

LICA17-00508

Meeting 12/11/17

# 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

RM-2  
#5

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 ANY LADIES!

WILL DISTRIBUTE 1-4 OZ. GLASS OF WINE TO EACH ADULT ON REQUEST, AFTER BEING SEATED.

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

K-C's ALL SAINTS COUNCIL # 9485 86-0572739  
Charity's or Organization's Name 501 (C)#  
LAVERN J. LINK RECORDER  
Name of Contact at Charity/Organization Title with Organization  
LAVERN J. LINK 602-619-4080  
On-Site Agent Responsible for Liquor Phone Number

How will attendees over the age of 21 be identified? MAJORITY OF PATRONS ARE PARISHIONERS OF ALL SAINTS CATHOLIC CHURCH. I-D ARE CHECKED AT DOOR

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? K.O.G. LADIES ANY. WILL INSURE AGE IS AS PRESCRIBED

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

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 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: KNIGHT OF COLUMBUS, ALL SAINT 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. MESA, 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 JOHN REDACTED  
Last First Middle Date of Birth
2. Applicant's mailing address: 1329 N. RECKER RD. #26 MESA, AZ. 85215-2760  
Street City State Zip
3. Applicant's home/cell phone: ( REDACTED ) Applicant's business phone: (602) 619-4080
4. Applicant's email address: CYCLERED@COX.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.

X [Signature] RECORDER 12-03-2017 602-619-4080  
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 5th December 2017  
Day Month Year  
State Arizona County of Maricopa

My Commission Expires on: 5/27/2018 [Signature]  
Date Signature of Notary Public



8/22/2017

**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.**

ggg ✓ 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).

ggg ✓ 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).

ggg ✓ 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) LAVERN JOHN LINK 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 \_\_\_\_\_  
Signature

RECORDER  
Title/Position

12-03-17  
Date

602-619-4080  
Phone Number

The foregoing instrument was acknowledged before me this

5<sup>th</sup>  
Day

December  
Month

2017  
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 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)

**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? 5  
(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 KNIGHT OF COLUMBUS Percentage: 100%

Address 1534 N. PECKER 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 10 ☐ Fencing ☐ Barriers

Explanation: OFFICERS OF KNIGHT OF COLUMBUS  
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**

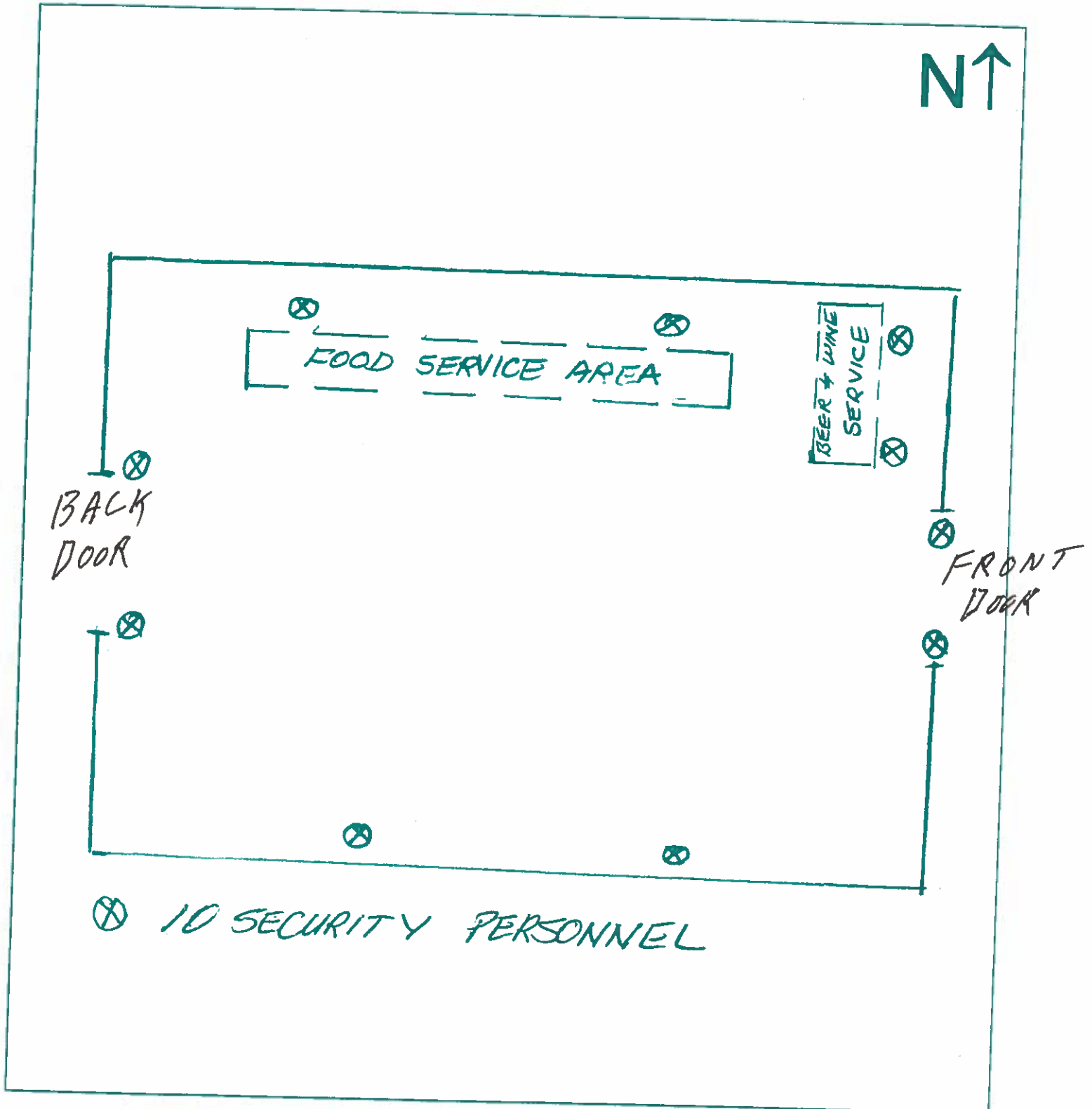
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	01-06-2018	SAT.	0400 P.M.	— 07:00 P.M.
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
DAY 8:	_____	_____	_____	_____
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**

**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.



Search Date and Time:  
12/5/2017 12:19:32 PM

File Number:  
14588498

Corporation Name:  
ALL SAINTS ROMAN CATHOLIC PARISH MESA

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry ▲

File Number	Corporation Name	Check Corporate Status
14588498	ALL SAINTS ROMAN CATHOLIC PARISH MESA	<input type="button" value="Check Corporate Status"/>

Domestic Address ▲

1534 N RECKER RD  
MESA, AZ 85205

Statutory Agent Information ▲

Agent Name: DENNIS M NAUGHTON

Agent Mailing/Physical Address:

400 E MONROE ST  
PHOENIX, AZ 85004

Agent Status: APPOINTED 07/25/2012

Agent Last Updated: 08/06/2008

Additional Entity Information ▲

Entity Type: NON-PROFIT

Business Type: RELIGIOUS

Incorporation Date: 7/1/2008

Corporation Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 7/15/2008

Original Publish Date: 8/4/2008

## Officer Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
ROBERT J CARUSO	PRESIDENT	1534 N RECKER RD MESA, AZ 85205	07/01/2008	10/26/2017
ROBERT STINGER	SECRETARY	PO BOX 2833 APACHE JUNCTION, AZ 85117	07/01/2016	10/26/2017
ROBERT BURICH	TREASURER	1411 S 37TH ST MESA, AZ 85206	07/01/2012	10/26/2017

## Director Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
THOMAS J OLMSTED	DIRECTOR	400 E MONROE ST PHOENIX, AZ 85004	07/01/2008	10/26/2017
ROBERT J CARUSO	DIRECTOR	1534 N RECKER RD MESA, AZ 85205	07/01/2008	10/26/2017
FREDRICK J ADAMSON	DIRECTOR	400 E MONROE ST PHOENIX, AZ 85004	07/01/2008	10/26/2017

## Annual Reports ▲

Next Annual Report Due: 7/1/2018

File Year	File Month	Date Received	Reason Returned	Date Returned	Extension
2017	7	10/25/2017			
2016	7	7/1/2016			
2015	7	7/1/2015			
2014	7	6/30/2014			
2013	7	6/24/2013			
2012	7	6/25/2012			



Search Time:

12/5/2017 12:17:47 PM

File Number:

14588498

Corporation Name:

ALL SAINTS ROMAN CATHOLIC PARISH MESA

#### 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 \(/GoodStanding/PrintInstructions?corpId=%2014588498\)](/GoodStanding/PrintInstructions?corpId=%2014588498)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2014588498\)](/GoodStanding/Reprint?corpId=%2014588498)

[Return to Corporate Details \(/Details/Corp?corpId=%2014588498\)](/Details/Corp?corpId=%2014588498)

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