

# 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

4/14/18

LC  
#3



CITY OF MESA  
LICENSING OFFICE

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 License 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: \_\_\_\_\_

One security guard checking ID, one police officer

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

Arizona Hemophilia Association 86-0209257  
Charity's or Organization's Name 501 (C)#  
CINDY KOMAR CEO REDACTED  
Name of Contact at Charity/Organization Title with Organization Phone Number  
Joe Bowden

On-Site Agent Responsible for Liquor \_\_\_\_\_

How will attendees over the age of 21 be identified? Must show ID to get in beer garden

What controls will be used to keep attendees under the age of 21 from obtaining alcohol at the event? No attendees under 21

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: Arizona Hemophilia Association

Name of Licensed Contractor **only** (if any): BT's Restaurant & Brewery

**SECTION 2** Non-Profit/IRS Tax Exempt Number: 86-0209257

**SECTION 3** Event Location: 1350 S. Longmore, Mesa, AZ 85202

Event Address: 1350 S. Longmore, 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: Komar Cindy REDACTED  
Last First Middle Date of Birth

2. Applicant's mailing address: 826 N 5th Avenue Phoenix AZ 85003  
Street City State Zip

3. Applicant's home/cell phone: ( ) REDACTED Applicant's business phone: (602 ) 955-3947

4. Applicant's email address: cindy@arizonahemophilia.org

I, (Print Full Name) CINDY KOMAR 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] CEO 3/8/18 REDACTED  
Signature Title/ Position Date Phone Number

The foregoing instrument was acknowledged before me this

State Arizona County of Maricopa

My Commission Expires on: 5/27/18  
Date

8th  
Day

March  
Month



2018  
**ANN FANTASIA**  
Notary Public - State of Arizona  
MARICOPA COUNTY  
My Commission Expires May 27, 2018

[Signature]  
Signature of Notary Public

**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.**

ck 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).

an 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).

ch 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) CINDY KOMAR 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] CEO 3/8/18 REDACTED  
Signature Title/Position Date Phone Number

The foregoing instrument was acknowledged before me this 8th March 2018  
Day Month Year

State Arizona County of Maricopa

My Commission Expires on: 5/27/2018  
Date

[Signature]  
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? 3  
(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 Arizona Hemophilia Association Percentage: 25%

Address 826 N 5th Avenue, Phoenix, AZ 85003

Name BJs Percentage: 75%

Address 16022 E Superstition Springs Blvd, Pix AZ 85209  
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.)

1 Number of Police 1 Number of Security Personnel ☒ Fencing ☐ Barriers

Explanation: Anticipate 100 in attendance at any one time. One  
Security guard to check ID. One police officer

**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:	4/14/18	SATURDAY	6PM	10:30PM
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**

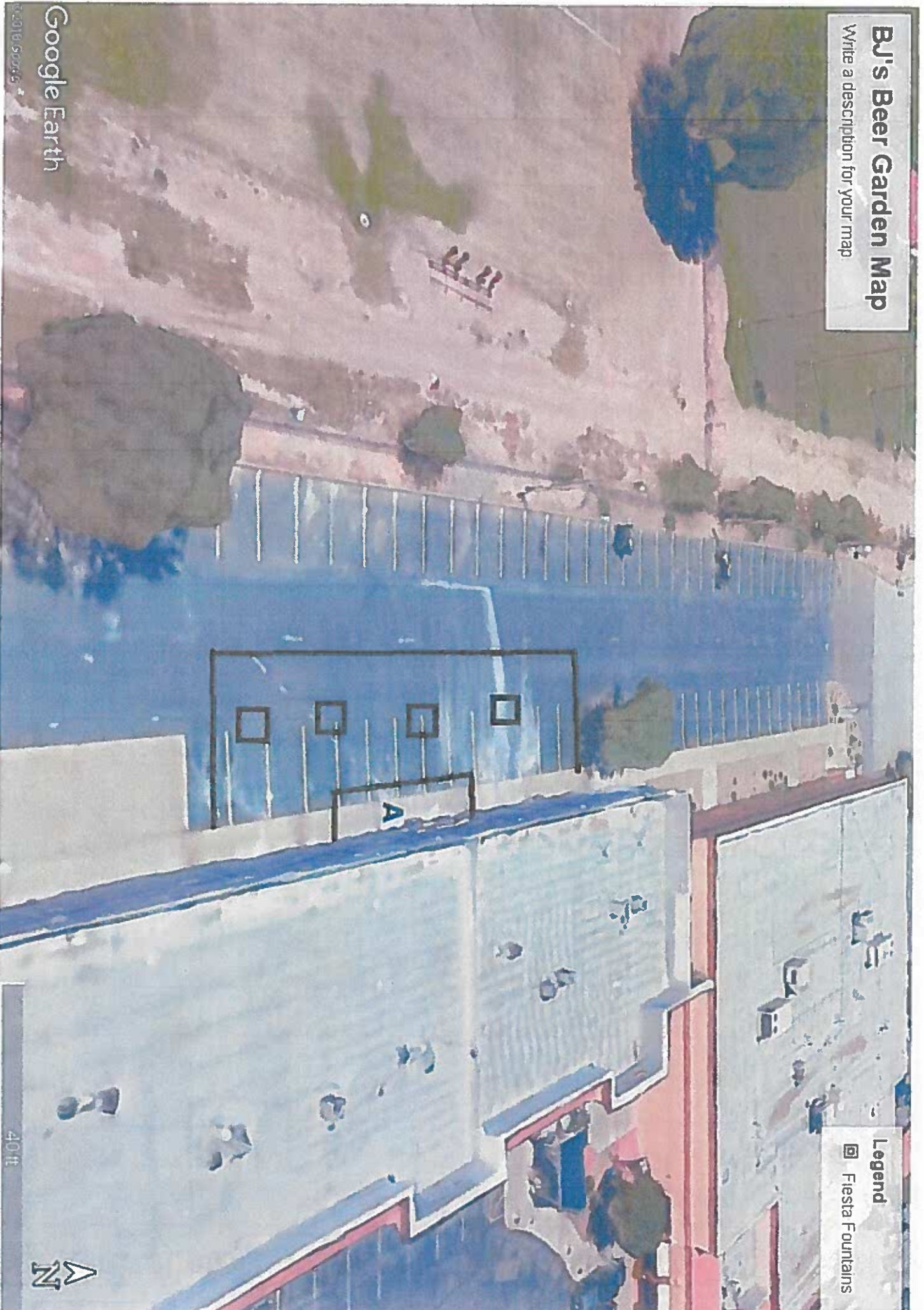


# BJ's Beer Garden Map

Write a description for your map.

## Legend

 Fiesta Fountains



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)	_____ 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.



## Exempt Organizations Select Check

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-1 of 1 results

Results Per Page  [« Prev](#) | 1-1 | [Next »](#)

<a href="#">EIN »</a>	<a href="#">Legal Name (Doing Business As) »</a>	<a href="#">City »</a>	<a href="#">State »</a>	<a href="#">Country »</a>	<a href="#">Deductibility Status »</a>
86-0209257	Arizona Hemophilia Association Inc.	Phoenix	AZ	United States	PC

[« Prev](#) | 1-1 | [Next »](#)