

LIC17 - 00623

Meeting 1/22/18

Agenda 1/2/18



RECEIVED

DEC 21 2017

CITY OF MESA
LICENSING OFFICE

Licensing Office
55 North Center Street PO Box
1466
Mesa, Arizona 85211-1466
480-644-2316 Telephone
480-644-3999 Fax
mesaaz.gov/business/licensing

SPECIAL EVENT AND EXTENSION OF PREMISES INFORMATION SHEET

LI #3

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:

- | | |
|--|---|
| <input type="checkbox"/> Free/Host Alcohol | <input checked="" type="checkbox"/> Beer |
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Beer and Wine |
| <input type="checkbox"/> Host and Sale Alcohol | <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. A non-profit association must obtain this license. (Complete attached 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 attached 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 will be at entrance/exit - check ID's - wrist bands on over 21yrs if purchasing alcohol.

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

<u>"The Peter Quarc's Open Your Heart Foundation"</u>		<u>81-1444921</u>
Charity's or Organization's Name		501 (C)(3)#
<u>Maria Hamon</u>	<u>Director</u>	<u>888-847-4445 ext. 20</u>
Name of Contact at Charity/Organization	Title with Organization	Phone Number
<u>Maria Hamon</u>		
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? Liquor not served to minors - over 21yrs will be identified with bands - added security monitoring serving area.

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

Added Security

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

Seating capacity of designated area: # 50



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: PETER QUACH'S OPEN YOUR HEART FOUNDATION

Name of Licensed Contractor **only** (if any): _____

SECTION 2 Non-Profit/IRS Tax Exempt Number: EIN 81-1444921

SECTION 3 Event Location: 1920 W. Broadway, Mesa, Az. 85202

Event Address: 1920 W. Broadway, Mesa, Az. 85202

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

1. Applicant: Hamim Maria REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 4535 S Lakeshore Dr #5 Tempe AZ 85282
Street City State Zip
3. Applicant's home/cell phone: () Applicant's business phone: ()
4. Applicant's email address: Maria@vipccs.com

I, (Print Full Name) Maria Hamim 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 12.21.17 REDACTED
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 21st Dec. 2017
Day Month Year

State AZ County of Maricopa

My Commission Expires on: 7/30/18 Yuching CHIU 12/21/17
Date Signature of Notary Public



YUCHING CHIU
Notary Public - Arizona
Maricopa County
My Comm. Expires Jul 30, 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

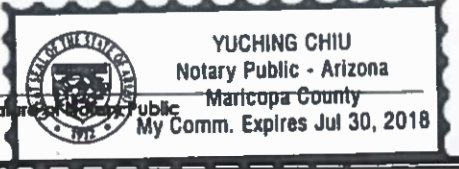
- (2) ☒ The Applicant is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation as a nonprofit entity under Section 501 (C) of the internal revenue code of the United States. If the Applicant is applying under option (2) as a nonprofit entity, **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.**

☒ 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).

☒ 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).

☒ 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>Maria Hammin</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>[Signature]</u> Signature	<u>Director</u> Title/Position	<u>12/21/17</u> Date	<u>REDACTED</u> Phone Number
The foregoing instrument was acknowledged before me this <u>21th</u> <u>Dec</u> <u>17</u>		Day Month Year	
State <u>AZ</u> County of <u>Maricopa</u>			
My Commission Expires on: <u>7/30/17</u> Date		<u>[Signature]</u> 12/21/17	
			

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? -0-
(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 Peter Quach's Open Your Heart Foundation Percentage: 25%

Address 1920 W. Broadway, Mesa, Az. 852023

Name Az. International Market Place Percentage: 75%

Address 1920 W. Broadway Mesa AZ 85202
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.)

3 Number of Police Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: Additional security will be placed at entrance/exit to Beer Garden...Security will check ID;s and

bracelets will be placed on only those that plan to drink that are over 21 yrs. old....

Area is totally fenced in. Additional security in area will be monitoring,..making sure no
liquor leaves the 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.

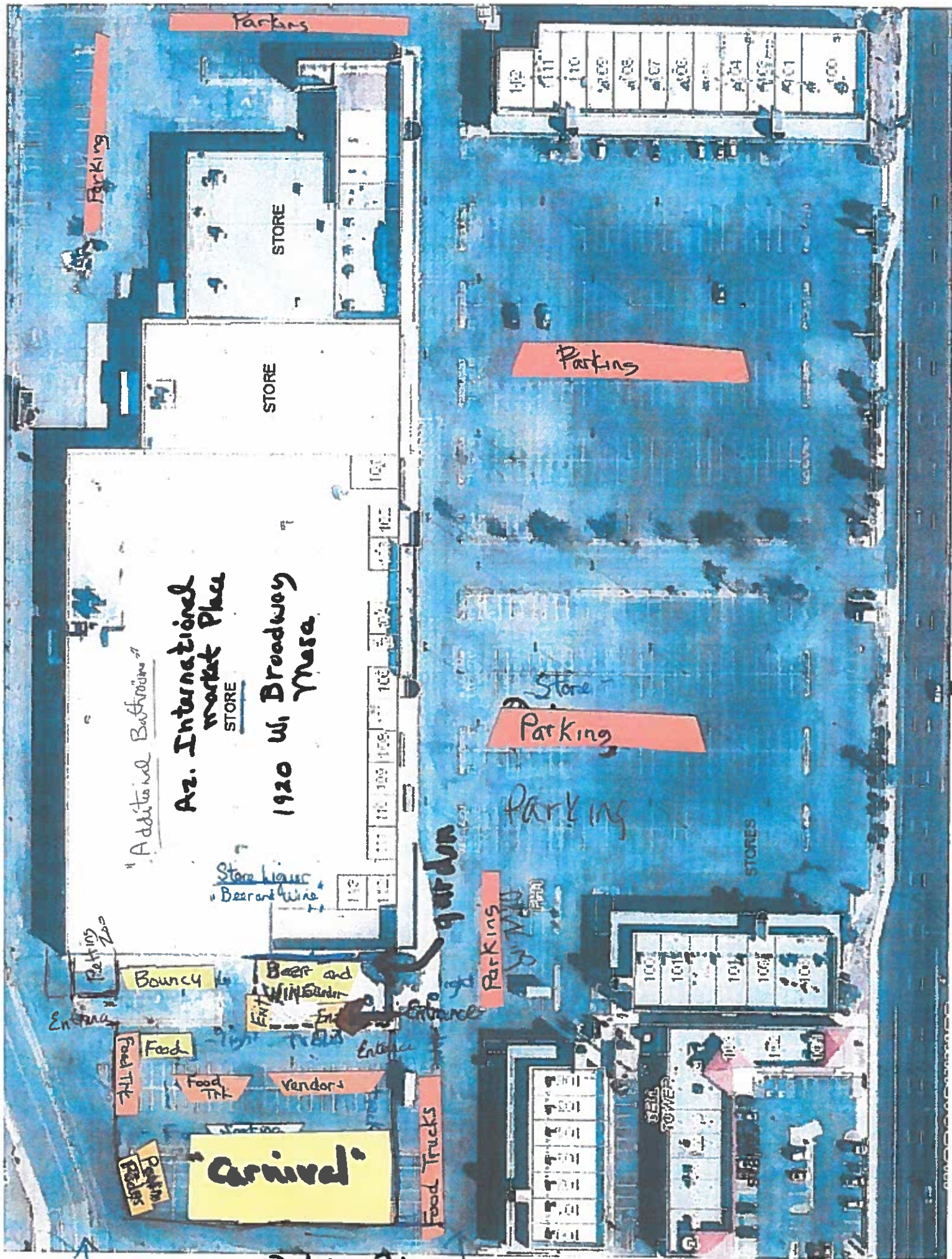
PLEASE FILL OUT A SEPARATE APPLICATION FOR EACH "NON-CONSECUTIVE" DAY

	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>2-02-18</u>	<u>Friday</u>	<u>4pm</u>	<u>12 AM</u>
DAY 2:	<u>2-03-18</u>	<u>Saturday</u>	<u>4pm</u>	<u>12 AM</u>
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.

' See Attachment '

ATTACH DIAGRAM



Broadway

Additional Bathrooms
Ar. International Market Place
STORE
1920 W. Broadway Mesa

Bouncy
Food
Food Trucks

Carnival

Store liquor
Beer and wine

Beer and
Wine Garden

Vendors

Food Trucks

Garden

Parking

Parking

Parking

Store

Parking

Parking

Parking

STORE

STORE

STORES

DECK
TOWER

112	111	110	109	108	107	106	105	104	103	102	101	100
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

100	101	102	103	104
-----	-----	-----	-----	-----

100	101	102	103	104
-----	-----	-----	-----	-----

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, _____ 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:

1/2/2018 4:05:21 PM

File Number:

20656945

Corporation Name:

THE PETER QUACH'S OPEN YOUR HEART FOUNDATION

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry

File Number

20656945

Corporation Name

THE PETER QUACH'S OPEN YOUR
HEART FOUNDATION

Check Corporate Status

Check Corporate Status

Domestic Address

66 S DOBSON RD
STE 116
MESA, AZ 85202

Statutory Agent Information

Agent Name: MARIA HAMIM

Agent Mailing/Physical Address:

4535 S LAKESHORE DR
STE 5
TEMPE, AZ 85282

Agent Status: APPOINTED 11/13/2017

Agent Last Updated: 12/07/2017



Additional Entity Information ▲

Entity Type: NON-PROFIT

Business Type: CHARITABLE

Incorporation Date: 2/2/2016

Corporation Life Period: PERPETUAL

Domicile: ARIZONA

County: MARICOPA

Approval Date: 2/9/2016

Original Publish Date:

Officer Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
MARIA HAMIM	PRESIDENT	66 S DOBSON RD STE 116 MESA, AZ 85202	12/31/3938	11/08/2017

Director Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
MARIA HAMIM	DIRECTOR	66 S DOBSON RD STE 116 MESA, AZ 85202	02/02/2016	11/08/2017
CINDY QUACH	DIRECTOR	66 S DOBSON RD STE 116 MESA, AZ 85202	02/02/2016	11/08/2017
ANDREW BURTONI	DIRECTOR	66 S DOBSON RD STE 116 MESA, AZ 85202	02/02/2016	11/08/2017

Annual Reports ▲

Next Annual Report Due: 2/2/2019

File Year	File Month	Date Received	Reason Returned	Date Returned	Extension
2018	2	11/7/2017			
2017	2	10/10/2017			

[Click Here to eFile an Annual Report Online](#)


Search Time:

1/2/2018 4:05:37 PM

File Number:

20656945

Corporation Name:

THE PETER QUACH'S OPEN YOUR HEART FOUNDATION

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 \(/GoodStanding/PrintInstructions?corpId=%2020656945\)](/GoodStanding/PrintInstructions?corpId=%2020656945)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2020656945\)](/GoodStanding/Reprint?corpId=%2020656945)

[Return to Corporate Details \(/Details/Corp?corpId=%2020656945\)](/Details/Corp?corpId=%2020656945)

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