

LCA18-00793

Meeting 3/19/18



RECEIVED

FEB 22 2018

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

LIPAD #5

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 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 FOUR CAMPBELL
FOUNDATION AND FOUR CAMPBELL'S CREW DIRECTOR WILL PROVIDE ROAMING SECURITY
AND CONTROL WITH EVENT AREA.

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

<u>CAMPBELL'S CREW CARES</u>		<u>82-2687796</u>
Charity's or Organization's Name	<u>SHANE FAULKNER</u>	501 (C)(3)# <u>REDACTED</u>
Name of Contact at Charity/Organization	<u>CARRIE FAULKNER</u>	Phone Number
On-Site Agent Responsible for Liquor		

How will attendees over the age of 21 be identified? ALL INVITED GUESTS WILL BE OVER 21.
A VOLUNTEER WILL CHECK ID AND ISSUE WRISTBAND TO GUESTS. THAT
ARE OVER THE AGE 21

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? VOLUNTEERS
WILL VERIFY GUEST HAS WRISTBAND PRIOR TO SERVING ANY ALCOHOL.

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

Seating capacity of designated area: # 100-200



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: CAMPBELL'S CREW CARES

Name of Licensed Contractor only (if any):

SECTION 2 Non-Profit/IRS Tax Exempt Number: 82-2687796

SECTION 3 Event Location: WINGS OF FLIGHT FOUNDATION HANGAR, FALCON FIELD Airport
Event Address: 4803 E. ~~FALCON~~ FALCON DR, MESA AZ 85015

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

1. Applicant: FAULKNER SHANE M. REDACTED
Last First Middle Date of Birth
2. Applicant's mailing address: 18648 E. ARROWHEAD TRL QUEEN CREEK AZ 85142
Street City State Zip
3. Applicant's home/cell phone: REDACTED Applicant's business phone: (480) 892-5823
4. Applicant's email address: CAMPBELLSCREW@COX.NET

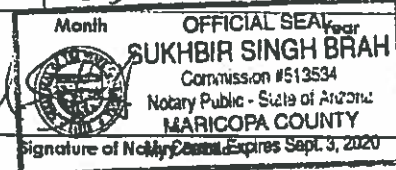
I, (Print Full Name) SHANE FAULKNER declare that I am the APPLICANT filing this application as listed above. I have read the application and the contents and all statements are true, correct and complete.

x Shane Faulkner DIRECTOR REDACTED
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this

State AZ County of Maricopa

My Commission Expires on: 7/13/20
Date



SECTION 5 Regarding the application for a special event permit: The **Officer, Director, or Chairperson of the organization** certifies that the Organization meets the criteria in A.R.S. § 4-203.02(E) as indicated by checking one of the boxes below.

- (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.

Candidate: _____
Name Office Month/Year

- (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.


To be initialed only by an Officer, Director, or Chairperson of the organization.

17 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).

17 The Organization is not aware of any action taken by the IRS to revoke, suspend, or otherwise eliminate their Eligibility under 501(C), or if there is a pending application, the eligibility 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 are eligible under 501(C).

17 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.

To be completed only by an Officer, Director, or Chairperson of the organization.

I, (Print Full Name) <u>SHANE FAULKNER</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>Shane Faulkner</u> Signature	<u>DIRECTOR</u> Title/ Position	<u>REDACTED</u> Date	<u>REDACTED</u> Phone Number
The foregoing instrument was acknowledged before me this <u>21</u> Day <u>12</u> Month <u>2018</u> Year			
State <u>AZ</u> County of <u>Maricopa</u>			
My Commission Expires on: <u>9/3/20</u> Date			

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 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 CAMPBELL'S CREW CARES Percentage: 100%

Address 18648 E. ARROWHEAD TRL, QUEEN CREEK AZ 85142

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.)

0 Number of Police 0 Number of Security Personnel ☐ Fencing ☐ Barriers

Explanation: 4 FOUNDATION AND 4 CAMPBELL'S CREW CARES DIRECTORS WILL PROVIDE
ROAMING SECURITY AND CONTROL WITHIN EVENT AREA. GUESTS ID WILL BE
CHECKED WITH TICKET ENTRY AND A BAND OR STAMP ISSUED IF ^{FOR} OVER 21 YRS.
VOLUNTEER WILL VERIFY BAND OR STAMP PRIOR TO SERVING ALCOHOL TO GUEST
VOLUNTEERS SHUTTLE GUESTS TO PARKING AREA AND WILL MONITOR EXITS

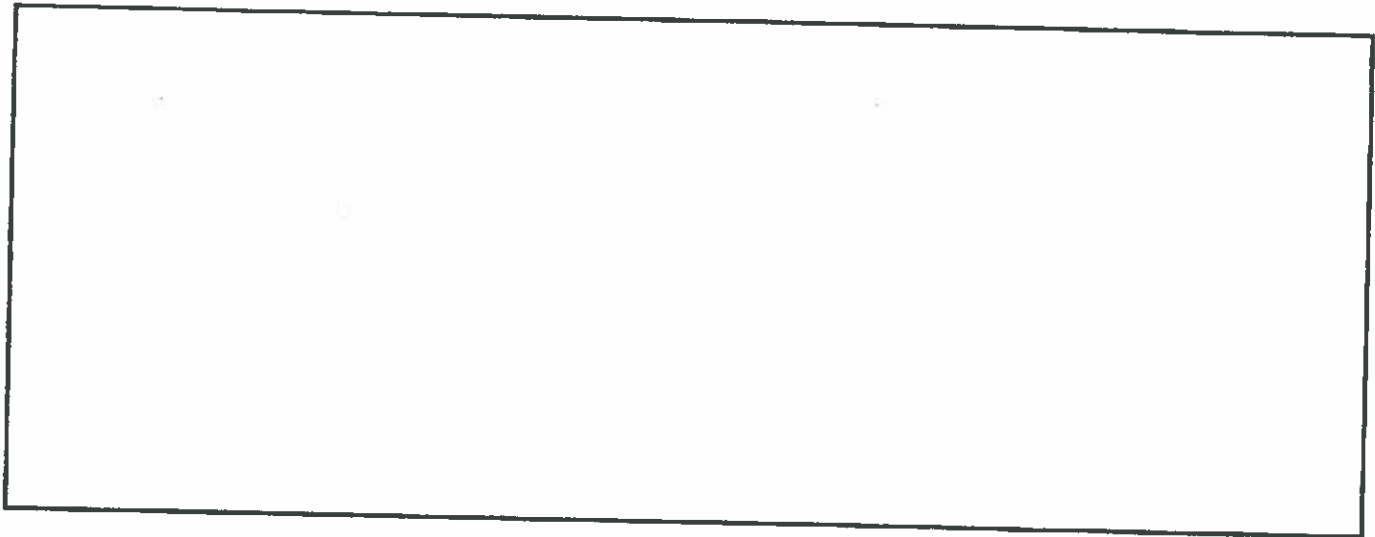
9/12/2017

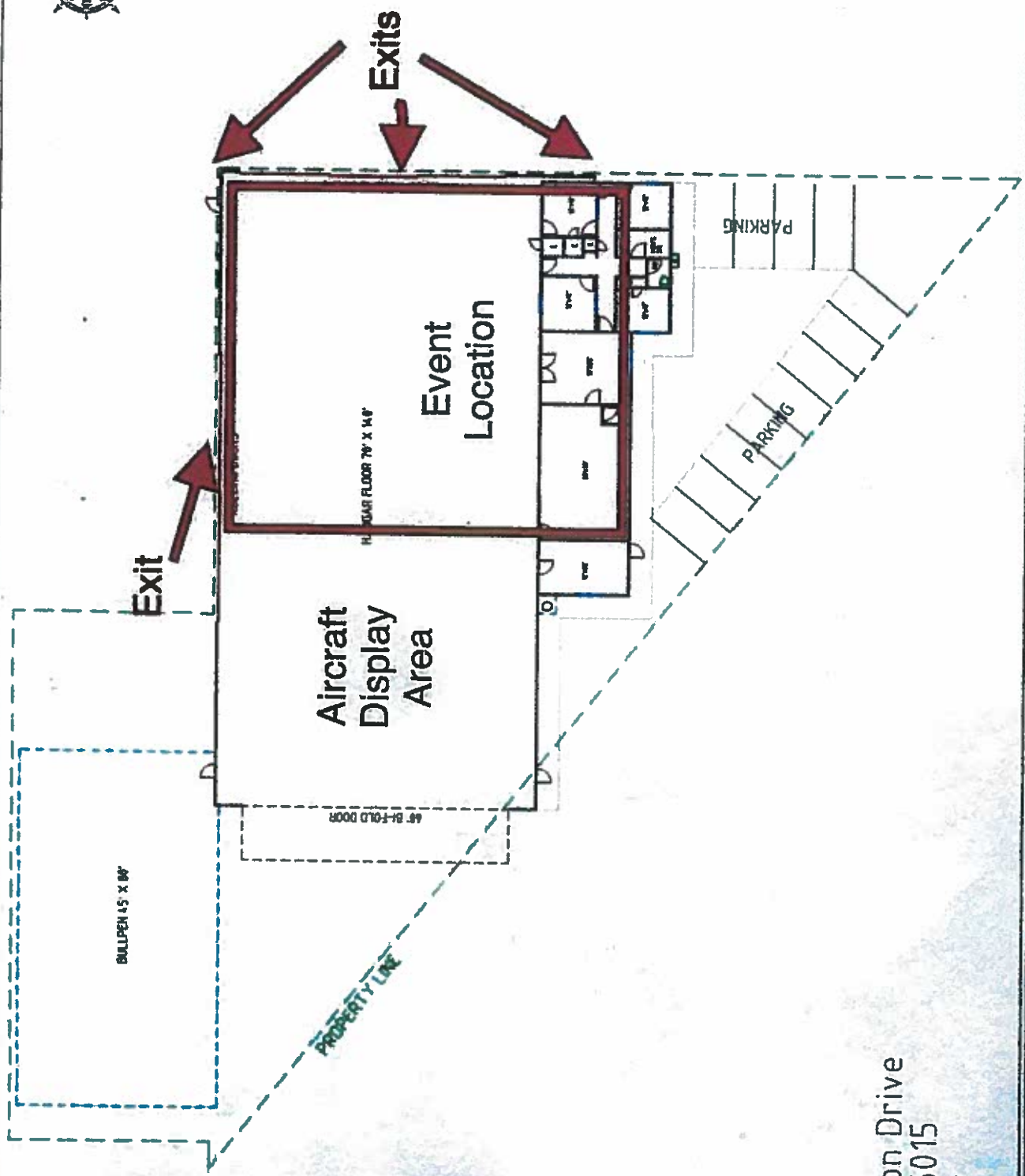
SECTION 10 Dates and Hours of Event. Days must be consecutive but may not exceed 10 consecutive days.
See A.R.S. § 4-244(15) and (17) for legal hours of service.

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

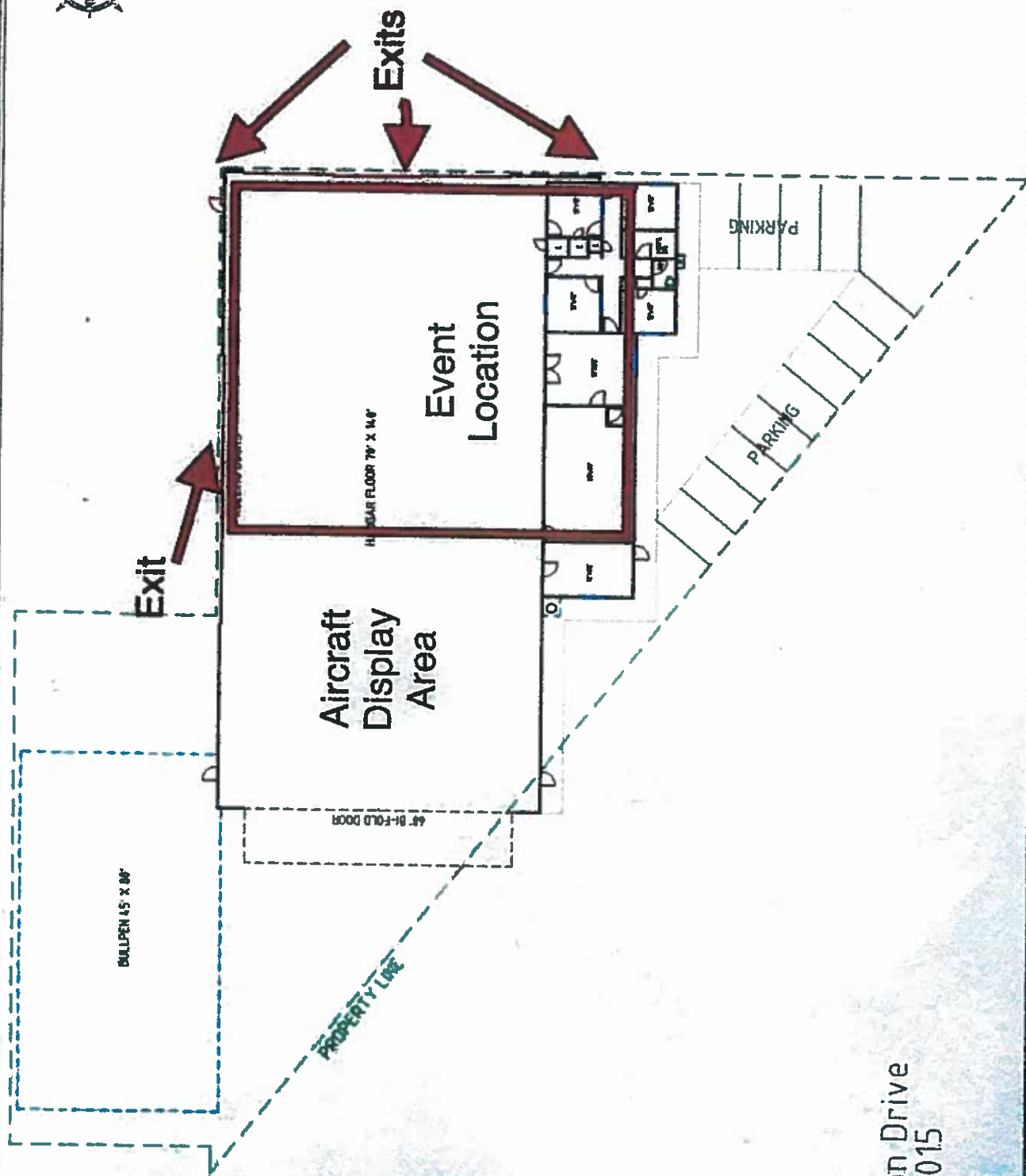
	Date	Day of Week	Event Start Time AM/PM	License End Time AM/PM
DAY 1:	<u>4/19/2018</u>	<u>THURSDAY</u>	<u>6:00 PM</u>	<u>9:30 PM</u>
DAY 2:	_____	_____	_____	_____
DAY 3:	_____	_____	_____	_____
DAY 4:	_____	_____	_____	_____
DAY 5:	_____	_____	_____	_____
DAY 6:	_____	_____	_____	_____
DAY 7:	_____	_____	_____	_____
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.





4863 E. Falcon Drive
Mesa, AZ 85015
Scale: 1"=10'



4863 E. Falcon Drive
Mesa, AZ 85015
Scale: 1"=10'

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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT03 2017

CAMPBELLS CREW CARES
18648 E ARROWHEAD TRAIL
QUEEN CREEK, AZ 85142-0000

Employer Identification Number:
82-2687796
DLN:
26053664002827
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
August 25, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947