

Special Event Liquor License Application Attachment B

6/1/18
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
M.M.

RECEIVED
mesa.az
FEB 28 2018

OFFICE OF MESA
LICENSING

DCDE
#4

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: Attendees ID checked at single point of sale, roaming security and 7 Off Duty PD officers roaming.

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

Ultimate Imaginations Inc	74-2532863	
Charity's or Organization's Name	501 (C)#	
David Short	480-890-2613	
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? ID check at point of sale and no alcohol served without valid ID

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? ID will be checked at single point of sale and no attendees without valid ID will be served alcohol.

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

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: Ultimate Imaginations Inc.

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

SECTION 2 Non-Profit/IRS Tax Exempt Number: 74-2532863

SECTION 3 Event Location: Main Street and Macdonald, Downtown Mesa

Event Address: 1 N. Macdonald St. 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: Short David Warren REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 100 N. Center St. Mesa AZ 85201
Street City State Zip
3. Applicant's home/cell phone: (____) REDACTED Applicant's business phone: (480) 890-2613
4. Applicant's email address: _____

I, (Print Full Name) David Short 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] Exec. Dir. 2/28/18 4808902613
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this 28 February 2018
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 6/25/19
Date

OFFICIAL SEAL
ROBERT LORING NELSON
NOTARY PUBLIC - STATE OF ARIZONA
MARICOPA COUNTY
My Comm. Expires June 25, 2019
[Signature]
Signature of Notary Public

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

(2) ☒ The Organization is a non-profit entity organized in Arizona, or pursuant to the laws of another state that is eligible for designation under Section 501 (C) of the internal revenue code of the United States. If the Organization is applying under option (2) as a nonprofit entity, please also **INITIAL** in the spaces provided next to **all** following statements to indicate that, to the best of the Organization's knowledge, the following statements are correct.

DS The Organization 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).

DS The Organization 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 take appropriate action regarding the loss of eligibility.

I, (Print Full Name) David Short 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		Executive Director	2/28/18	480-890-2613
Signature		Title/ Position	Date	Phone Number

The foregoing instrument was acknowledged before me this 28 February 2018
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 6/25/19
Date

Rad Lux NA



Signature of Notary Public

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)

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? 7
(The number cannot exceed 10 days per year.)

3. Is the organization using the services of a licensed contractor 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 Ultimate Imaginations Inc. Percentage: 100%

Address 100 N. Center St. Mesa, AZ 85201

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.)

7 Number of Police 6 Number of Security Personnel ☐ Fencing ☒ Barriers

Explanation: Roaming off-duty PD and security. ID checked at single point of sale. Only attendees over age of 21 will be served alcohol with valid ID

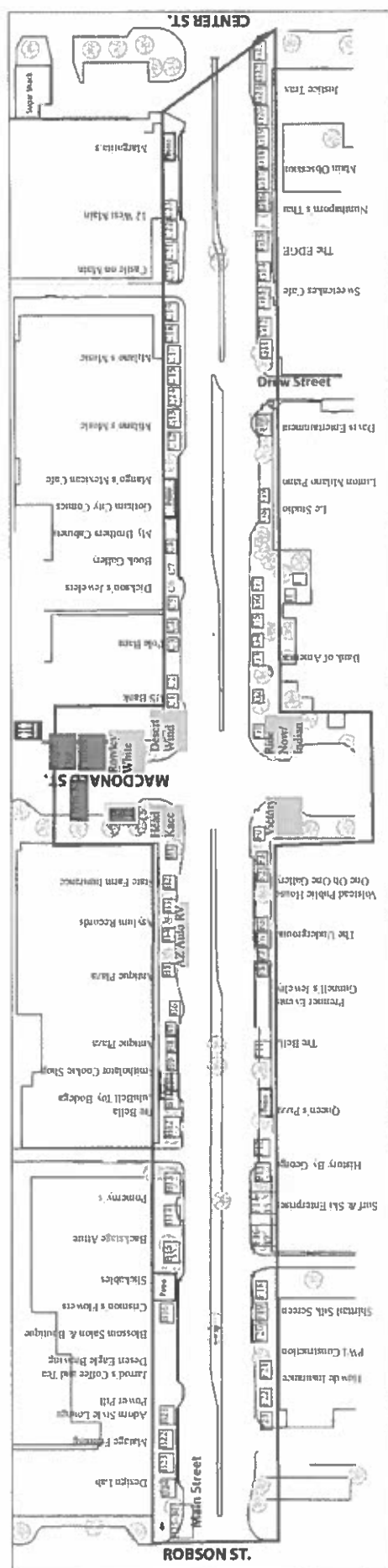
SECTION 10 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.
See A.R.S. § 4-244(15) and (17) for legal hours of service.

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:	6/1/18	Friday	6pm	10pm
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.

Search Date and Time:

3/1/2018 9:54:44 AM

File Number:

02122188

Corporation Name:

ULTIMATE IMAGINATIONS, INC.

Annual Report Email Reminders

eFile Annual Report

Print Annual Report Form

Collapse | Expand

Corporate Inquiry ▲

File Number	Corporation Name	Check Corporate Status
02122188	ULTIMATE IMAGINATIONS, INC.	<input type="button" value="Check Corporate Status"/>

Domestic Address ▲

100 N CENTER ST
MESA, AZ 85201-7308

Statutory Agent Information ▲

Agent Name: W RALPH PEW

Agent Mailing/Physical Address:

1744 S VAL VISTA DR #217
MESA, AZ 85204

Agent Status: APPOINTED 02/16/1989

Agent Last Updated: 01/07/2011

Additional Entity Information ▲

Entity Type: NON-PROFIT	Business Type: PROMOTIONAL AND EVENTS
Incorporation Date: 2/16/1989	Corporation Life Period: PERPETUAL
Domicile: ARIZONA	County: MARICOPA
Approval Date: 2/23/1989	Original Publish Date: 4/6/1989

Officer Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
FREDDY CURRY	OTHER OFFICER	CURRY INSURANCE AGENCY 101 E 1ST AVE #205 MESA, AZ 85201	07/01/2011	10/04/2017
DAVE WIER	OTHER OFFICER	WELLS FARGO BANK 305 E MAIN ST #305 MESA, AZ 85201	07/01/2007	10/04/2017
PAUL MCKEE	OTHER OFFICER	533 W MENDOZA AVE MESA, AZ 85210	07/01/2007	10/04/2017
DAVID SHORT	SECRETARY	100 N. CENTER ST MESA, AZ 85201	10/25/2010	10/04/2017

Director Information ▲

Name	Title	Address	Date of Taking Office	Last Updated
JARED BACUS	DIRECTOR	100 N CENTER STREET MESA, AZ 85201	07/01/2014	10/04/2017
CHARLIE DEATON	DIRECTOR	100 N CENTER ST MESA, AZ 85201	07/01/2007	10/04/2017

Annual Reports ▲

Next Annual Report Due: 10/16/2018

File Year	File Month	Date Received	Reason Returned	Date Returned	Extension
2017	10	10/3/2017			
2016	10	8/24/2016			
2015	10	10/27/2015			
2014	10	10/29/2014			
2013	10	10/24/2013			

Search Time:
3/1/2018 9:54:57 AM

File Number:
02122188

Corporation Name:
ULTIMATE IMAGINATION5, INC.

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 \(/GoodStanding/PrintInstructions?corpId=%2002122188\)](/GoodStanding/PrintInstructions?corpId=%2002122188)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2002122188\)](/GoodStanding/Reprint?corpId=%2002122188)

[Return to Corporate Details \(/Details/Corp?corpId=%2002122188\)](/Details/Corp?corpId=%2002122188)

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