

118886

Meeting 10/16/17 Agenda 9/26/17

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

RECEIVED
SEP 11 2017
CITY OF MESA
LICENSING OFFICE
RS #5
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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Free/Host Alcohol | <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Host and Sale Alcohol |
| <input type="checkbox"/> Beer | <input checked="" type="checkbox"/> Beer and Wine | <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. 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 AUX (KCLADIES)

WILL DISTRIBUTE 1 502 CUP OF WINE TO EACH ADULT ON REQUEST AFTER BEING SERVED AND SEATED

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

<u>KC ALL SAINTS COUNCIL #9485 96-0572739</u>	
Charity's or Organization's Name	501 (C)#
<u>LAVERN J. LINK</u>	<u>REDACTED</u>
Name of Contact at Charity/Organization	Title with Organization
<u>LAVERN J. LINK</u>	<u>RECORDER</u>
On-Site Agent Responsible for Liquor	Phone Number

How will attendees over the age of 21 be identified? MAJORITY OF PATRONS ARE PARISHONERS OF ALL SAINTS CATHOLIC CHURCH. ID'S WILL BE CHECKED AT DOOR

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? KOFC LADIES AUX WILL INSURE AGE IS AS PRESCRIBED

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

Seating capacity of designated area: # 356



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 12).

SECTION 1 Name of Organization: KNIGHTS OF COLUMBUS ALL SAINTS CATHOLIC CHURCH

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: 86-0572739

SECTION 3 Event Location: ALL SAINTS CATHOLIC CHURCH

Event Address: 1534 N. RECKER RD MESAZ, AZ 85205

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

1. Applicant: LINK LAVERN J. REDACTED
Last First Middle Date of Birth

2. Applicant's mailing address: 2329 N. RECKER RD MESAZ AZ 85215
Street City State Zip

3. Applicant's home/cell phone: () REDACTED Applicant's business phone: ()

4. Applicant's email address: CYCLERED@GAY.NET

I, (Print Full Name) LAVERN JOHN LINK 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.

LaVERN John Link REDACTED 09-07-2017 REDACTED
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 11th September 2017
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 5/27/2018
Date

Ann Fantasia
Signature of Notary Public



ANN FANTASIA
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires May 27, 2018

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.**

gg 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).

gg 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).

gg 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>LAVERN JOHN LINK</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.			
X <u><i>Lavern Link</i></u> Signature	<u>RECORDER</u> Title/ Position	<u>09-07-2017</u> Date	<u>REDACTED</u> Phone Number
The foregoing instrument was acknowledged before me this <u>11th</u> Day		<u>September</u> Month	<u>2017</u> Year
State <u>Arizona</u> County of <u>Maricopa</u>			
My Commission Expires on: <u>5/27/2018</u> Date		<u><i>Ann Fantasia</i></u> 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)

KNIGHTS OF COLUMBUS Name of Business 86-0572739 License Number REDACTED Phone (Include Area Code)

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? THREE
(The number cannot exceed 10 days per year.)

3. Is the organization using the services of a promoter or other person to manage the sale or service of alcohol? ☐ 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 KNIGHTS OF COLUMBUS Percentage: 100%

Address 1534 N. RECKER RD. MESA, AZ 85205

Name _____ Percentage: _____

Address _____
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 PULL 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.)

Number of Police 10 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: OFFICERS OF KOFK COUNCIL #9485
OFFICERS OF LADIES AUXILIARY

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>DEC 2, 2017</u>	<u>SATURDAY</u>	<u>4:00 PM</u>	<u>7:00 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
DAY 9:	_____	_____	_____	_____
DAY 10:	_____	_____	_____	_____

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

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.

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.

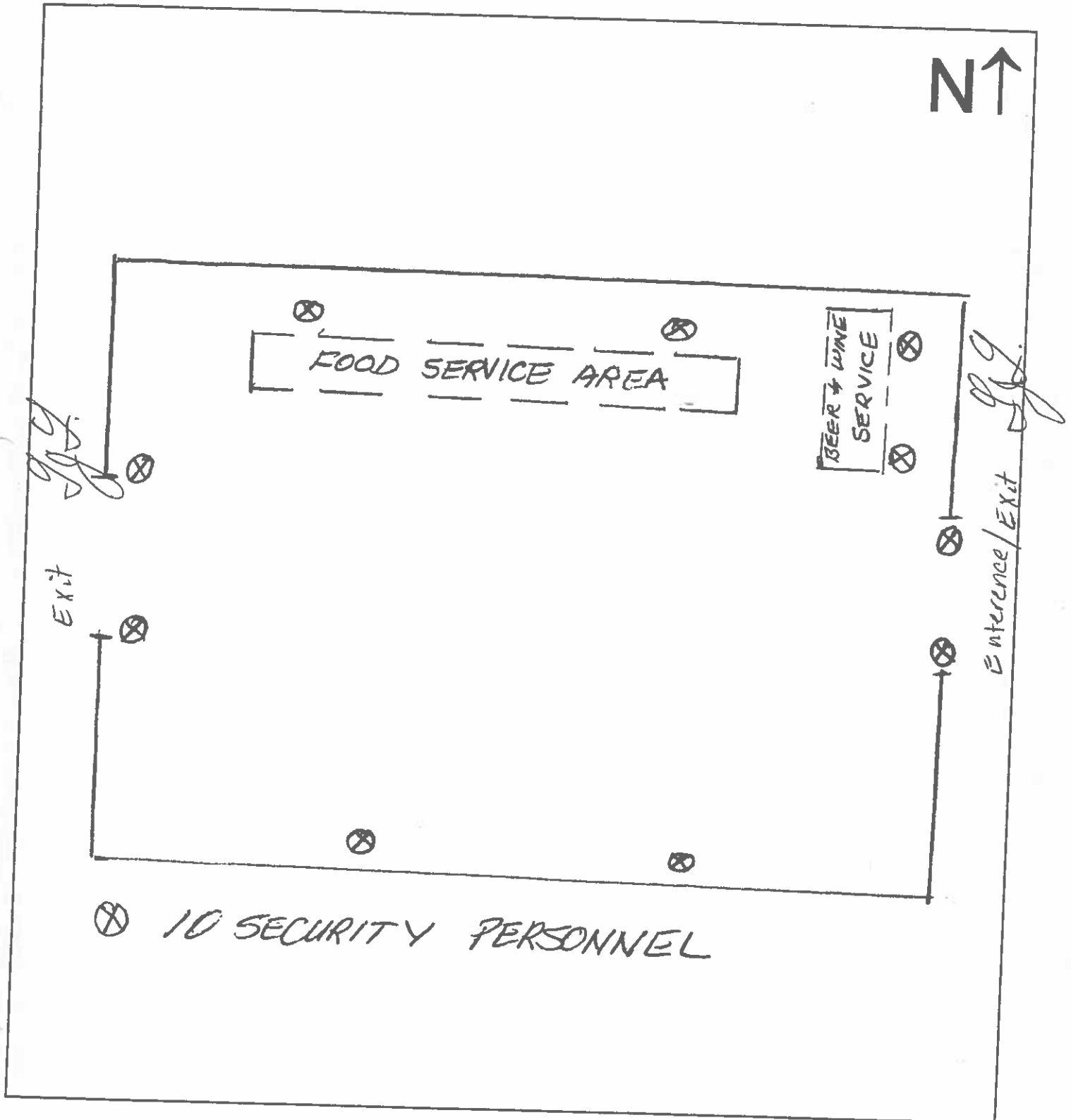
D. THIS SECTION MAY BE ENFORCED IN A PRIVATE CIVIL ACTION AND RELIEF MAY BE AWARDED AGAINST THE STATE. THE COURT MAY AWARD REASONABLE ATTORNEY FEES, DAMAGES AND ALL FEES ASSOCIATED WITH THE LICENSE APPLICATION TO A PARTY THAT PREVAILS IN AN ACTION AGAINST THE STATE FOR A VIOLATION OF THIS SECTION.

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.

SPECIAL EVENT LICENSED PREMISES DIAGRAM
(This diagram must be completed with this application)

Special Event Diagram: (Show dimensions, serving areas, and label type of enclosure and security positions)
NOTE: Show nearest cross streets, highway, or road if location doesn't have an address.



Department of the Treasury

Phone Contact: Robert Lawton
Phone Number : (202) 964-3673



DO 04 EIN 06 0416470

Internal Revenue Service

Washington, D.C. 20224

Date:

MAR 13 1974

In reply refer to:

T:MS:EO:R:1-2

Knights of Columbus Supreme
Office

c/o Harold J. Lamboley
Columbus Plaza
New Haven, Connecticut 06507

Gentlemen:

This refers to your letter dated February 26, 1974 concerning the type of exemption you hold currently.

You are currently exempt under section 501(c)(8) under a group ruling initially issued in 1940. This group ruling covers local councils whose names you have submitted as your subordinates.

We are sending a copy of this letter to your key District Director, Boston, Massachusetts.

Sincerely yours,

Milton Cerny

Milton Cerny
Chief, Rulings Section 1
Exempt Organizations Branch

**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 ⌵
06-0416470	Knights of Columbus	New Haven	CT	United States	EO.GROUP LODGE

« Prev | 1-1 | Next »