The Leukemia & Lymphoma Society Percentage: 85%

Address 3877 N 7th St Suite 300 Phoenix AZ 85014

Name MIKAS GREEK Percentage: 75%

Address 13310 N. SCOTTSDALE RD. SCOTTSDALE AZ 85257  
Street City State Zip

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 A SPECIAL EVENT UNLESS THEY ARE IN AUCTION WINE OR DISTILLED SPIRITS FULL SEALED CONTAINERS OR THE SPECIAL EVENT LICENSE IS STACKED WITH WINE /CRAFT DISTILLERY FESTIVAL LICENSE.

5. 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.)

1 Number of Police 4 Number of Security Personnel ☒ Fencing ☒ Barriers

Explanation: ENTIRE EVENT WILL BE FENCED WITH ONE ENTRANCE/EXIT.  
INSIDE FENCED AREA WILL BE A BEER GARDEN WHICH WILL  
HAVE BARRIERS + SECURITY CHECKING ID'S TO GET INTO  
BEER GARDEN

**SECTION 10** 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>10/14/17</u>	<u>SATURDAY</u>	<u>6 PM</u>	<u>10 PM</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>

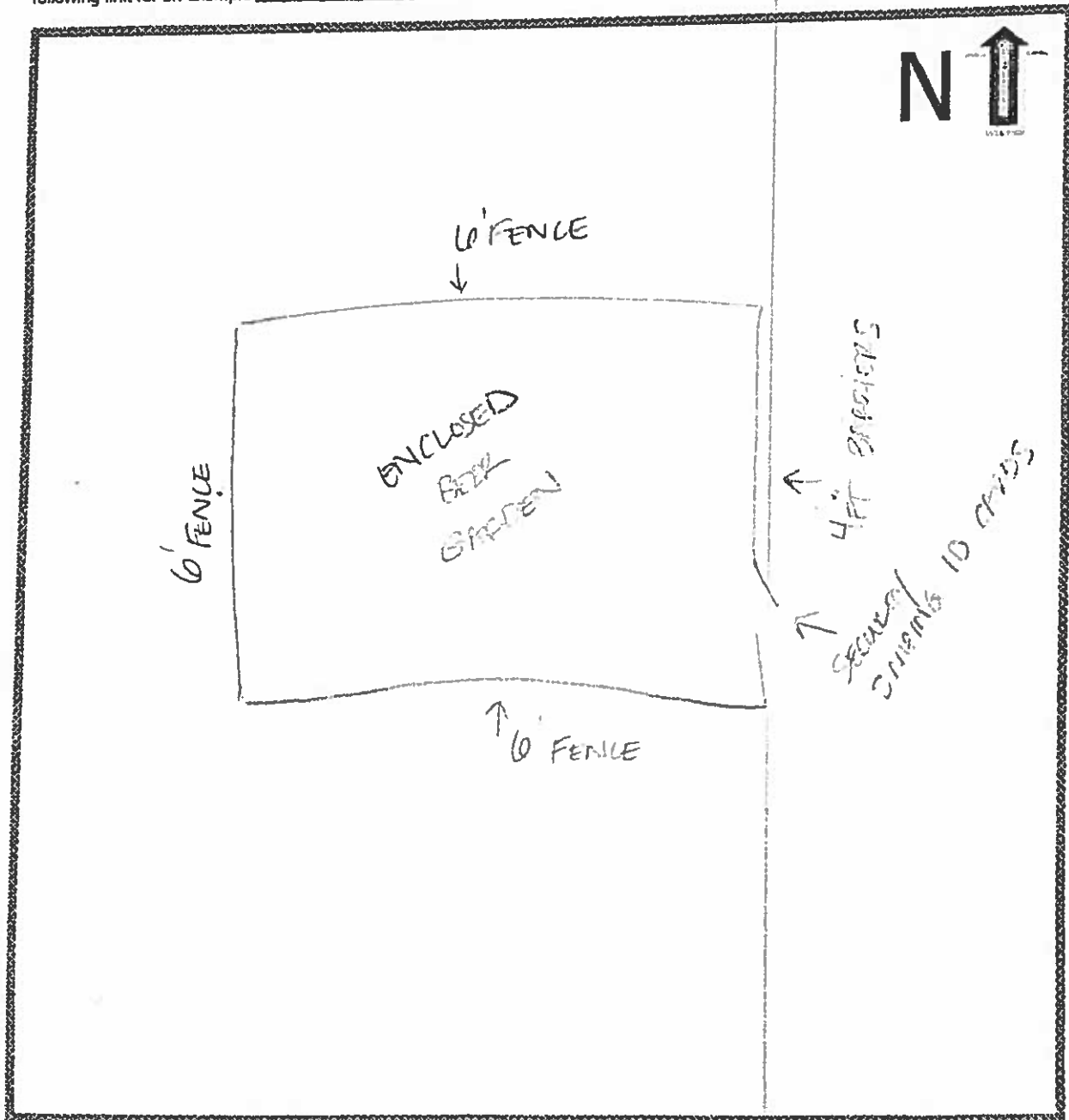
**SECTION 11** License premises diagram. The licensed premises for your special event is the area in which you are authorized to sell, dispense or serve alcoholic beverages under the provisions of your license. Please attach a diagram of your special event licensed premises. Please show dimensions, serving areas, fencing, barricades, or other control measures and security position.

**ATTACH DIAGRAM**

**SPECIAL EVENT PREMISES DIAGRAM**  
This diagram **MUST** be submitted with Attachment B

Required information: Dimensions, serving areas, enclosure/barrier type and height (labeled), and security positions. Indicate the nearest cross streets, highway or road, if the location does not have an address. **Providing all the required information will ensure prompt application processing.** The same diagram can be submitted with both the City and State application.

A "bird's eye view" may replace the Special Event Premises Diagram. Please include all the above required information. Visit the following link for an example <http://goo.gl/maps/178rb>



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](http://www.azliquor.gov/assets/documents/homepage_docs/spec_event_links.pdf).

**SECTION 12 Local Governing Body Approval Section.**

Date Received: _____			
I, _____ (Government Official)	_____ (Title)	recommend	<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL
On behalf of _____ (City, Town, County)	_____ Signature	_____ Date	_____ Phone

**SECTION 13 For Department of Liquor Licenses and Control use only.**

<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL BY: _____	DATE: ____/____/____
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**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  

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<a href="#">EIN</a> ⌵	<a href="#">Legal Name (Doing Business As)</a> ⌵	<a href="#">City</a> ⌵	<a href="#">State</a> ⌵	<a href="#">Country</a> ⌵	<a href="#">Deductibility Status</a> ⌵
13-5644916	Leukemia & Lymphoma Society Inc.	Rye Brook	NY	United States	PC

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