#118896 Meeting 10/16/17 Agenda 9/26/17

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

mesa·az

LC #5

Paid $25

RECEIVED SEP 2 4 2017 CITY CLERK

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.)

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

There will be a security guard on the premises, also the bar tending service will require an ID from anyone who wants a beverage

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

Simply Acappella a chapter of Sweet Adelines International

Charity's or Organization's Name

Lorri Rogers — Financial Coordinator — 501 (C)# REDACTED

Name of Contact at Charity/Organization — Title with Organization — Phone Number

A couple of Bartenders

On-Site Agent Responsible for Liquor

How will attendees over the age of 21 be identified? This is an invitation only event , all invitees are over the age of 21

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

There will be security present at teh evnet. The bartending service requirs an ID from anyone who wants a beverage.

Will food be served? ☒ Yes ☐ No If yes, what type of food will be served A cold Buffet

Seating capacity of designated area: # 150

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: simply A Cappella a chapter of Sweet Adelines International

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: 52-1752076

SECTION 3 Event Location: Apache Wells Comminity Center Maricopa Room

Event Address: 2215 N 56th St. Mesa, AZ

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

1. Applicant: Rogers (Last) Lorri (First) _____ (Middle) _____ (Date of Birth)
2. Applicant's mailing address: 2264 E Caballero Circle (Street) Mesa (City) AZ (State) 85213 (Zip)
3. Applicant's home/cell phone: (___) REDACTED Applicant's business phone: (480) 246-9066
4. Applicant's email address: arogers36@cox.net

I, (Print Full Name) Lorri Rogers 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 Lorri Rogers (Signature) Finance Coordinator (Title/ Position) 9/21/17 (Date) REDACTED (Phone Number)

The foregoing instrument was acknowledged before me this 20th (Day) September (Month) 2017 (Year)

State AZ County of Maricopa

My Commission Expires on: Oct 11, 2020 (Date)

_____ (Signature of Notary Public)

PETRUS M. B. VOORBROOD
Notary Public, State of Arizona
Maricopa County
My Commission Expires
October 11, 2020

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.**

LR 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).

LR 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).

LR 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.

PETRUS M. B. VOORBROOD
Notary Public, State of Arizona
Maricopa County
My Commission Expires
October 11, 2020

I, **(Print Full Name)** Lorri Rogers 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 Lorri Rogers	Finance Coordinator	9-20-17	REDACTED
Signature	**Title/ Position**	**Date**	**Phone Number**

The foregoing instrument was acknowledged before me this 20th (**Day**) September (**Month**) 2017 (**Year**)

State AZ County of Maricopa

My Commission Expires on: Oct 11, 2020 (**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)**

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? none
   (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 Simply A Cappella Percentage: 80

   Address 101 E. 1st Ave , Mesa AZ. 85213

   Name Young Women in Harmony / Mary Chilton Percentage: 20

   Address 1970 E Redwood Dr, Chandler AZ 85286
   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 1 Number of Security Personnel ☐ Fencing ☐ Barriers

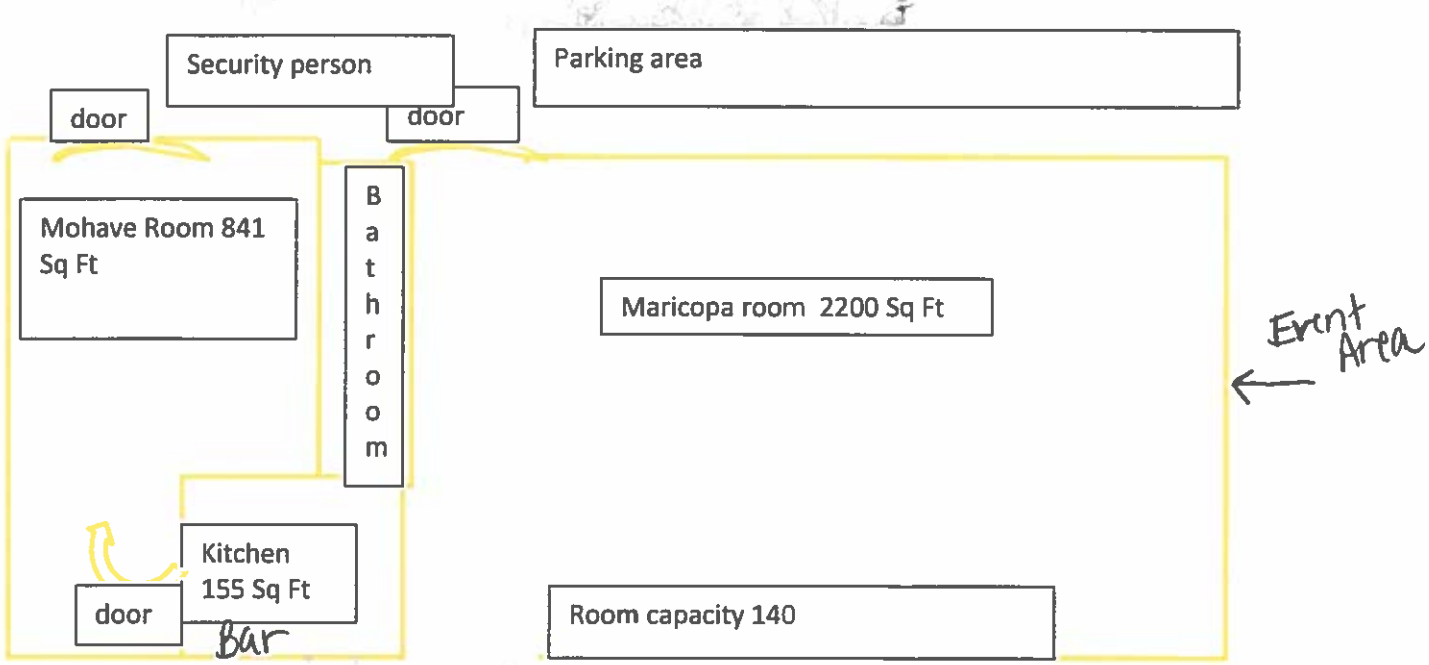
   Explanation: There will be a security guard posted outside the event. The bartending service will require an ID from anyone requesting a beverage

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:	10-28-17	SATURDAY	4PM	7PM
DAY 2:				
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				
DAY 9:				
DAY10:				

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.



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 12 Local Governing Body Approval Section.

Date Received: _____

I, _____ _____ recommend ☐APPROVAL ☐ DISAPPROVAL
(Government Official) (Title)

On behalf of _____, _____, _____, _____
(City, Town, County) Signature Date Phone

SECTION 13 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.

Search Date and Time:
9/20/2017 10:09:45 AM

File Number:
10089226

Corporation Name:
SIMPLY A CAPPELLA

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry

File Number	Corporation Name	Check Corporate Status
10089226	SIMPLY A CAPPELLA	Check Corporate Status

Domestic Address

C/O LOURENA ROGERS
2264 E CABALLERO CIRCLE
MESA, AZ 85213

Statutory Agent Information

Agent Name: GRETCHEN O'MALLEY

Agent Mailing/Physical Address:
11880 E TERRA DR
5COTTSDALE, AZ 85259

Agent Status: APPOINTED 08/05/2008

Agent Last Updated: 08/12/2008

Additional Entity Information

Entity Type: NON-PROFIT	Business Type: EDUCATIONAL
Incorporation Date: 11/14/2001	Corporation Life Period: PERPETUAL
Domicile: ARIZONA	County: MARICOPA
Approval Date: 12/6/2001	Original Publish Date: 9/25/2002

Officer Information

Name	Title	Address	Date of Taking Office	Last Updated
ANNE MCCAULEY	SECRETARY	2511 E MENLO ST MESA, AZ 85213	08/02/2017	08/28/2017
LOURENA ROGERS	TREASURER	2264 E CABALLERO CIRCLE MESA, AZ 85213	05/01/2017	08/15/2017

Director Information

Name	Title	Address	Date of Taking Office	Last Updated
PATRICIA BOWEN	DIRECTOR/CHAIRMAN	2150 LONGWOOD CIRCLE MESA, AZ 85209	05/01/2017	08/28/2017

Annual Reports

Next Annual Report Due: 8/14/2018

File Year	File Month	Date Received	Reason Returned	Date Returned	Extension
2017	8	8/14/2017			
2016	8	7/23/2016			
2015	8	7/20/2015			
2014	8	7/30/2014			
2013	8	1/5/2014			
2012	8	9/2/2012			
2011	8	8/25/2011			
2010	8	12/17/2010			
2009	8	12/10/2009			
2008	8	8/21/2008			

Search Time:
9/20/2017 10:10:31 AM

File Number:
10089226

Corporation Name:
SIMPLY A CAPPELLA

Corporate Status Inquiry

This Corporation is in Good Standing

This information is provided as a courtesy and does not constitute legally binding information regarding the status of the entity listed above. To obtain an official Certificate indicating that the entity is in good standing click on Print Certificate and follow printing instructions. To re-print a previously generated Certificate of Good Standing click Reprint Certificate.

Print Certificate (/GoodStanding/PrintInstructions?corpId=%2010089226)

Reprint Certificate (/GoodStanding/Reprint?corpId=%2010089226)

Return to Corporate Details (/Details/Corp?corpId=%2010089226)

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