Special Event Liquor License Application Attachment B

LICA18-00929

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



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 t	hat apply:				
	Free/Host Alcohol Beer	☐ Alcohol Sales ☐ Beer and Wine	Host and Sale Alcoho Beer, Wine and Disti		
Do you pla	n to secure a:				
Council. / fees involv		ication must be submitte e can only be obtained b	ed to, and approved by, the	ist be approved by the City e State of Arizona. There are i, 501(C). (Complete the <u>State of</u>	
liquor licen	sion of Premises License ase is already in effect and you of Premises Application and s	u want to extend the ar		emises. This is allowed when a omplete the <u>State of Arizona</u>	
If this is ar area? No	n Extension of Premises, are Yes Type of activitie	there any other activities taking place:	s taking place except for th	e sale of liquor in the extended	
		<u> </u>			
Please des	cribe your security plan to er	sure the safe sale or dis	stribution of alcohol at your	event	
40 and o	ver birthday dinner invited	guests only		<u> </u>	
If applyin	ng for a Special Event Liqu	or License the follow	ing must be provided:		
180th Re	egimental Field Artillery	Association	86-06	889808	
Charity's or	Organization's Name Arbuckle Jr	Vice Pre	sident S01 (C)# REDACTED		
Larry Gi		Title	with Organization	Phone Number	
	ent Responsible for Liquor				
How will a	ttendees over the age of 21	be identified? The ever	t is 40 and over invited g	uests only. Guests appearing	
under 35	will have to show ID.				
	rols will be used to keep atte day dinner is for age gropu	•	21 from obtaining alcohol a	at the event?	
Will food	be served? Yes No	If yes, what type of foo	od will be served Latin/Cub	pan	
Seating ca	pacity of designated area: #	50			



Arizona Department of Liquor Licenses and Controi 800 W Washington 5th Fioor Phoenix, AZ 85007-2934 www.aziiquor.gov (602) 542-5141

FOR DLLC 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 specic 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: 180TH REGIMENTAL FIELD ARTILLERY ASSOCIATION
Name of Licensed Contractor (if any): ALIC(AZ LIQUOR Industry Consultants)
(Please complete if anyone other than the organization is receiving profils or assisting in the managing of the event) ECTION 2 Non-Profit/IRS Tax Exempt Number: 86-0689808
SECTION 3 Event Location: Latin Kitchen
Event Address: 540 W Broadway Rd Mesc Az 85210
SECTION 4 Applicant must be a member of the qualifying organization and authorized by an Officer, Director, or Chairperson of the Organization.
. Applicant: ARBUCKLE JR ARTHUR G REDACTED
Last First Middle Dale of Birth 2. Applicant's mailing address: 180TH FIELD ARTILLERY REGIMENT PO BOX 7856 CHANDLER AZ85246-7856
Street City State Zip
B. Applicant's home/cell phone:
I. Applicant's email address: saintbaz@outlook.com
ARTHUR G ARBUCKLE JR
I. (Print Full Name) ARTHUR G ARBUCKLE JR as listed above. I have read the application and the contents and all statements are true, correct and complete.
Vice President 09/12/17 PEDACTED
VICE President 09/12/1/ REDACTED_ Signature Title/ Position Date Phone Number
The foregoing instrument was acknowledged before me this
Day Month Year
State Arizona County of Maricopa
My Commission Expires on OFFICIAL SEAL MIRANDA BUSI AMANTE Notary Public - Arizona Signature of Notary Public
Notary Public - Arizona MARICOPA COUNTY Signature of Notary Public
MARCH 10, 2020

SECTION		· Applicant's application eria in A.R.S. § 4-203.02(E) ow.				
(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	M	onth/Year
(2) 🖾	designation as of the Applicant	nonprofit entity under :	Section 501 (n (2) as a no	C) of the intern nprofit entity, <u>p</u>	nal revenue code of p <mark>lease also iNITIAL i</mark> r	the space provided next
AC.	eligible for desig special event w but that will retro	ination as a nonprofit er ill occur, or has a pendir	ntity under Se ng application that the spe	ection 501 (C), on with the IRS cial event will a	eligibility or will be el for such treatment tl occur. (Please provi	PIRS") indicating that it is igible on all days that the nat has not been resolved de a copy of either the IRS
\(\mathbe{U}\)	eligibility under the IRS will deny guidelines, and	forms that it is eligible ur	nding appli a good faith ider 501 (C).	cation, the App n basis formed	olicant has not recei upon a reasonable i	ved any indication that nquiry into IRS regulations,
To be co	or has caused it that it has an af regard to the lo	to lose its eligibility unde firmative duty to notify tl	er 501 (C), wl he Departm	nether before o ent of L iquor, v	or after receiving an	this form that may cause IRS determination letter, appropriate action with
the	11 TOU INCINIE)	HUR G ARBUCKL nis application as listed abolete.		declare the declared the de	nat I am an Officer, Direction and the contents	ector, or Chairperson of and all statements are
X.	(lite	//W	V ice Pr	esident	09/12/17	REDACTED
Signa	lure			/ Position	Date	Phone Number
The	ioregoing instrume	nt was acknowledged bef	ore me this	12th	September	2017
	Arizona	_County of _ Maricopa	OIC MC IIIIS	Day	Month	Year
31016	700000000000000000000000000000000000000		7		` 🔎	
Му	Commission Basires	OFFICIAL SEAL ORANDA BUSTAMANTE Notary Pulphis - Arizona MARICOPA COUNTY	_	MILLAN	Signature of Notary Pub	ilic
		My Commission Free	-			
SECTIO		MARCH 10, 2020 ent be held on a current al Governing Body Signo			nin the already appro	ved premises? Tes X No
	Nan	e of Business		License Number		Phone (Include Area Code)

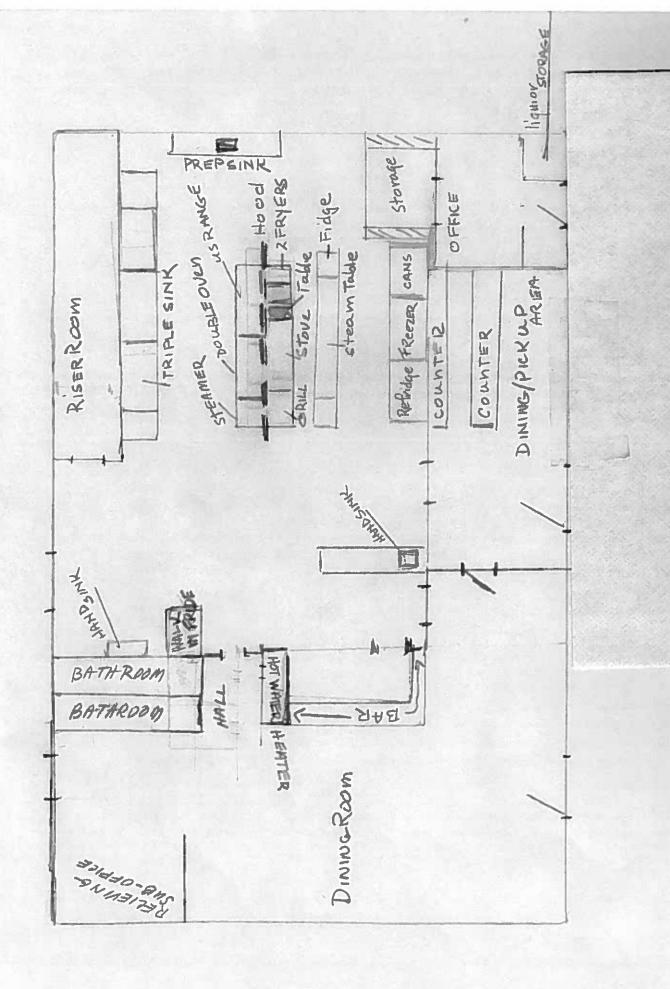
318 for explanation and check one of the		a seiling of spirituous liquors	F Please read K-17-
Place license in non-use	3		
Dispense and serve all spirituous liquors unde			
Dispense and serve all spirituous liquors unde			
Split premise between special event and reto			
(IF USING RETAIL LICENSE, PLEASE SUBMIT A LETTER OF AG RUN CONCURRENT WITH THE PERMANENT LICENSE DURING AGENT/OWNER WILL NEED TO SUSPEND THAT PORTION OF	IG THE EVENT. IF THE SPECIAL E		
SECTION 8			
What is the purpose of this event? \(\infty\)On-site consur	mption Off-site (auction	n/wine/distilled spirits pull)	□ Both
SECTION 9			
Has the applicant been convicted of a felony, or Yes No (II yes, attach explanation.)	r had a liquor license revoke	ed within the last five (5) ye	ears?
2. How many special event days have been issued (The number cannot exceed 10 days per year.)	to this organization during	the calendar year?	
3. Is the organization using the services of a promote (If yes, must be a licensed contractor or licensee of series 6		ge the sale or service of al	cohol?⊠Yes □No
4. List all people and organizations who will receive applying must receive 25% of the gross revenues of the g			
Name 180TH Regimental Freld Artillery	y Association Per	centage: <u>25</u>	
Address P.O. Box 7856 Chandley 12 850	246		
Name Latin Vitchen	Pe	rcentage: 15	
Address 540 W Broadway Rd Wesn to	L 85210		
✓ Street	City	State	Zip
Please read A.R.S. § 4-203.02 Special event lice			
Note: ALL ALCOHOLIC BEVERAGE SA	LES MUST BE FOR CONSUM	APTION AT THE EVENT SITE (ONLY.
NO ALCOHOLIC BEVERAGES SHALL LEAVE A SPECI SEALED CONTAINERS OR THE SPECIAL EVENT LI			
What type of security and control measures will yo (List type and number of police/security personnel and typ	ou take to prevent violation be of fencing or control barriers,	ns of liquor laws at this ever If applicable.)	ntș
Number of Police	Number of Security Pe	rsonnel Fencing	B arriers
Explanation: 40 and over birtuday dinn			
	ar everything w	Ubrinside establish	ment.
Invited quests only.	er everything in	Ubringtell establish	mut.
Invited guests only.	er everything w	Ubrinstell establish	Iment.
Invited guests only.	er everything in	Ubrinstell establish	Iment.

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 I:	6.19.2018	Saturday	L pm	lam
DAY 2:			1	
DAY 3:				
DAY 4:				
DAY 5:				
DAY 6:				
DAY 7:				
DAY 8:				(4)
DAY 9:				
DAYI0:				

<u>SECTION 11</u> 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





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.

Return to Search

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.

Date Received:	(Title)	recomm end	□approval	☐ DISAPPROVAL
(City, Town, County)	Signature	Dat	e	Phone
			10	
SECTION 13 For Department of Liquor Licenses	s and Control use only.			
□approval □disapproval by:			DATE:	

A.R.S. § 41-1030. <u>Invalidity of rules not made according to this chapter; prohibited agency action; prohibited acts by state employees; enforcement; notice</u>

- 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.